

Category : **Gastrointestinal (other than liver)**

A260 - Gastrointestinal complications in critical care patients: data from a single tertiary hospital icu in greece

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Introduction:

The goal of this study was to evaluate the prevalence of gastrointestinal complications estimated with Gastrointestinal Dysfunction Score (GIDS) and its association with disease severity and prognosis in critical care patients.

Methods:

This was an observational, prospective study including adult patients in a single Intensive Care Unit (ICU). Patients' demographic characteristics, severity of illness, comorbidities, opioid prescription, administration of antibiotics, vasopressor requirements and gastrointestinal symptoms were recorded.

Results:

Data of 64 patients were analyzed (median age 58 years (range 19 - 84), median APACHE II score 20 (range 5 - 39) and median SOFA score 11 (range 5 - 15) at admission. Median duration of mechanical ventilation was 38 days and median ICU length of stay (LOS) was 45 days. Patients were categorized in four groups regarding GIDS. Duration of mechanical ventilation and ICU LOS were significantly longer in patients with GIDS 3 and GIDS 4 ($p < 0.05$). The duration of opioid treatment, the total number of antibiotic drugs delivered, the duration of drug prescription and the duration of vasopressor use were associated with greater severity in GIDS. Diabetes mellitus was associated with more severe GIDS (2, 3 and 4). Patients who exhibited enteral feeding intolerance were more likely to have severe gastrointestinal dysfunction ($\chi^2 = 9.374$, $p < 0.025$). Sepsis was related to higher GIDS ($\chi^2 = 9.663$, $p < 0.022$). Patients with upper digestive bleeding had a higher mortality rate ($\chi^2 = 11.852$, $p < 0.01$). Patients who underwent surgery ($\chi^2 = 37.966$, $p < 0.00$) or upper gastrointestinal *endoscopy* ($\chi^2 = 15.129$, $p < 0.02$) had higher GIDS. Higher GIDS grades were linked with higher mortality (Fisher's exact test = 12.862 $p = 0.002$).

Conclusion:

GIDS seems to be a useful severity score for ICU patients who exhibit gastrointestinal complications. More severe forms of gastrointestinal dysfunction estimated with GIDS are associated with higher morbidity and mortality rates among critical care patients.