

LETTER TO THE EDITOR

FUNCTIONAL STATUS AFTER INTENSIVE CARE

Sir,

We note with interest the study by Van der Schaaf et al. (1), who studied the restrictions in daily functioning from a rehabilitation perspective in patients one year after discharge from the intensive care unit (ICU) of the Academic Medical Center of the University of Amsterdam, The Netherlands. All patients included in this study were admitted to the ICU between June 2004 and June 2005 for more than 48 h. We conducted a similar study in a university-affiliated teaching hospital Dutch ICU (2). All patients admitted to the ICU for longer than 48 h between 2000 and 2004 who ultimately survived to 6 months follow-up were included. To study the long-term impact of critical illness on demand and consumption of care after discharge from intensive care over 6 months, patients were asked to complete a validated questionnaire. Of the 451 patients included in the study 40 were lost to follow-up and 159 died; the remaining 252 were evaluated at 6 months.

Comparing the results of our study with those of the study by Van der Schaaf et al. (1), which were conducted over different time periods and in 2 different hospitals (a university city hospital and a hospital in a more suburban region), we found similarities that showed a consistent level of need of patients after discharge from the ICU. Analysis of the data showed that, in our study, 91% of patients were discharged to their own home, and in the Amsterdam study this figure was 97%. Both studies showed that the patients' consumption in several dimensions of health-related quality of life and their need for care was large and

complex. For example, in our study 39% of patients still received physical therapy at 6 months follow-up, in the Amsterdam study this figure was 37% (9–12 months follow-up). The high prevalence of long-lasting restrictions in physical, social and psychological functioning of patients who were admitted to an ICU for more than 48 h implies that this population will consume a considerable amount of care, and that this is independent from time and place, with consequences for healthcare providers and government policies. In the coming decades, the rate of growth of the elderly population (persons 65 years old and over) in many Western countries will greatly exceed the growth rate of the population as a whole. As a result, many of the patients who will be admitted to an ICU will be older, and those who survive the ICU stay will face severe restrictions in daily functioning. This will be a challenge for healthcare providers and politicians.

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RESPONSE TO THE LETTER TO THE EDITOR BY DE JONG ET AL.

De Jong et al. subscribe to our findings of complex restrictions in daily functioning in patients one year after discharge from the intensive care unit (ICU), which is in concordance with their own results (1, 2). We fully agree with de Jong et al. that healthcare planning must anticipate an increasing number of patients facing long-term restrictions in daily functioning following treatment in the ICU.

Although multidisciplinary ICU follow-up care has been recommended to improve outcome (1–5), it is remarkable that survivors of a critical illness are not routinely referred to rehabilitation services. This may be related to the fact that follow-up of ICU patients is usually performed by physicians involved with the primary conditions for which the patients were admitted to the ICU. Restrictions in physical and psychological functioning, and other specific problems requiring multidisciplinary rehabilitation, are often unrecognized (5).

Rehabilitation follow-up care can help to identify problems and serve to facilitate referrals, and may be able to improve functional independence and return to activities of daily living or work. In a continuation of our study (1), we conducted a prospective study on functional recovery in ICU patients, which confirmed these results (3). Furthermore, it appears that 3 months after ICU discharge patients at risk for long-lasting disability can be identified (unpublished results). The challenge for rehabilitation professionals is to develop effective multidisciplinary interventions to improve the outcome of ICU patients. In addition, randomized controlled trials should be performed to evaluate the effect of these rehabilitation interventions on the long-term outcome of ICU patients.

Although there is a need for further research, there is sufficient evidence to support changing practice towards multidisciplinary rehabilitation aftercare for ICU patients today.

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