

BURNS

PMID- 30124390

OWN - NLM

STAT- MEDLINE

DCOM- 20190207

LR - 20190215

IS - 1541-034X (Electronic)

IS - 0098-1389 (Linking)

VI - 57

IP - 9

DP - 2018 Oct

TI - Resiliency in burn recovery: a qualitative analysis.

PG - 774-793

LID - 10.1080/00981389.2018.1503213 [doi]

AB - This phenomenological study engaged an availability sample of eight, long-term, adult burn survivors living a primarily rural burn center catchment area of the U.S. in face-to-face interviews focused on their holistic health since their burn injuries occurred. Criteria for the primary study involved females (n = 1) and males (n = 7) with an age range of 18 to 65 years and a minimum of 20% total body surface area (TBSA) injuries that required hospitalization in a specialized burn center. The mean age of participants at the time of interviews was 54.38 years. Burns ranged between 20% and 98% TBSA and one to 22 years since burn injuries occurred. Thematic data analysis revealed resilient protective factors as contributing to participants' post-burn health and recoveries. Resilient factors included resourcefulness, achievement motivation, optimism, spirituality, and empathy. Increased understanding of resilient protective factors and how they impacted long-term burn recovery in this sample may aid social workers in development and implementation community-based interventions in rural communities that promote resilience, health/mental health and long-term recovery for this population and others who have experienced trauma.

FAU - Abrams, Thereasa E

AU - Abrams TE

AD - a College of Social Work , University of Tennessee-Knoxville , Nashville , TN , USA.

AD - b Department of Population Health , Sam Houston State University , Huntsville , TX , USA.

AD - c Department of Health Education and Recreation , Southern Illinois University , Carbondale , IL , USA.

AD - d College of Social Work , University of Tennessee-Knoxville , Knoxville , TN , USA.

FAU - Ratnapradipa, Dhitinut

AU - Ratnapradipa D

AD - a College of Social Work , University of Tennessee-Knoxville , Nashville , TN , USA.

AD - b Department of Population Health , Sam Houston State University , Huntsville , TX , USA.

AD - c Department of Health Education and Recreation , Southern Illinois University , Carbondale , IL , USA.

AD - d College of Social Work , University of Tennessee-Knoxville , Knoxville , TN , USA.

FAU - Tillewein, Heather

AU - Tillewein H

AD - a College of Social Work , University of Tennessee-Knoxville , Nashville , TN , USA.

AD - b Department of Population Health , Sam Houston State University , Huntsville , TX , USA.

AD - c Department of Health Education and Recreation , Southern Illinois University , Carbondale , IL , USA.

AD - d College of Social Work , University of Tennessee-Knoxville , Knoxville , TN , USA.
FAU - Lloyd, Alison A
AU - Lloyd AA
AD - a College of Social Work , University of Tennessee-Knoxville , Nashville , TN , USA.
AD - b Department of Population Health , Sam Houston State University , Huntsville , TX , USA.
AD - c Department of Health Education and Recreation , Southern Illinois University , Carbondale , IL , USA.
AD - d College of Social Work , University of Tennessee-Knoxville , Knoxville , TN , USA.
LA - eng
PT - Journal Article
DEP - 20180820
PL - United States
TA - Soc Work Health Care
JT - Social work in health care
JID - 7603729
SB - IM
MH - *Adaptation, Psychological
MH - Adolescent
MH - Adult
MH - Aged
MH - *Burns/epidemiology/psychology
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Quality of Life
MH - Recovery of Function
MH - Wound Healing
MH - Young Adult
OTO - NOTNLM
OT - *Burn injuries
OT - *health domains
OT - *recovery
OT - *resilience
EDAT- 2018/08/21 06:00
MHDA- 2019/02/08 06:00
CRDT- 2018/08/21 06:00
PHST- 2018/08/21 06:00 [pubmed]
PHST- 2019/02/08 06:00 [medline]
PHST- 2018/08/21 06:00 [entrez]
AID - 10.1080/00981389.2018.1503213 [doi]
PST - ppublish
SO - Soc Work Health Care. 2018 Oct;57(9):774-793. doi: 10.1080/00981389.2018.1503213.
Epub 2018 Aug 20.

