

openMetaAnalysis: PICO Table

Trial	Patients	Intervention	Comparison	Outcome
Bollaert, 1999 PMID 9559600	41 subjects with septic shock on vasopressors			
Briegel, 1999 PMID 10321661	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 ² • +/- dobutamine or dopexamine	Hydrocortisone (100 mg infused 30 minutes 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. Link	44 subjects with septic shock on vasopressors			
Annane (Ger-Inf-05), 2002 PMID 12186604	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 16276166	40 subjects with septic shock on vasopressors			
Tandan, 2005 PMID NA	Septic shock and adrenal insufficiency			
Rinaldi, 2006 PMID 16850006				
Cicarelli, 2007 PMID 17992396	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 18184957 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	77 subjects with septic shock on vasopressors	Low dose, long duration. 50 mg Hydrocortisone Q6hr for 7 days, then 50 mg q8hrs		
Meduri, 2009 PMID 17426195				
Arabi, 2010 PMID 21059778	79 patients with septic shock and cirrhosis	50 mg of hydrocortisone every six hours until hemodynamically stable	Placebo	

ISRCTN99675218	<ul style="list-style-type: none"> • Age (mean) 60.6 • Lactate (mean) 2.8 <p>Before randomization:</p> <ul style="list-style-type: none"> • Fluids amount not reported • All on vasopressors (norepi) 	<ul style="list-style-type: none"> • Duration average 6.6-8.8 days + 8 day steroid taper 		
Gordon, 2014 PMID 24557425	61 subjects with septic shock on vasopressors			
Key (HYPRESS), 2016 PMID 27695824				
Lv, 2017 PMID 28615145 NCT02580240				
Ventatesh (ADRENAL), 2018 PMID 29347874 NCT01448109 NCT01448109	<p>3711 subjects with septic shock on vasopressors enrolled March 2013 through April 2017,</p> <ul style="list-style-type: none"> • Age (mean) 63 • Lactate (mean) 3.9 <p>Before randomization:</p> <ul style="list-style-type: none"> • Fluids amount not reported • All on vasopressors for at least 4 hours 	<p>200 mg of hydrocortisone by continuous intravenous infusion over a period of 24 hours</p> <ul style="list-style-type: none"> • Duration was a maximum of 7 days without tapering. 	Placebo	
Annane (APROCCHSS), 2018 PMID 29490185 NCT00625209	<p>1241 subjects with septic shock on vasopressors enrolled September, 2008, and June, 2015</p> <ul style="list-style-type: none"> • Age (mean) 66 • Lactate (mean) 4.4 	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.	Placebo	

	<p>Before randomization:</p> <ul style="list-style-type: none"> • Fluids given prior to steroids n 51% with mean of 1641 ml and 753 ml colloids • All on vasopressors for at least 6 hours 	<ul style="list-style-type: none"> • Duration was 7 days without tapering. 		
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