openMetaAnalysis: PICO Table

Trial	Patients	Intervention	Comparison	Outcome
Schumer, 1976 PMID <u>786190</u>	172 subjects with septic shock and positive blood cultures	High dose, short term corticosteroids: • Methylprednisolone (30 mg/kg as a single intravenous bolus) - or - • Dexamethasone (3 mg/kg as a single intravenous bolus)		Primary: • All cause mortality Secondary: •
Bone, 1978 PMID <u>3306374</u>	382 subjects with severe sepsis • Age 54 years • 41% had septic shock	High dose, short term corticosteroids: • Methylprednisolone 30 mg/kg over 20 minutes intravenously every six hours for one day		Primary: • All cause mortality at 14 days
Sprung, 1984 PMID <u>6384785</u>	59 subjects with septic shock on vasopressors • Age (mean) • Lactate (mean) Before randomization: • ≥ 500 ml saline • 93% vasopressors	High dose corticosteroids: • Methylprednisolone (30 mg/kg as a single intravenous bolus) - or - • Dexamethasone (3 mg/kg as a single intravenous bolus)		
Luce, 1998 PMID <u>3202402</u>		High dose corticosteroids: • Methylprednisolone (30 mg/kg intravenous infusion every 6 hours for 24 hours)		
Bollaert, 1999 PMID <u>9559600</u>				

Briegel, 1999 PMID <u>10321661</u>				
Chawla, 1999 PMID NA. <u>Link</u>				
Annane (Ger-Inf-05), 2002 PMID <u>12186604</u>	300 subjects with septic shock on pressors • Age (mean) 61 • Lactate (mean) 4.5 Before randomization: • 32 ml/kg saline • 4 hours of vasopressors	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	
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>				
Sprung (CORTICUS), 2008 PMID <u>18184957</u> NCT00147004	499 subjects with septic shock on vasopressors • Age (mean) 63 • Lactate (mean) 4.0 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				

Meduri, 2009 PMID <u>17426195</u>				
Arabi, 2010 PMID <u>21059778</u>	Septic shock and cirrhosis		Placebo	
ISRCTN99675218				
Gordon, 2014 PMID <u>24557425</u>				
Key (HYPRESS), 2016 PMID <u>27695824</u>				
Lv, 2017 PMID <u>28615145</u> NCT02580240				
Ventatesh (ADRENAL), 2018 PMID <u>29347874</u> NCT01448109 <u>NCT01448109</u>	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:	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	

• Fluids given prior to steroids n 51% with mean		
of 1641 ml and 753 ml		
colloids • All on vasopressors for at		
least 6 hours		