

# Life After ICU a Qualitative Study of the Patients' Perspective

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# Order of presentation

- Background
- Aim of study
- Method
- Results
- Discussion points
- References & questions

# Background

- Traditionally the work of ICU was considered to be done when the patient was discharged to the ward
- Over recent years recognition of the physical and psychological problems experienced post ICU discharge has increased

*(Scragg et al 2001, Broomhead & Brett 2002)*

# Background

- **Physical problems:** weakness & fatigue – weight loss & critical illness polyneuropathy, difficulties with:- mobility, breathing, sleep, appetite and ADLs.
- **Psychological problems:** difficulties with:- memory (inc delusional), cognitive processing, social interaction; PTSD, depression, anxiety

*(Jones and Griffiths 2000, Scragg et al 2001, Rattray et al 2004)*

# Background & Aim

- **Current support:-** ICU follow-up clinics at 30% of UK units (Griffiths 2006), internet support groups – ICUsteps (UK), ARDS foundation (USA)
- **Aim –** To explore the patients' perspective of what is needed to support the process of rehabilitation following critical illness.

# Method

- Qualitative survey design employing open ended questions
- Study was run online using the Qualtrics survey software, ICUsteps website and ARDS foundation newsletter hosted links to the study
- Study questions-
  - Four background Qs on age, gender, ICU LOS and nationality.
  - Three main study questions – asking about ICU experiences, challenges post ICU and rehabilitation

# Method

- 35 participants completed the study (65% completion rate)
  - Age 22-70 (mean 48, SD 9.8)
  - 30 (86%) female, 5 (14%) male
  - ICU LOS 4 days – 4 months (mean 36.3 days, SD 28.3)
  - Nationality: 22 USA, 8 UK, 2 Canada, 1 Australia, 2 ND
- Thematic analysis – broadly guided by principles of grounded theory
- Ethical approval given by the ethics committee of the psychology department at Staffordshire University

