STUDY GUIDE

Society of Critical Care Medicine Guidelines on Caring for Older Adults in the ICU.

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Study Guide: Society of Critical Care Medicine Guidelines on Caring for Older Adults in the ICU

This study guide provides a comprehensive overview of the evidence-based recommendations developed by the Society of Critical Care Medicine (SCCM) regarding the management of older adults (aged 65 and older) in the intensive care unit (ICU).

I. Overview of the Clinical Challenge

Older adults represent a significant and growing demographic within critical care environments. The following factors necessitate specialized guidelines for this population:

- **Demographics:** Older adults have accounted for more than 50% of ICU days in the United States for the past 25 years. The global population of individuals aged 65 and older is expected to double by 2050.
- **Determinants of Health:** Factors such as frailty and functional disability are often stronger predictors of outcomes than chronological age alone.
- **Unique Vulnerabilities:** Older patients are at higher risk for harm from standard ICU practices, including polypharmacy, immobility, and oversedation. They are also significantly more susceptible to delirium.
- **Patient Priorities:** Older adults frequently prioritize "maintaining functional independence" over simple survival.

II. Summary of Recommendations

The American College of Critical Care Medicine convened a 22-member interprofessional panel to address five Population, Intervention, Comparator, and Outcomes (PICO) questions. The panel utilized the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology.

Clinical Recommendations Table

Topic	Recommendation	Certainty of Evidence
Geriatric Models of Care	**Suggest** a geriatric model of care for all older adults admitted to the ICU.	Very Low
Delirium Prevention	**Suggest NOT** using antipsychotic medications for the prevention of delirium.	Very Low
Post-ICU Follow-Up	**No recommendation** regarding specialized post-ICU follow-up.	Low
MAP Targets	**No recommendation** regarding targeting a lower Mean Arterial Pressure (MAP) of 60–65 mm Hg vs. >65 mm Hg.	Very Low
Delirium Treatment	**No recommendation** regarding the use of antipsychotics for the treatment of delirium.	Low

III. Analysis of Key PICO Questions

1. Geriatric Models of Care

The panel suggests implementing geriatric-specific models or consultations. While data on mortality and length of stay (LOS) are uncertain, these models align with the **"4Ms" framework**:

- **What Matters:** Aligning care with patient goals.
- **Medication:** Deprescribing inappropriate drugs.
- **Mentation:** Focusing on delirium prevention/management.
- **Mobility:** Ensuring patients remain active to prevent functional decline.

Specific interventions identified in the source include removing unnecessary tethering devices (restraints and catheters), addressing hearing impairment with amplifying devices, and prioritizing occupational therapy.

2. Antipsychotics for Delirium

- **Prevention:** The panel suggests against prophylactic use of haloperidol or quetiapine. Evidence suggests no significant difference in delirium-free days, and these drugs carry risks of adverse events and inappropriate long-term prescription.
- **Treatment:** While some data suggested haloperidol might reduce mortality, the evidence was deemed low certainty and potentially influenced by bundled interventions. The panel remained neutral due to concerns about under-reported adverse effects in older adults.

3. Mean Arterial Pressure (MAP) Targets

The guidelines addressed whether a lower MAP target (60–65 mm Hg) is preferable for older adults in vasodilatory shock to reduce vasopressor exposure.

- **Findings:** Lower targets reduce vasopressor use and may be cost-effective, but current evidence shows uncertain effects on 28-day mortality, quality of life, and cognitive impairment.

4. Specialized Post-ICU Follow-Up

The panel examined multidisciplinary clinics, physical therapy, and nurse-led programs.

- **Findings:** Evidence showed no clear effect on mortality, health-related quality of life (measured by SF-36 or EQ-5D), or symptoms of anxiety and depression. The panel highlighted a need for research into outcomes more meaningful to older adults, such as "return-to-home" and social participation.

IV. Short-Answer Practice Questions

1. **Define the age threshold used for "older adults" in these guidelines.**
   - *Answer:* Individuals aged 65 years and older.
2. **What does the "4Ms" framework in Age-Friendly Health Systems represent?**
   - *Answer:* What Matters Most, Medication, Mentation, and Mobility.
3. **Why did the panel issue a "conditional" rather than "strong" recommendation for geriatric models of care?**
   - *Answer:* Because the certainty of evidence was "very low" due to issues with indirectness, imprecision, and risk of bias in the available trials.
4. **What specific risk did the panel identify regarding the use of antipsychotics in the ICU?**
   - *Answer:* They are associated with adverse events in older survivors and are often inappropriately continued after the patient is discharged from the hospital.
5. **According to the guidelines, what health priority do older adults often rank higher than survival?**
   - *Answer:* Maintaining functional independence.
6. **What was the primary benefit observed in targeting a MAP of 60-65 mm Hg in older adults with shock?**
   - *Answer:* Reduced exposure to vasopressors.

V. Essay Prompts for Deeper Exploration

1. **The Evidence-to-Decision Gap:** Discuss why the panel issued "no recommendation" for three out of five questions despite the high volume of older adults in the ICU. Analyze the role of "certainty of evidence" and "subgroup data" in clinical guideline development.
2. **Functional vs. Clinical Outcomes:** Compare and contrast traditional clinical outcomes (mortality, hospital length of stay) with geriatric-centered outcomes (ADL performance, cognitive intactness). Explain why the latter are increasingly prioritized in older adult critical care.
3. **The Risks of Polypharmacy and Oversedation:** Evaluate the panel's rationale for suggesting against the prophylactic use of antipsychotics. How do the unique physiological vulnerabilities of older adults influence this recommendation?
4. **Future Research Priorities:** Based on the research agenda provided in the guidelines, identify the three most critical gaps in our understanding of post-ICU recovery for older adults. Propose a study design that addresses one of these gaps.

VI. Glossary of Important Terms

- **ADLs (Activities of Daily Living):** Basic tasks of self-care, such as bathing, dressing, and eating; a key measure of functional independence.
- **Conditional Recommendation:** A suggestion reflecting a close balance between benefits and harms, where different choices may be appropriate for different patients depending on their values.
- **Delirium:** An acute state of confusion and fluctuating consciousness; older ICU patients are highly vulnerable to this condition.
- **EtD (Evidence-to-Decision):** A framework used to formulate recommendations by considering the balance of effects, certainty of evidence, patient values, and resource use.
- **Frailty:** A condition of increased vulnerability to poor health outcomes, often a better predictor of ICU recovery than chronological age.
- **GRADE:** (Grading of Recommendations, Assessment, Development, and Evaluation) A systematic approach to labeling the certainty of evidence and the strength of recommendations.
- **MAP (Mean Arterial Pressure):** The average arterial pressure during a single cardiac cycle; used as a target in the treatment of shock.
- **PICO:** A framework for clinical questions: Population, Intervention, Comparator, and Outcomes.
- **Strong Recommendation:** A recommendation that clinicians should follow for nearly all patients, often used as a quality criterion or performance indicator.
- **Vasodilatory Shock:** A medical emergency where blood vessels relax excessively, leading to dangerously low blood pressure, typically treated with vasopressors.