

Episode 40:

Featuring Madison Macht, M.D. Critical Care Pulmonologist



Why SLPs and MDs Should Be Like Peanut Butter and Jelly and the Fallacy That Feeding Tubes Prevent Aspiration

This discussion focuses on the overlapping of dysphagia care / critical illness / and the identification of patient's overall care goals. Too often patient's wishes are forgotten as we discuss the risks of aspiration pneumonia, the relative benefits of dietary modification, and the benefits / risks of feeding tubes.

Moreover, the combined care of a pulmonary critical care doctor and a speech language pathologist represents a unique opportunity to offer patient-centered care. The caregiver's role should also be highlighted in this decision-making process. Obviously, the goal is to provide care that best fits a patient. However, the patient's wishes are often inextricably linked to those of their caregivers and loved ones.

Dr. Macht's Game Changing Paper: Jill Cameron's recent publication about caregiver burden in critical illness. Quick summary - loved ones of critically-ill patients are stressed out. May seem intuitive, but this is relatively underemphasized in my experience, and particularly important as we think about how to care for our aging population. Reference list is below.

Cameron, J. I., Chu, L. M., Matte, A., Tomlinson, G., Chan, L., Thomas, C., et al. (2016). One-Year Outcomes in Caregivers of Critically Ill Patients. *The New England Journal of Medicine*, 374(19), 1831-1841.
<http://doi.org/10.1056/NEJMoa1511160>

One-Year Outcomes in Caregivers of Critically Ill Patients

BACKGROUND: Few resources are available to support caregivers of patients who have survived critical illness; consequently, the caregivers' own health may suffer. We studied caregiver and patient characteristics to determine which characteristics were associated with caregivers' health outcomes during the first year after patient discharge from an intensive care unit (ICU).

METHODS: We prospectively enrolled 280 caregivers of patients who had received 7 or more days of mechanical ventilation in an ICU. Using hospital data and self-administered questionnaires, we collected information on caregiver and patient characteristics, including caregiver depressive symptoms, psychological well-being, health-related quality of life, sense of control over life, and effect of providing care on other activities. Assessments occurred 7 days and 3, 6, and 12 months after ICU discharge.

RESULTS: The caregivers' mean age was 53 years, 70% were women, and 61% were caring for a spouse. A large percentage of caregivers (67% initially and 43% at 1 year) reported high levels of depressive symptoms. Depressive symptoms decreased at least partially with time in 84% of the caregivers but did not in 16%. Variables that were significantly associated with worse mental health outcomes in caregivers were younger age, greater effect of patient care on other activities, less social support, less sense of control over life, and less personal growth. No patient variables were consistently associated with caregiver outcomes over time.

CONCLUSIONS: In this study, most caregivers of critically ill patients reported high levels of depressive symptoms, which commonly persisted up to 1 year and did not decrease in some caregivers. (Funded by the Canadian Institutes of Health Research and others; [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT00896220) number, NCT00896220.).

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<http://doi.org/10.1056/NEJMoa1511160>

Recommended Readings:

Macht, M, Wimbish, T., Clark, B.J., et al. Postextubation dysphagia is persistent and associated with poor outcomes in survivors of critical illness. *Crit Care*. 2011; 15(5): R231. Published online 2011 Sep 29. doi: [10.1186/cc10472](https://doi.org/10.1186/cc10472)

Macht M., Wimbish T., Clark B.J., Benson, A., Burnham, E.L., Williams, A., Moss, M.,. (2012). Diagnosis and treatment of post-extubation dysphagia: results from a national survey. *Journal of Critical Care*. 27(6):578-86. doi: [10.1016/j.jcrc.2012.07.016](https://doi.org/10.1016/j.jcrc.2012.07.016). Epub 2012 Oct 18.

Macht, M., White, S.D., Moss, M. (2014). Swallowing Dysfunction After Critical Illness. *CHEST*. 146(6): 1681-1689. doi: [10.1378/chest.14-1133](https://doi.org/10.1378/chest.14-1133)