PMID- 26527372
OWN - NLM
STAT- MEDLINE
DCOM- 20170110
LR - 20170912
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 42
IP - 1
DP - 2016 Feb

TI - Adult survivors' lived experience of burns and post-burn health: A qualitative analysis.
PG - 152-162
LID - S0305-4179(15)00284-3 [pii]
LID - 10.1016/j.burns.2015.09.011 [doi]
AB - INTRODUCTION: The individual implications of major burns are likely to affect the full spectrum of patients' physical, emotional, psychological, social, environmental, spiritual and vocational health. Yet, not all of the post-burn health implications are inevitably negative. Utilizing a qualitative approach, this heuristic phenomenological study explores the experiences and perceptions early (ages 18-35) and midlife (ages 36-64) adults providing insight for how participants perceived their burns in relationship to their post-burn health. METHODS: Participants were interviewed using semi-structured interview questions framed around seven domains of health. Interview recordings were transcribed verbatim then coded line by line, identifying dominant categories related to health. Categories were analyzed identifying shared themes among the study sample. RESULTS: Participants were Caucasian, seven males and one female. Mean age at time of interviews was 54.38 and 42.38 at time of burns. Mean time since burns occurred was 9.38 years with a minimum of (20%) total body surface area (TBSA) burns. Qualitative content analysis rendered three emergent health-related categories and associated themes that represented shared meanings within the participant sample. The category of "Physical Health" reflected the theme physical limitations, pain and sensitivity to temperature. Within the category of "Intellectual Health" were themes of insight, goal setting and self-efficacy, optimism and humor and within "Emotional Health" were the themes empathy and gratitude. CONCLUSIONS: By exploring subjective experiences and perceptions of health shared through dialog with experienced burned persons, there are opportunities to develop a more complete picture of how holistic health may be affected by major burns that in turn could support future long-term rehabilitative trajectories of early and midlife adult burn patients.
CI - Copyright (c) 2015 Elsevier Ltd and ISBI. All rights reserved.
FAU - Abrams, Thereasa E
AU - Abrams TE
AD - Southern Illinois University School of Medicine, Institute for Plastic Surgery, United States. Electronic address: tabrams@siumed.edu.
FAU - Ogletree, Roberta J
AU - Ogletree RJ
AD - Southern Illinois University at Carbondale, United States.
FAU - Ratnapradipa, Dhitinut
AU - Ratnapradipa D
AD - Southern Illinois University at Carbondale, United States.
FAU - Neumeister, Michael W
AU - Neumeister MW
AD - Department of Surgery, Southern Illinois University School of Medicine, Institute for Plastic Surgery, United States.
LA - eng
PT - Journal Article
DEP - 20151029
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Burns/physiopathology/*psychology
MH - Emotions
MH - Female
MH - *Health Status
MH - Humans

MH - Male
MH - *Mental Health
MH - Middle Aged
MH - Qualitative Research
MH - Quality of Life/*psychology
MH - Survivors/*psychology
OTO - NOTNLM
OT - Domains of health
OT - Early and middle adulthood
OT - Major burns
OT - Qualitative analysis
EDAT- 2015/11/04 06:00
MHDA- 2017/01/11 06:00
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PHST- 2015/03/30 00:00 [received]
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PHST- 2015/11/04 06:00 [pubmed]
PHST- 2017/01/11 06:00 [medline]
AID - S0305-4179(15)00284-3 [pii]
AID - 10.1016/j.burns.2015.09.011 [doi]
PST - ppublish
SO - Burns. 2016 Feb;42(1):152-162. doi: 10.1016/j.burns.2015.09.011. Epub 2015 Oct 29.

