## openMetaAnalysis: PICO Table

Trial	Patients	Intervention	Comparison	Outcome
Bollaert, 1999 PMID <u>9559600</u>				
Briegel, 1999 PMID <u>10321661</u>	Prospective, Double-blind RCT. 40 subjects with septic shock on vasopressors • Age (mean) 49 • Lactate (mean) 3.6 Before randomization: • PAOP 12-15 mmHg • Vasopressor + CI > 4.0 L/min/m <sup>2</sup> • +/- dobutamine or dopexamine	Hydrocortisone (100 mg over 30 minute infusion followed by 0.18 mg/kg/hr continuous).  • For 70 kg man, this would result in ~400 mg/day  • Duration: until shock reversed (taper 6 days after vasopressor discontinued resulting in >7 days)	Placebo	Primary:  • Time to cessation vasopressor support Secondary:  • Evolution hemodynamics and multiple organ dysfunction
Chawla, 1999 PMID NA. <u>Link</u>				
Annane (Ger-Inf-05), 2002 PMID <u>12186604</u>	300 subjects with septic shock on vasopressors • Age (mean) 61 • Lactate (mean) 4.5 Before randomization: • 32 ml/kg saline • 4 hours of vasopressors	Hydrocortisone-plus-fludrocortisone given as 50-mg intravenously every 6 hours, and fludrocortisone 50-µg tablet through a nasogastric tube once daily in the morning.  • Duration was 7 days without tapering.	Placebo	
Oppert, 2005 PMID <u>16276166</u>				

Tandan, 2005 PMID NA	Septic shock and adrenal insufficiency			
Rinaldi, 2006 PMID <u>16850006</u>				
Cicarelli, 2007 PMID <u>17992396</u>	29 subjects with septic shock on vasopressors • Age (mean) 65 • Lactate (approximate mean) 3.9 mmol/L	Low dose, short term corticosteroids:  • Dexamethasone 0.2 mg/kg intravenously every 36 hours for three doses (Equivalent 350 mg hydrocortisone 70 kg person over 6 days)		
Sprung (CORTICUS), 2008 PMID <u>18184957</u> NCT00147004	499 subjects with septic shock on vasopressors • Age (mean) 63 • Lactate (mean) 4.0 mmol/L Before randomization: • Fluids 'adequate' but amount not reported • All on vasopressors, duration unknown	50-mg every 6 hours for 5 days, then tapered until stopped on day 11.  • Duration was 11 days with a taper starting on day 6.	Placebo	
Hu, 2009 PMID NA		Low dose, long duration. 50 mg Hydrocortisone Q6hr for 7 days, then 50 mg q8hrs		
Meduri, 2009 PMID <u>17426195</u>				
Arabi, 2010 PMID <u>21059778</u> ISRCTN99675218	79 patients with septic shock and cirrhosis • Age (mean) 60.6 • Lactate (mean) 2.8 Before randomization:	50 mg of hydrocortisone every six hours until hemodynamically stable  • Duration average 6.6-8.8 days + 8 day steroid taper	Placebo	

	<ul><li>Fluids amount not reported</li><li>All on vasopressors (norepi)</li></ul>			
Gordon, 2014 PMID <u>24557425</u>				
Key (HYPRESS), 2016 PMID <u>27695824</u>				
Lv, 2017 PMID <u>28615145</u> <u>NCT02580240</u>				
Ventatesh (ADRENAL), 2018 PMID <u>29347874</u> NCT01448109 NCT01448109	3711 subjects with septic shock on vasopressors enrolled March 2013 through April 2017, • Age (mean) 63 • Lactate (mean) 3.9 Before randomization: • Fluids amount not reported • All on vasopressors for at least 4 hours	200 mg of hydrocortisone by continuous intravenous infusion over a period of 24 hours • Duration was a maximum of 7 days without tapering.	Placebo	
Annane (APROCCHSS), 2018 PMID <u>29490185</u> NCT00625209	1241 subjects with septic shock on vasopressors enrolled September, 2008, and June, 2015  • Age (mean) 66  • Lactate (mean) 4.4 Before randomization:  • Fluids given prior to steroids n 51% with mean	Hydrocortisone-plus-fludrocortisone given as 50-mg intravenous every 6 hours, and fludrocortisone 50-µg tablet through a nasogastric tube once daily in the morning.  • Duration was 7 days without tapering.	Placebo	

of 1641 ml and 753 ml		
colloids		
• All on vasopressors for at		
least 6 hours		