

High rates of impaired quality of life and social and economic problems at six months after COVID-19 related ARDS

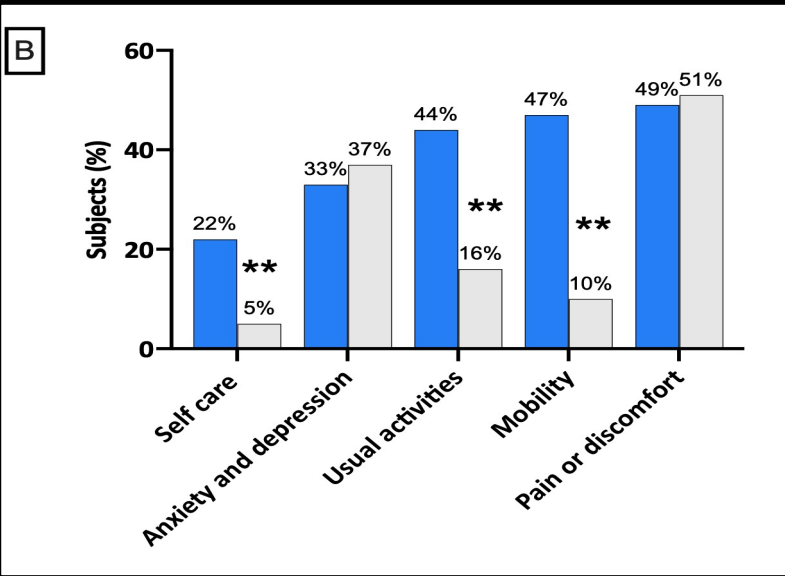
