
海外招請講演

[IL(E)16]海外招請講演16

座長:三高 千恵子(順天堂大学大学院 麻酔科学)

Sat. Mar 2, 2019 3:50 PM - 4:40 PM 第2会場 (国立京都国際会館2F Room A)

[IL(E)16]Pick your syndrome: PICS or PIICS

Heatherlee Bailey (President Elect of SCCM)

【同時通訳付き】

Dr Heatherlee Bailey completed medical school at the University of Medicine and Dentistry of New Jersey in Newark, NJ – now known as Rutgers. She undertook a residency in Emergency Medicine at the Medical College of Pennsylvania in Philadelphia, Pennsylvania and then joined their faculty. After a faculty fellowship in critical care, she served as her Department's Director of Critical Care Education and their Associate Residency Program Director for a decade. MCP merged with Hahnemann University and is now known as Drexel University. Twelve years later, Dr. Bailey's career brought her to Duke University as well as the Durham VA Medical Center in North Carolina.

Her career has been rooted in education, trainee development, and mentorship. Mentorship is a focus that Heather has brought to her roles at SCCM. Her dedication and expertise has also been nationally recognized by the American Medical Association as they bestowed their Women's Mentoring Award upon her in 2008.

Given her prominence in the field, Dr. Bailey serves as an Oral Board Examiner for the American Board of Emergency Medicine. Her career interests in the management of injury and critical illness span the globe. She was a key developer of the Comprehensive Trauma Life Course for India as part of her work for the International Trauma Anesthesia and Critical Care Society.

Dr. Bailey has been actively involved in SCCM for more than 20 years serving in a wide variety of roles. No stranger to leadership, she served as a local Chapter President from 2003-2005. She was awarded the Dr Joseph and Rae Brown award for her Chapter level contributions in 2008. Fellowship in the American College of Critical Care Medicine followed in 2009 which was in turn followed by election to Council, the governing body for the society. Dr. Bailey's path of volunteerism, mentorship and leadership has led her to be the first Emergency Medicine trained President of SCCM.

Acronyms are commonplace in medicine. It can be very challenging to be aware of all current acronyms. While there is occasional overlap, there typically is not almost identical phrasing that leads to different syndromes with near identical acronyms such as PIICS and PICS.

Persistent inflammation, immunosuppression and catabolism syndrome (PIICS) is a term initially generated by surgical intensivists to describe surgical ICU patients that survive their initial course of sepsis, trauma or other disease entity that have prolonged stays from persistent immune dysfunction. Unfortunately, this is a common state that is rarely reversible, and many patients end up in long term facilities or dying from this entity. PIICS is marked by persistent loss of lean body mass, failure to rehabilitate, sepsis recidivism, rehospitalization and increasing dependence and a slow prolonged path to death. The causes, mechanisms, and reasons for PIICS are largely unexplained. PIICS is an entity of non-survivors.

Survivors of critical illness that exhibit impairment in cognition, mental health and physical function is known as post-intensive care syndrome (PICS). Each of these elements is related to critical illness and the care that is required. The mental health of family members may also be affected and is termed PICS-Family (PICS-F). In

the US almost 6 million patients are admitted to an ICU annually. Slightly less than 5 million will survive their ICU course. It is estimated that at least 50% will suffer from at least one component of PICS. Those that receive life support measures tend to have a persistence in PICS symptoms even at 12 months after their discharge from the ICU. SCCM is addressing how ICU care impacts long term outcomes with the ICU Liberation and Thrive programs. ICU Liberation focuses on the ABCDEF bundle for achieving better outcomes in the ICU. Poorly managed pain, agitation and delirium (PAD) lead to longer ICU stays, increased cost and these patients have a higher incidence of long term physical and cognitive dysfunction. It has been shown that improved bundle compliance leads to higher odds of survival. The Thrive initiative focuses on peer support through the use of collaborative groups. There are several different templates that have been initiated with success across the US, UK and Australia.

It is clear that PIICS and PICS are totally different entities. If heard out of context it might be very confusing to know which process is being referred to. Though once some background is given, it should be relatively clear as one typically leads to death (PIICS) and the other is associated with issues of surviving critical illness (PICS). What is apparent is that more research is required for both entities to learn the best way to mitigate them. Which in turn will hopefully lead to a PICCS/PICS free ICU setting.