Effect of hyperdynamic LVEF on ICU outcomes

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Abstract

Objective To study the effect of hyperdynamic left ventricular function on ICU outcomes.

Keywords: Intensive Care Unit, Hyperdynamic

1. Background

In a recent meta-analysis review by Huang et al. (2013) [1] the authors attemped to answer the question whether ventricular depression or dilation is associated with lower mortality rates. A total of 62 studies were reviewed and 14 included in the analysis. The meta-analysis failed to find any evidence to support the view that the survivors from severe sepsis or septic shock had lower ejection fractions. This study aims to further explore this research question using the MIMIC-II clinical database from the Beth Israel Deaconness Medical Center in Boston, MA [2].

2. Methods

We conducted a retrospective cohort study using the Multiparameter Intelligent Monitoring in Intensive Care II (MIMIC II) database. MIMIC II is a large open-access database, which includes data from electronic medical records of patients admitted to the ICUs at Beth Israel Deaconess Medical Center since 2001. The creation and use of the MIMIC database was approved by the institutional review boards of both Beth Israel Deaconess Medical Center and Massachusetts Institute of Technology (IRB protocol 2001-P-001699/3).

All adult patient records who underwent an echocardiograph in the database were screened for purposes of inclusion. Patients were excluded if their left-ventricular function was suppresed The cohort characteristics used in this study is shown in Figure 1. The study outcome was 28-day mortality among the entire patient cohort.

All statistical analysis was performed using R. Baseline comparisons were performed using Fisher tests for categorical variables with results reported as numbers and percentages. Continuously normally distributed variables were compared using t-tests and reported as median, while non-normally distributed data were compared using Mann-Whitney tests and reported as medians and interquartile range (IQR).

3. Results

Table **??** highlights the results of the univariate analysis for all patients with hyperdynamic EF. Table **??** highlights the results of the univariate analysis for all patients with acute hyperdynamic EF. Significant values ($P < 0.05$) are shown in bold. Hyperdynamic patients are more likely to be female, be admitted to MICU, SICU and ventilated. Hyperdynamic patients also have higher risk of mortality, SOFA and SAPSI scores and stay longer in ICU. Table **??** looks at potential confounders for the cohort: hyperdynamic patients are more liekly to have congestive heart failure, hypertension and cancer.

Table **??** highlights the results of the univariate analysis for all septic patients. Significant values ($P < 0.05$) are shown in bold. Hyperdynamic septic patients have a higher 28-day and ICU/hospital mortality are more likely to be administered more fluids. The confounder analysis in Table **??** is inconclusive.

References

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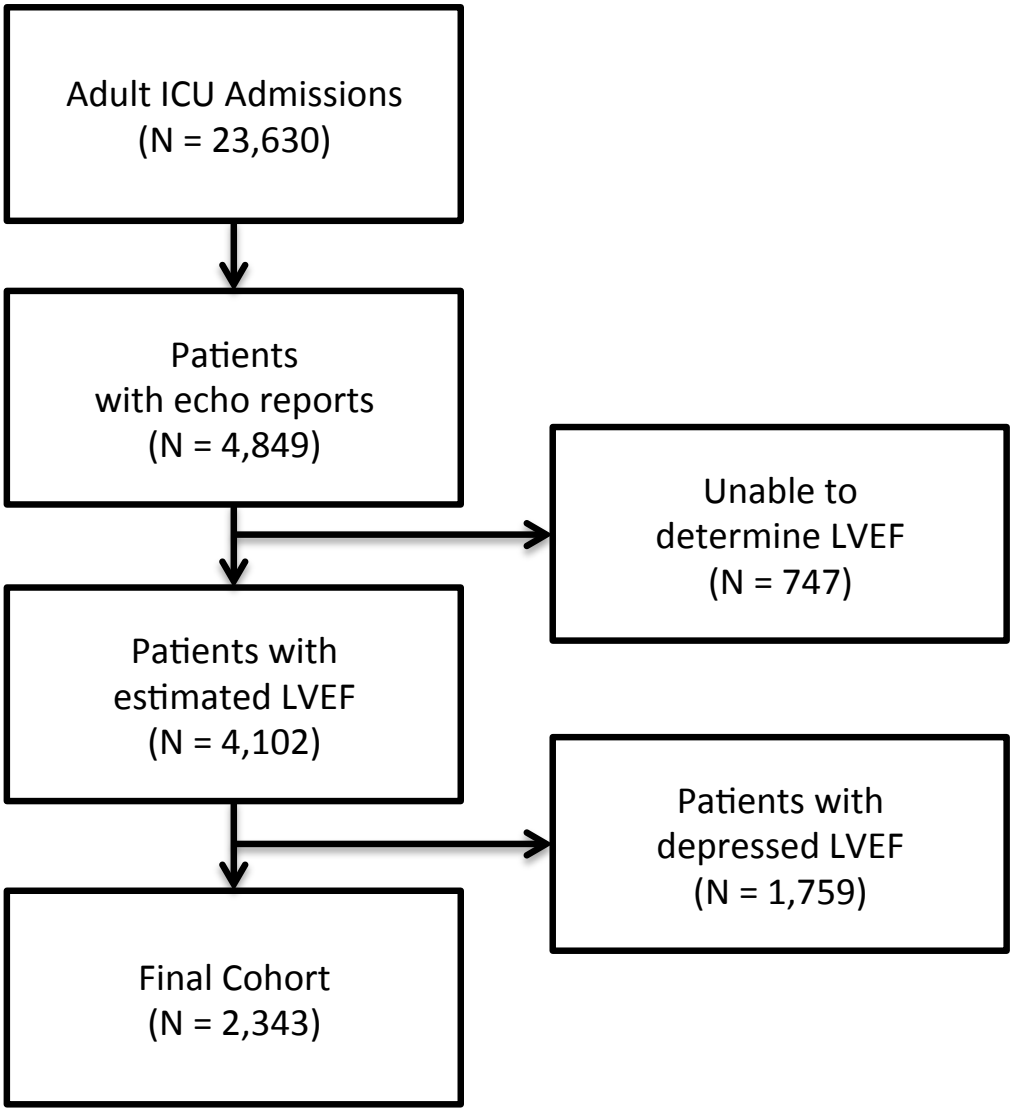

