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EDITORIAL

Filling in the puzzle

Completando el puzzle

In the fast-evolving landscape of modern healthcare, integrating cutting-edge technology into intensive care units (ICUs) has undoubtedly transformed how we diagnose, monitor, and treat critically ill patients. Yet, amid the constant hum of machines and the precise calculations of algorithms, it is easy to lose sight of a fundamental truth: that behind every patient, a family is grappling with uncertainty, fear, and a profound sense of responsibility.

The already well-known Humanisation of Intensive Care movement (Proyecto HU-CI)[1] seeks to change how we deliver our care towards a more friendly and human-centred model. Within its eight research areas, we find ''promoting the presence and participation of family members in the ICU''.[2,3] Even though we encourage this participation and involve family members in the care and accompaniment of the patient throughout the process of ''critical illness'' (which includes not only the ICU stay but also the period after admission and the patient's return home), we must not forget that family members suffer in this process. Therefore, high-quality family-centred care should be considered a fundamental skill for ICU clinicians.[4]

Within this new journal's issue, we find an interesting study that puts this problem back on the table. Tejero-Aranguren et al.[5] carried out a prospective observational cohort study to (1) determine the incidence of primary caregiver burden in a cohort of family members of critically ill patients and (2) identify risk factors related to its development in both the patient and the family member. They assessed patients and families three months after ICU discharge in a follow-up visit using different known scales used to address (1) the patient's physical, social, and psychological dimensions (in this case, they used Barthel, SF-12, HADS, Pfeiffer and IES-6) and (2) the caregiver burden (measured using Apgar and Zarit scores).

The following results are worth noting:

- They observed a high incidence of PICS-F (34.6% [25–45.7]), highlighting a severe burden (measured by Zarit score) in 3.8% of the families.
- The presence of PICS-F was determined by the presence of PICS in the patient, but they did not identify any family member risk factor for the development of PICS-F. The patient variables related to the presence of PICS-F in the primary caregiver were longer length-of-stay, higher number of days under mechanical ventilation or deep sedation, lower Barthel score and higher HADS score.
- Moreover, patients showed worse quality of life than reference population values (e.g. only 24.3% of the patients had returned to work upon follow-up consultation, 10.4% showed cognitive impairment, and 51.2% were still under anxiolytic or antidepressant treatment).

Readers may highlight the typical limitations of a study: single-centred study, low number of recruited patients and families, long list of exclusion criteria, and univariate analysis. However, as the authors comment, this is a good starting point for further research.

The highly technical nature of critical care complicates delivering patient and family-centred care. A better understanding of (1) the patient's needs and perceptions regarding family participation in essential care and (2) barriers that hinder a patient- and family-centred environment can help. Education and training of relatives and ICU healthcare providers are necessary to address safety and quality of care concerns, though most studies lack further specification. It is also imperative to consider screening and follow-up of caregivers for mental health problems, especially within the post-ICU programmes.[6–9] A recent study[10] observed an improvement in some components of mental health (fear, self-esteem, coping, sleep disorders) and the patient's ability to perform basic activities of daily living after implementing a protocol for preventing and managing post-intensive care syndrome. Moreover, the positive results on the Zarit scale (caregiver overload) also stem from the high level of support perceived by the patients' families and relatives.

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We must work together to create a humanistic ICU environment for our patients and ourselves; it not only enhances patient and family experiences but can also contribute to improved clinical outcomes and reduced healthcare provider burnout. We must understand that our care goes beyond the critically ill patient and must include the care of family members. It is time for effective multidisciplinary management. It is time to work hand in hand with physiotherapists, psychologists/psychiatrists, occupational therapists, and social workers to promote patient's full recovery and a quick return to an active and fulfilling life for our patients and their families.

Conflict of interest

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References

1. Proyecto Hu-Ci: Humanizando los cuidados intensivos. Available at: http://humanizandoloscuidadosintensivos.com/es/inicio/.
2. Nin Vaeza N, Martin Delgado MC, Heras de la Calle G. Humanizing intensive care: toward a human-centered care ICU model. Crit Care Med. 2020;48:385–90.
3. Alonso-Ovies Á, Heras la Calle G. Humanizing care reduces mortality in critically ill patients. Med Intensiva (Engl Ed). 2020;44:122–4, http://dx.doi.org/10.1016/j.medin.2019.03.002.
4. Kang J. Being devastated by critical illness journey in the family: a grounded theory approach of post-intensive care syndrome-family. Intensive Crit Care Nurs. 2023;78:103448, http://dx.doi.org/10.1016/j.iccn.2023.103448.
5. Tejero-Aranguren J, García del Moral R, Poyatos-Aguilera ME, Colmenero M. Family burden after critical illness: the forgotten caregivers. Med Intensiva. 2023, in press.
6. Cairns PL, Buck HG, Kip KE, Rodriguez CS, Liang Z, Munro CL. Stress management intervention to prevent post-intensive care syndrome-family in patients' spouses. Am J Crit Care. 2019;28:471–6, http://dx.doi.org/10.4037/ajcc2019668.
7. Ricou B, Gigon F, Durand-Steiner E, Liesenberg M, Chemin-Renais C, Merlani P, et al. Initiative for burnout of ICU caregivers: feasibility and preliminary results of a psychological support. J Intensive Care Med. 2020;35:562–9, http://dx.doi.org/10.1177/0885066618768223.
8. Davidson JE, Aslakson RA, Long AC, Puntillo KA, Kross EK, Hart J, et al. Guidelines for family-centered care in the neonatal, pediatric, and adult ICU. Crit Care Med. 2017;45:103–28, http://dx.doi.org/10.1097/ccm.0000000000002169.
9. Torres J, Carvalho D, Molinos E, Vales C, Ferreira A, Dias CC, et al. The impact of the patient post-intensive care syndrome components upon caregiver burden. Med Intensiva. 2017;41:454–60, http://dx.doi.org/10.1016/j.medin.2016.12.005. English, Spanish. Epub 2017 Feb 8. PMID: 28188064.
10. Lobo-Valbuena B, Sánchez Roca MD, Regalón Martín MP, Torres Morales J, Varillas Delgado D, Gordo F. Post-Intensive care syndrome: ample room for improvement. Data analysis after one year of implementation of a protocol for prevention and management in a second-level hospital. Med Intensiva (Engl Ed). 2020;24, http://dx.doi.org/10.1016/j.medin.2020.06.009. S0210-5691(20)30217-5.

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