
海外招請講演

[IL(E)1]海外招請講演1

座長:布宮 伸(自治医科大学医学部麻酔科学・集中治療医学講座集中治療医学部門)

Fri. Mar 1, 2019 9:00 AM - 9:50 AM 第2会場 (国立京都国際会館2F Room A)

[IL(E)1]New sedation and delirium recommendations from the 2018 Society of Critical Care Medicine PADIS Guidelines

Dale M. Needham (Johns Hopkins University, USA)

【同時通訳付き】

Dr. Needham is Professor of Pulmonary and Critical Care Medicine, and of Physical Medicine and Rehabilitation at the Johns Hopkins University in Baltimore, USA. He is Director of the “Outcomes After Critical Illness and Surgery” (OACIS) Research Group and core faculty with the Armstrong Institute for Patient Safety and Quality, both at Johns Hopkins. From a clinical perspective, he is an attending physician in the medical intensive care unit at Johns Hopkins Hospital and Medical Director of the Johns Hopkins Critical Care Physical Medicine and Rehabilitation program.

Dr. Needham received his MD degree from McMaster University in Hamilton, Canada, and completed both his residency in internal medicine and his fellowship in critical care medicine at the University of Toronto. He obtained his PhD in Clinical Investigation from the Bloomberg School of Public Health at Johns Hopkins University. Notably, prior to his medical training, he completed Bachelor and Master degrees in Accounting and practiced in a large international accounting firm, with a focus in the health care field.

Dr. Needham is Principal Investigator on a number of NIH research grants and has authored more than 350 publications. His research interests include evaluating and improving ICU patients’ long-term physical, cognitive and mental health outcomes, including research in the areas of sedation, delirium, early physical rehabilitation, and knowledge translation and quality improvement.

Sedative medications are widely used in the management of critically ill adults, but these patients are prone to many adverse effects from sedatives. Clinicians must assess specific indications for the use of sedative medications and perform frequent assessments of pain, sedation, and delirium status using reliable and validated instruments, as recommended in the 2013 Society of Critical Care Medicine (SCCM) Pain, Agitation and Delirium (PAD) guidelines (Crit Care Med 2013; 41:263–306).

Delirium is a particularly common and important complication associated with the use of sedatives. Delirium has a significant burden on patients, families, and health systems, with negative short and long-term sequelae. Multiple pharmacological and non-pharmacological strategies have been considered to prevent or treat delirium in critically ill patients.

In the 2013 SCCM PAD guidelines, targeting light sedation and minimizing the use of benzodiazepines were suggested as means of improving the short-term outcomes of critically ill adults. Given the important effects of sedation on patient outcomes after discharge from the intensive care unit, these longer-term outcomes were an important focus of the sedation and delirium recommendations in the recent 2018 SCCM Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption (PADIS) guidelines.

The 2018 PADIS guidelines are based on a rigorous and innovative implementation of the Grading of

Recommendation Assessment, Development and Evaluation (GRADE) methodology, and included participation of ICU survivors throughout the entire guideline development process. This presentation will highlight selected sedation and delirium recommendations from the 2018 PADIS guidelines, including the related evidence and recommendations for future research in the field.

Free access to the full-text of four publications related to the 2018 SCCM PADIS guideline is available at this webpage:

<http://www.sccm.org/ICULiberation/Guidelines>