



## EDITORIAL

# Analgo-sedation and delirium practices in Spanish ICUs<sup>☆</sup>

## Prácticas de analgo-sedación y delirium en las UCI españolas



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Assessing the practices of analgesia, sedation, and delirium in intensive care units (ICUs) is essential for the analysis and improvement of this commonly used process that happens to be one of the most important among critically ill patients. Among the recommendations for the management of critically ill patients established by the SEMICYUC Work Groups the four recommendations made on this topic were: having one analgo-sedation protocol available at the ICUs, the adequate monitoring of pain, the use of appropriate sedation, the monitoring and treatment of delirium and, in patients with neuromuscular blockers, the monitoring with control and sedation systems and neuromuscular blockade.<sup>1</sup>

There are several countries in the medical literature that have conducted studies based on situation surveys on this topic.<sup>2–8</sup> However, a study like this had not been conducted in Spain until now.<sup>9</sup> The importance of this study is that it has been the first nationwide survey ever conducted in Spain, with a significant representation covering 166 ICUs, and 1567 patients with representation both in the public and private sectors.

Among the most relevant results, it stands out that 61% of the ICUs had a sedation protocol available while 75% monitored sedation and agitation, being the RASS scale the most commonly used one. Concomitantly, pain was monitored only in half of the ICUs, while the scales for the diagnosis

and assessment of delirium were rarely used, only in 21% of the patients, being the CAM-ICU being the most commonly used one.

When it comes to the practices for the optimization of analgo-sedation, a relevant fact was that the use of monitoring with bispectral index in cases of deep sedation or neuromuscular blockade occurred in 29% of the patients, while in 32% of the patients with neuromuscular blockade the train-of-four monitoring was used as a measure to quantify the degree of blockade.

The most widely used drug for sedation in continuous perfusion was propofol (19%), followed by midazolam (17%). When it comes to analgesia, the most commonly used drug was fentanyl (12%) and, almost in the same percentage, morphine (11%). In patients on non-invasive ventilation, analgesia with opiates was used in almost half the patients. Also, within non-opiate analgesics, paracetamol was the most widely used now in 18% of the patients.

With respect to delirium, it was confirmed that 12% of the patients had shown agitation and 9% delirium as assessed by a scale of some sort. In this group of patients, haloperidol was the most commonly used neuroleptic in almost 9% of the patients while dexmedetomidine had a very low frequency of use (<1%).

Another very important fact was the use of non-pharmacological measures such as music, television and the press – only used in less than 3% of the patients. Another issue: family stays at the ICU with the patient represented 25%, while the reduction of night time nurse monitoring was 12%.

Several very relevant facts and rooms for improvement emerge from this study. First, that monitoring analgesia and delirium continue to have a very low prevalence. Secondly,

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that in the most critically ill patients that require deep sedation and muscular relaxation, the use of blockade and sedation monitoring by bispectral index and train-of-four monitoring occurs in one third of the patients only. And lastly, that non-pharmacological measures are very rarely used at the ICU setting.

Therefore, this study of paramount importance reveals the situation of analgosedation in Spain and several processes that still have a huge room for improvement.

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