PMID- 28610795
OWN - NLM
STAT- MEDLINE
DCOM- 20180713
LR - 20180713
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 43
IP - 8
DP - 2017 Dec
TI - Perceived fatigue following pediatric burns.
PG - 1792-1801
LID - S0305-4179(17)30299-1 [pii]
LID - 10.1016/j.burns.2017.05.007 [doi]
AB - PURPOSE: Fatigue is a common consequence of numerous pediatric health conditions. In adult burn survivors, fatigue was found to be a major problem. The current cross-sectional study is aimed at determining the levels of perceived fatigue in pediatric burn survivors. METHODS: Perceived fatigue was assessed in 23 children and adolescents (15 boys and 8 girls, aged 6-18 years, with burns covering 10-46% of the total body surface area, 1-5 years post burn) using both child self- and parent proxy reports of the Pediatric Quality of Life Inventory Multidimensional Fatigue Scale. Outcomes were compared with reference values of non-burned peers. RESULTS: At group level, pediatric burn survivors did not report significantly more symptoms of fatigue than their non-burned peers. Individual assessments showed, however, that four children experienced substantial symptoms of fatigue according to the child self-reports, compared to ten children according to the parent proxy reports. Furthermore, parents reported significantly more symptoms of fatigue than the children themselves. Age, gender, extent of burn, length of hospital stay, and number of surgeries could not predict the level of perceived fatigue post-burn. CONCLUSIONS: Our results suggest that fatigue is prevalent in at least part of the pediatric burn population after 1-5 years. However, the fact that parents reported significantly more symptoms of fatigue than the children themselves, hampers evident conclusions. It is essential for clinicians and

therapists to consider both perspectives when evaluating pediatric fatigue after burn and to determine who needs special attention, the pediatric burn patient or its parent.

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FAU - Akkerman, Moniek

AU - Akkerman M

AD - Association of Dutch Burn Centres, Burn Centre Martini Hospital, Groningen, The Netherlands; University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands. Electronic address: m.akkerman@mzh.nl.

FAU - Mouton, Leonora J

AU - Mouton LJ

AD - University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands.

FAU - Dijkstra, Froukje

AU - Dijkstra F

AD - University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands.

FAU - Niemeijer, Anuschka S

AU - Niemeijer AS

AD - Association of Dutch Burn Centres, Burn Centre Martini Hospital, Groningen, The Netherlands; Martini Academy, Martini Hospital, Groningen, The Netherlands.

FAU - van Brussel, Marco

AU - van Brussel M

AD - Child Development & Exercise Centre, Wilhelmina Children's Hospital, University Medical Centre Utrecht, Utrecht, The Netherlands.

FAU - van der Woude, Lucas H V

AU - van der Woude LHV

AD - University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands; University of Groningen, University Medical Centre Groningen, Centre for Rehabilitation, Groningen, The Netherlands.

FAU - Disseldorp, Laurien M

AU - Disseldorp LM

AD - University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands.

FAU - Nieuwenhuis, Marianne K

AU - Nieuwenhuis MK

AD - Association of Dutch Burn Centres, Burn Centre Martini Hospital, Groningen, The Netherlands; University of Groningen, University Medical Centre Groningen, Centre for Human Movement Sciences, Groningen, The Netherlands.

LA - eng

PT - Journal Article

DEP - 20170610

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - Adolescent

MH - Age Factors

MH - Body Surface Area

MH - Burns/*complications

MH - Child

MH - Cross-Sectional Studies

MH - Fatigue/*etiology

MH - Female

MH - Humans

MH - Length of Stay/statistics & numerical data

MH - Male
MH - Multivariate Analysis
MH - Netherlands
MH - Quality of Life
MH - Risk Factors
MH - Sex Factors
OTO - NOTNLM
OT - Burns
OT - Fatigue
OT - Patient-reported outcomes
OT - Rehabilitation
EDAT- 2017/06/15 06:00
MHDA- 2018/07/14 06:00
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PHST- 2017/06/15 06:00 [pubmed]
PHST- 2018/07/14 06:00 [medline]
PHST- 2017/06/15 06:00 [entrez]
AID - S0305-4179(17)30299-1 [pii]
AID - 10.1016/j.burns.2017.05.007 [doi]
PST - ppublish
SO - Burns. 2017 Dec;43(8):1792-1801. doi: 10.1016/j.burns.2017.05.007. Epub 2017 Jun 10.

PMID- 29050789

OWN - NLM

STAT- In-Data-Review

LR - 20191225

IS - 1532-821X (Electronic)

IS - 0003-9993 (Linking)

VI - 101

IP - 1S

DP - 2020 Jan

TI - Satisfaction With Life Over Time in People With Burn Injury: A National Institute on Disability, Independent Living, and Rehabilitation Research Burn Model System Study.

