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**The impact of critical illness and the ICU stay on patients' health and recovery:
Proactive interventions and outcomes after discharge from the ICU**

Critical illness requiring a stay in the intensive care unit can have a long-term effect on patients' health status and is frequently followed by lengthy recovery.

In the presentation the physical health status of patients from before intensive care admission to twelve months after discharge from intensive care will be described along with proactive interventions during and after intensive care stay to support patients' health and recovery. Psychological health status is presented with symptoms of post-traumatic stress disorder at three, six and twelve months after intensive care discharge along with difference in physical and psychological health status between and within gender.

The data is from a prospective, comparative study of patients, ≥ 18 years of age, with ≥ 72 hours stay in intensive care. The experimental group (n=83) received structured nurse-led follow-up from intensive care nurses. That comprised clinical surveillance and support with ward visits, a phone call the first week after discharge from hospital to home and follow-up appointment three months after discharge from intensive care. The control group (n=85) received usual care. Health status was measured with SF-36v2 before intensive care admission, at discharge from general ward and three, six and twelve months after discharge from intensive care. Symptoms of post-traumatic stress disorder were measured with Impact of Event Scale-Revised.

The patients had not reached at twelve months the physical health status they had before admission to the intensive care. There was no difference in health status between patients who received structured nurse-led follow-up and patients who received usual care. The physical health status of women was worse than men during all time points. The psychological health of younger women was worse than by older women.

Proactive measures during the intensive care stay such as early mobilisation, promoting comfort and nurse-led follow-up could support patients' long-term health status. Heterogeneity of this intensive care patients' group and gender differences suggests the importance of individual approach of surveillance, support, and rehabilitation after discharge from the intensive care.