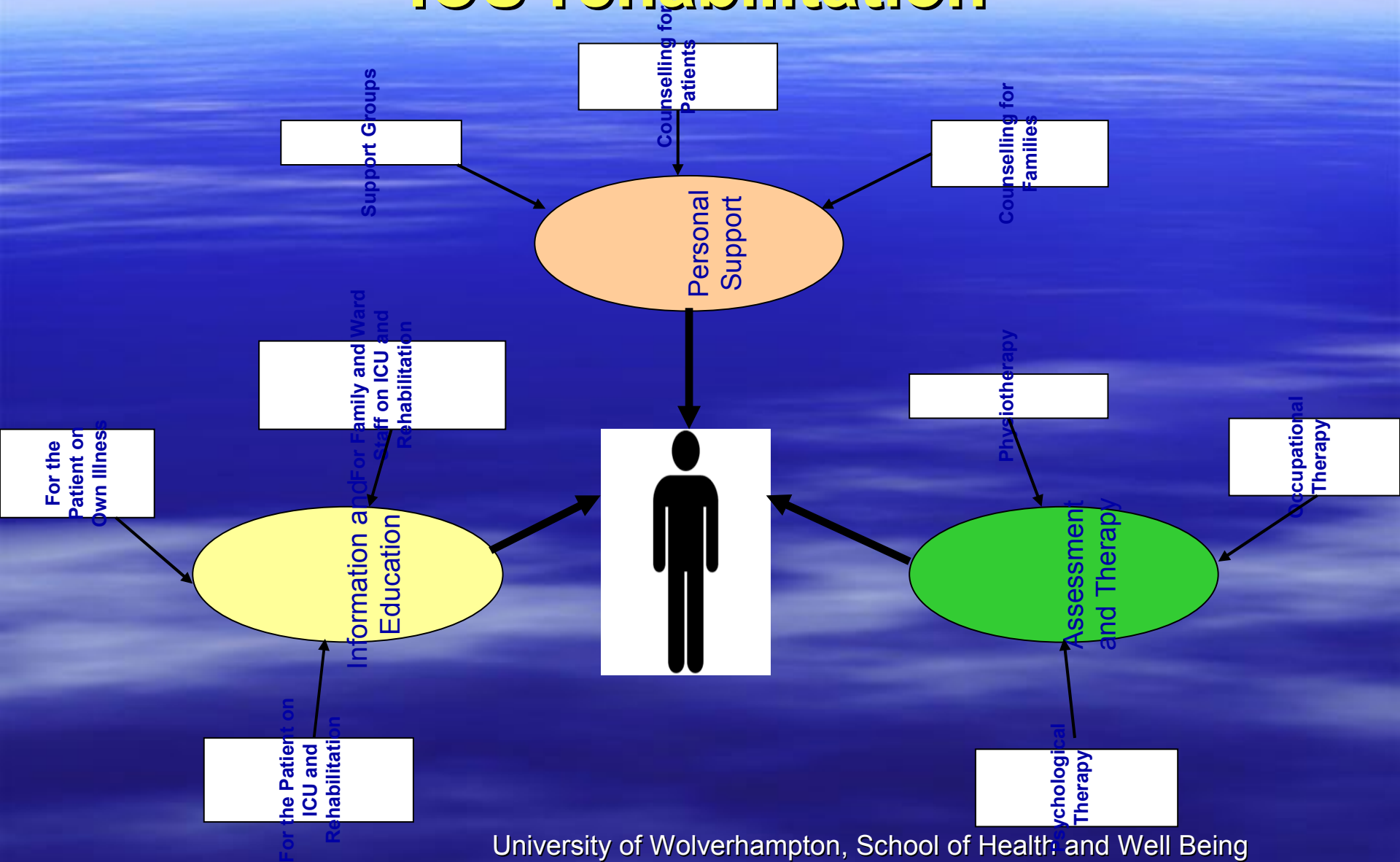
# Results

- **Experience of ICU** – 22 some memory, 11 no or virtually no memory. 16 ‘patchy’ memories of feelings & emotions, 6 remembered specific events
- **Memories of emotions and feelings** - often negative and included – fear, pain, frustration and confusion often related to delusional memories and hallucinations
- **Specific events** – related to interactions with people, staff or family

# Results

- **Challenges faced** – 28 reported specific problems, 7 physical alone, 6 psychological alone, 15 both
  - General physical weakness – 16
  - Specific walking and mobility problems – 8
  - Breathing problems – 8
  - Pain – 6
  - Alopecia - 1
  - Cognitive problems (*e.g. processing, IQ score, memory*) – 10
  - Affective problems (*e.g. PTSD, anxiety, depression*) – 11
  - Social problems (*e.g. delays in returning to work, decreased social interaction*) – 5
  - Ongoing nightmares and hallucinations / flashbacks - 5

# Themes and subcategories for post ICU rehabilitation



# Discussion points

- Participants experiences and challenges support findings from previous literature
- Challenge of how to implement support in each of the themed areas identified
- In the UK - recent NICE guidelines on rehabilitation following critical illness (NICE 2009)
- Local & national issues of funding, demand and quality

# References

- Broomhead.L.R & Brett.S.J (2002) Clinical review: intensive care follow-up – what has it told us? *Critical Care*, 6 (5) 411-417.
- Griffiths.J.A, Barber.V.S, Cuthbertson.B.H and Young.J.D (2006) A national survey of intensive care follow-up clinics. *Anaesthesia*, 61 950-955.
- Jones.C and Griffiths.R.D (2000) Identifying post intensive care patients who may need physical rehabilitation. *Clinical Intensive Care*, 11 35-38.
- NICE (2009) *Rehabilitation after critical illness*. NICE clinical guideline 83. NICE: London
- Scragg.P, Jones.A and Fauvel.N (2001) Psychological problems following ICU treatment. *Anaesthesia* 56 9-14.
  - Rattray.J.E, Jonston.M and Wildsmith.J.A.W (2004) The intensive care experience: development of the ICE questionnaire. *Journal of advanced nursing*, 47 (1) 64-73.