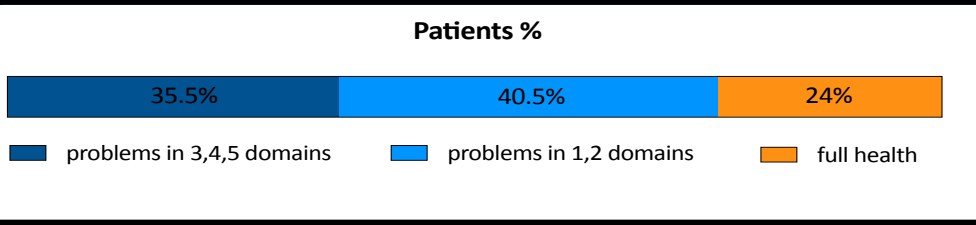
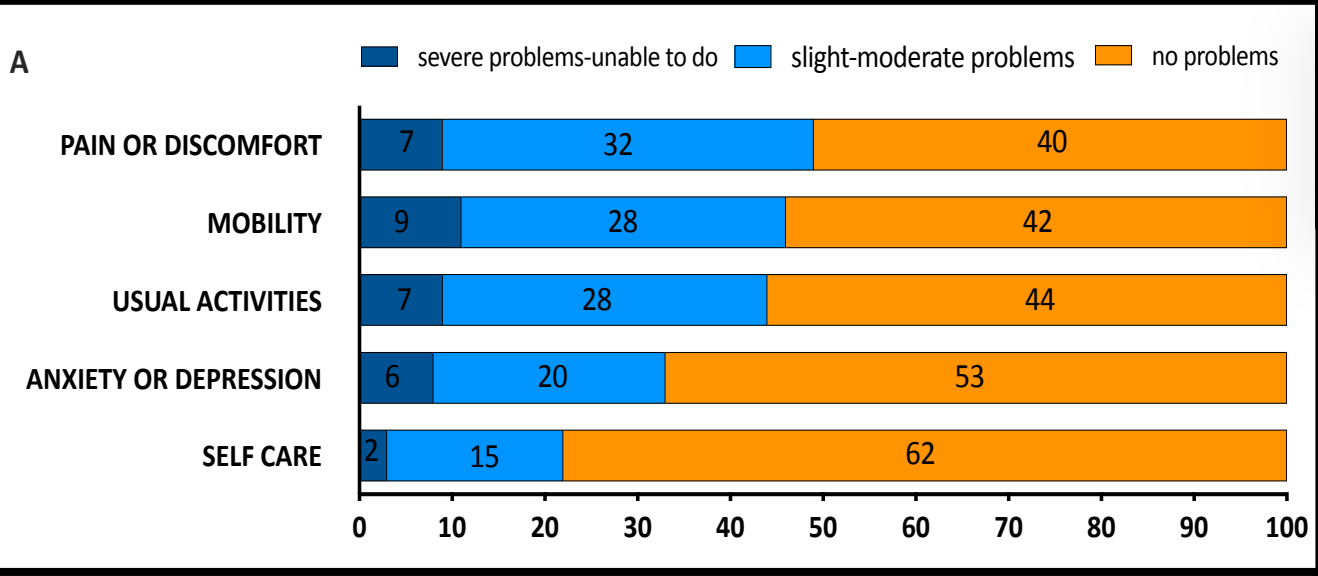
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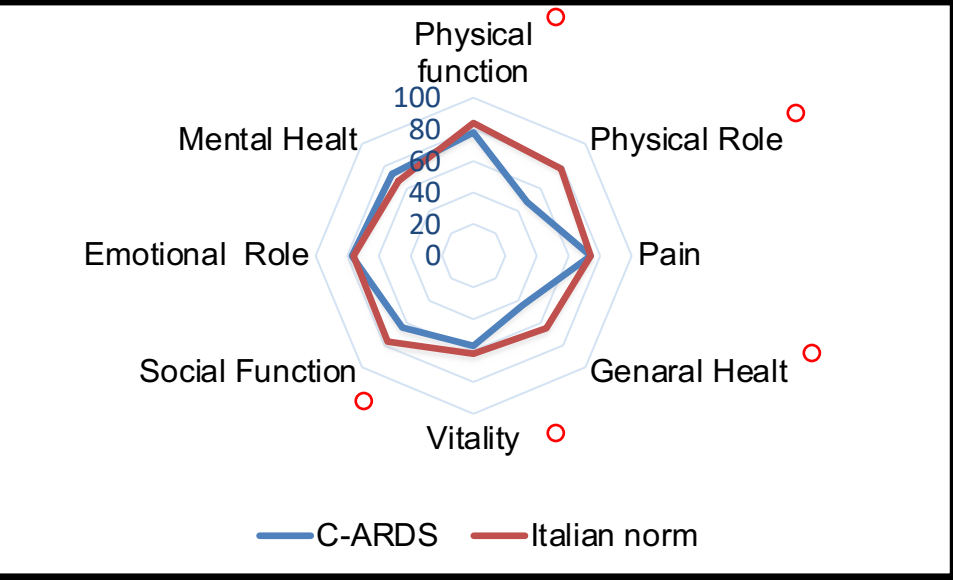
Aim of the study

