



LETTER TO THE EDITOR

Post-intensive care syndrome after SARS-CoV-2 pandemic[☆]

Síndrome post-cuidados intensivos después de la pandemia por SARS-CoV-2

Sir,

The worldwide SARS-CoV-2 pandemic is taking health systems to the edge of collapse and Intensive Care Units (ICUs) to work burdens that exceed their capacity. In the first wave of the pandemic, maximum priority has focused on keeping mortality as low as possible, and in this regard critical care has become a crucial factor.

However, the future of the SARS-CoV-2 pandemic comprises different horizons: a second wave is to be expected because of resource restrictions in relation to non-SARS-CoV-2 urgent disease conditions, with a rise in mortality due to

a saturated system.¹ Likewise, although reasonably not on an immediate basis, the pandemic will have an impact upon our more chronic patients, who have suffered a decrease in their quality of care during this situation. Lastly, significantly higher levels of exhaustion, psychological problems and posttraumatic stress are to be expected among our professionals,² with the consequent impact upon work performance (Fig. 1).³

In this general scenario, the Departments of Intensive Care Medicine must stay alert to identify the “tail of the first wave”, which will comprise a post-intensive care syndrome (PICS) of great magnitude and with special features.

Although the magnitude of the PICS in numerical terms cannot be predicted at this time, it undoubtedly will be large. Under normal circumstances, PICS affects 30–50% of our patients,⁴ and its sequelae may persist even beyond 5 years after hospital discharge, particularly in the case of patients recovering from acute respiratory syndrome.⁵

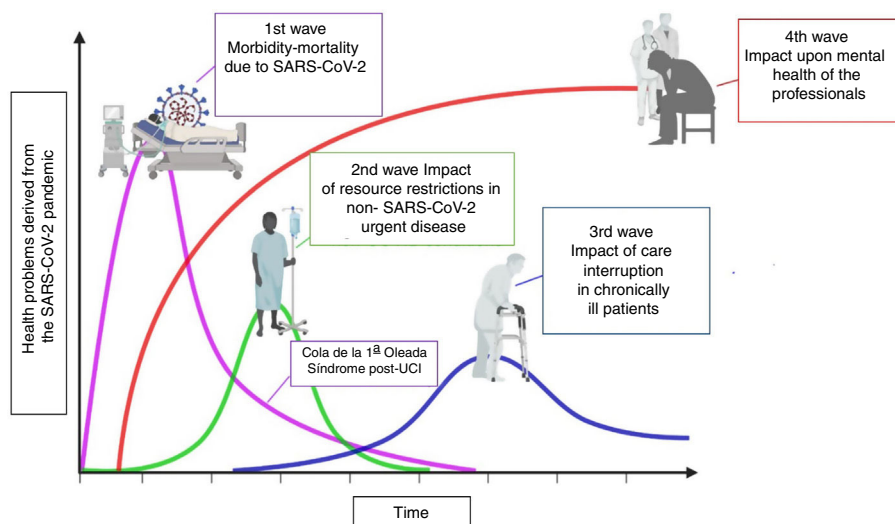


Figure 1 Graphic representation of the possible time horizons as a result of the SARS-CoV-2 pandemic. Reproduced with permission from Tseng V³.

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It is reasonable to assume that the characteristics of post-SARS-Cov-2 PICS will have a special affective component. In this context, family-PICS will be of specific relevance. On a daily basis, our "COVID hospitals" are witnessing the way in which the pandemic is causing important family ruptures, impeding adequate care of the ill relative, and with atypical situations of grief and burial of the victims. If other conditions have shown us that up to 16% of all patient relatives have been unable to reduce their levels of depression one year after discharge,⁶ will we be prepared for post-SARS-Cov-2 PICS?

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