Figure 1: Patient record selection. Using the MIMIC II database we identified 2,481 patients that had a echo report.

	NLVEF (N=2141)	**HDLVEF** (N=202)
	N (%) or median (IQR)	
Age	68.98 (22.83)	68.13 (24.15)
Gender (Male)	1051 (49.18)	84 (41.58)*
SAPS-I	17.00 (7.00)	14.00 (8.00)*
Care Unit		
MICU	104 (51.49)	1124 (52.50)
CCU	24 (11.88)	335 (15.65)
CSRU	21 (10.40)	161 (7.52)
SICU	53 (26.24)	521 (24.33)
Labs		
Max WBC	15.10 (10.40)	13.70 (8.30)*
WBC	11.50 (7.90)	11.10 (6.30)*
Max lactate	2.50 (3.02)	2.20 (2.38)
Lactate	1.90 (1.64)	1.80 (1.30)
Max creatinine	1.30 (1.20)	1.20 (1.20)*
Creatinine	1.00 (0.90)	1.00 (0.95)
Co-morbidities		
Diabetes	530 (24.75)	55 (27.23)
Alcohol abuse	119 (5.56)	9 (4.46)
Arrhythmias	603 (28.16)	46 (22.77)
Valvular disease	276 (12.89)	35 (17.33)
Hypertension	749 (34.98)	93 (46.04)*
Renal failure	209 (9.76)	22 (10.89)
Chronic pulmonary	495 (23.12)	40 (19.80)
Liver disease	1981 (92.53)	183 (90.59)
Cancer	86 (4.02)	16 (7.92)*
Psychosis	72 (3.36)	9 (4.46)
Depression	115 (5.37)	10 (4.95)
CHF	691 (32.27)	84 (41.58)*
Treatments		
RRT	291 (13.59)	37 (18.32)
Vasopressor	920 (42.97)	105 (51.98)*
Ventilated	1284 (59.97)	146 (72.28)*
IVF first 24hr (ml)	2181.34 (4545.38)	1737.20 (3690.39)
Time to echo (days)	0.72 (1.98)	0.68 (1.82)

Table 1: Characteristics of normal versus all HDLVEF patients

	Odds-ratio (95% Confidence Interval)	**P-value**
Age	0.9980 (0.9919,1.0039)	0.5
Gender (Male)	1.0206 (0.8187,1.2725)	0.9
Elixhauser Score	1.0698 (1.0505,1.0895)	**<0.001***
SAPS-I	1.0848 (1.0608,1.1097)	**<0.001***
Vasopressor	0.5156 (0.4080,0.6506)	**<0.001***
HDLVEF	0.7129 (0.5035,1.0209)	0.1

Table 2: Multivariate logistic regression model predicting 28-day mortality for all patients

	Non-Septic (N=2351) N (%)	**Septic** (N=1705) N (%)
Severly Supressed LVEF (<35%)	434 (18.46)	360 (21.11)*
Mildly Supressed LVEF (<55%)	585 (24.88)	334 (19.59)*
Normal LVEF (>55%)	1227 (52.19)	914 (53.61)*
Hyperdynamic LVEF (>75%)	105 (4.47)	97 (5.69)*

Table 3: Left Ventricular Ejection Fraction Characteristics for septic patients

	Hazard ratio (95% Confidence Interval)	**P-value**
Age	1.0062 (0.9911,0.9966)	**<0.001**
Gender (Male)	0.9961 (0.9143,1.1023)	0.1
Elixhauser Score	1.0161 (0.9745,0.9939)	**<0.001**
SAPS-I	0.9643 (0.9365,1.1483)	0.7
Vasopressor	1.0480 (0.8001,1.1379)	**<0.001**
HDLVEF	1.0373 (0.9544,0.9738)	**<0.001**

Table 4: Multivariate Cox Hazard model predicting one-year mortality for all 28-day survivors