Assess the quality of life (HR-QoL) and socio-economic impact in ICU survivors after C-ARDS and identify social and disease-related risk factors for long-term health consequences. C-ARDS survivors were followed 6 months after ICU discharge. HR-QoL was assessed using SF-36 and EQ-5D-5L; the socio-economic burden of COVID-19 was evaluated with a dedicated questionnaire. All clinical data were prospectively recorded.

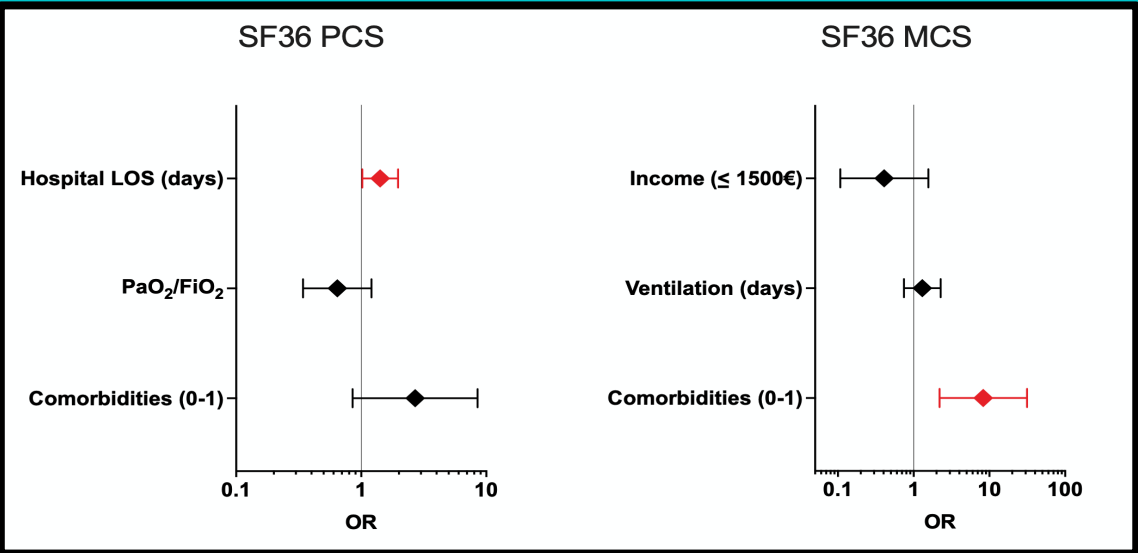
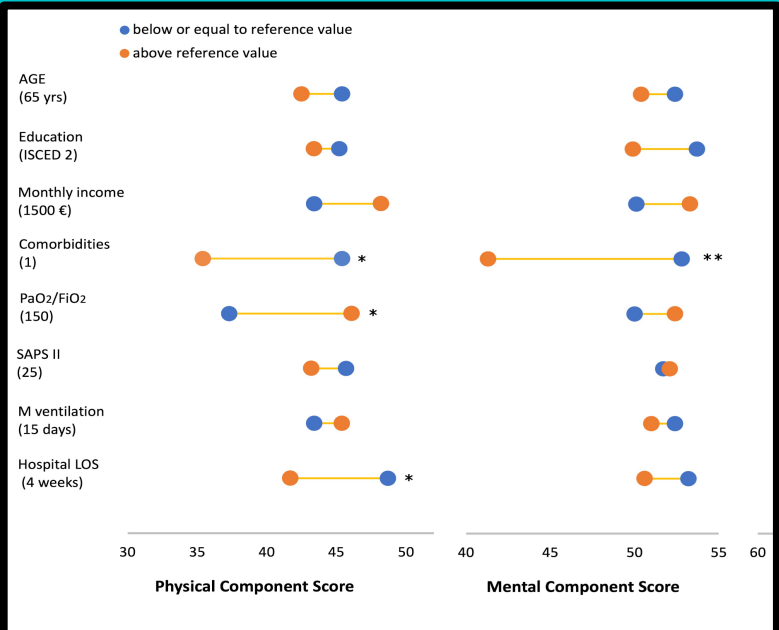
Result



The results obtained in the SF-36 questionnaire compared to normal Italian values from Apolone et al.



The score obtained in the PCS are significantly lower in patients with P/F <150 mmHg, with a hospital stay of more than 4 weeks and with more than one comorbidities; the MCS score is lower in patients with more than one comorbidities.



A multivariable analysis identified the predictors that were best associated with an impaired quality of life, as reflected by physical and mental component summary scores (PCS and MCS) below 40. Hospital length of stay was significantly associated with reduced PCS. The only significant predictor associated with reduced MCS was >1 comorbidity.

Conclusion

- 1) A majority of C-ARDS survivors report primarily physical health-related problems at 6 months after discharge, such as mobility limitation and impairment in the activities of daily life, while anxiety, depression and other problems related to the mental health were less frequently reported, and not significantly different in comparison to a reference Italian population;
- 2) Two well validated and internationally used, different sets of HR-QoL questionnaires, the SF-36 and EQ-5D-5L, gave similar results;
- 3) The risks of developing health-related problems at 6 months after ICU discharge are significantly related with an increased duration of mechanical ventilation and prolonged hospital stay and among people with previous comorbidities, while the level of education and the premorbid income had no impact.