

Light sedation or no-sedation in ICU: patient experience matters

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Dear Editor,

We have been using sedation for a long time in intensive care units for patients on mechanical ventilation. Sedation aims at facilitating the patient's ability to remain comfortably connected to the ventilator and minimize oxygen consumption. The strategies for sedation vary from deep sedation and light sedation to no-sedation. For the last two decades, light sedation with daily interruption is being practiced by most ICUs.

A recently published article in the *New England Journal of Medicine* by Olsen *et al.* compared the strategies of no-sedation and light sedation in a randomized manner to assess its impact on mortality and various secondary outcomes [1]. The study reported no difference in mortality at 90 days, although an increase in thrombotic complications was reported in the light sedation group. Authors have explored multiple secondary outcomes, up to 90 days, including days free from coma/delirium and incidence of acute kidney injury. One crucial outcome, which needs to be studied in any study regarding sedation practices in the intensive care unit is the occurrence of post-traumatic stress disorder (PTSD) [2]. As clinicians, we tend to focus on survival benefits as primary out-

come while missing the issue of the patient experience. It is not known if a no-sedation strategy is associated with any change in the incidence of PTSD. ICU stay is a traumatic event in a patient's life, and a significant proportion of individuals fulfil criteria for PTSD after ICU discharge. Sedation plays a vital role in patients alertness and assessment of surroundings. Patients having wide variability in the consciousness level are more likely to be disoriented and horrified as compared to ones who are kept more awake. Secondly, during ICU stay the patient experiences different things such as invasive procedures on self as well as on other patients and sometimes has a near-death experience. The impact of these experiences is also likely to vary depending upon sedation level. Since the current trial has demonstrated no survival benefit of a no-sedation strategy, it becomes more critical to assess its effect on patient experience based outcomes such as the occurrence of depression and PTSD.

References

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