PG - S63-S70

LID - S0003-9993(17)31267-4 [pii]

LID - 10.1016/j.apmr.2017.09.119 [doi]

AB - OBJECTIVE: To examine trajectories of satisfaction with life (SWL) of burn survivors over time and their clinical, demographic, and other predictors. DESIGN: Longitudinal survey. SETTING: Not applicable. PARTICIPANTS: Individuals ≥ 18 years of age who underwent burn-related surgery and met one of the following criteria: (1) $>10\%$ total body surface area (TBSA) burn and ≥ 65 years of age; (2) $>20\%$ TBSA burn and 18 to 64 years of age; (3) electrical high voltage/lightning injury; or (4) burn injury to the hands, face, or feet. The participants (N=378) had data on all variables of interest and were included in the analyses. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURE: Satisfaction With Life Scale. RESULTS: Growth mixture modeling identified 2 classes with different trajectories of SWL. The mean SWL of the unchanged class (n=224, 60%) was flat over 2 years with high initial SWL scores. The SWL of the dissatisfied class (n=154, 40%) was at the low end of average and got progressively worse over time. CONCLUSIONS: SWL after burn injury can be described by 2 different trajectories with substantially different outcomes. Older age, worse mental health, and unemployment prior to injury predicted membership in the dissatisfied class. Additional services could be provided to those at high risk for low SWL to achieve better outcomes.

CI - Copyright (c) 2017 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.
FAU - Amtmann, Dagmar
AU - Amtmann D
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
Electronic address: dagmara@uw.edu.
FAU - Bocell, Fraser D
AU - Bocell FD
AD - Food and Drug Administration, Washington, DC.
FAU - McMullen, Kara
AU - McMullen K
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
FAU - Bamer, Alyssa M
AU - Bamer AM
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
FAU - Johnson, Kurt L
AU - Johnson KL
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
FAU - Wiechman, Shelley A
AU - Wiechman SA
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
FAU - Schneider, Jeffrey C
AU - Schneider JC
AD - Spaulding Rehabilitation Hospital, Harvard Medical School, Boston, MA.
LA - eng
PT - Journal Article
DEP - 20171016
PL - United States
TA - Arch Phys Med Rehabil
JT - Archives of physical medicine and rehabilitation
JID - 2985158R
SB - AIM
SB - IM
OTO - NOTNLM
OT - Burns
OT - Quality of life
OT - Rehabilitation
OT - Statistical models
EDAT- 2017/10/21 06:00
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PHST- 2017/09/25 00:00 [accepted]
PHST- 2017/10/21 06:00 [pubmed]
PHST- 2017/10/21 06:00 [medline]
PHST- 2017/10/21 06:00 [entrez]
AID - S0003-9993(17)31267-4 [pii]
AID - 10.1016/j.apmr.2017.09.119 [doi]
PST - ppublish
SO - Arch Phys Med Rehabil. 2020 Jan;101(1S):S63-S70. doi: 10.1016/j.apmr.2017.09.119.
Epub 2017 Oct 16.

PMID- 27388881
OWN - NLM
STAT- MEDLINE
DCOM- 20180221
LR - 20191210
IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)
VI - 38
IP - 1
DP - 2017 Jan/Feb
TI - Psychometric Properties of the Modified 5-D Itch Scale in a Burn Model System
Sample of People With Burn Injury.
PG - e402-e408
LID - 10.1097/BCR.0000000000000404 [doi]
AB - The aim of this study is to evaluate the psychometric properties of the 4-dimension (4-D) itch scale, a modified version of the 5-dimension itch scale, in a sample of individuals with severe burn injury and/or burn injuries to hands, face, and/or feet. Four of the five domains of the 5-dimension itch scale (4-D) were administered to individuals who reported itching (N = 173) in the Burn Injury Model System Centers Program longitudinal study at either 5 or 10 years after injury. Analyses of the scale included evaluation of dimensionality, internal consistency, associations with other symptoms or quality of life measures, and an examination of floor and ceiling effects. Fit values from a one-factor confirmatory factor analysis were acceptable, supporting unidimensionality. Cronbach's alpha was 0.82, indicating good internal consistency. One item had a corrected item-total score correlation of less than 0.40. Associations between the 4-D and other measures were in the expected direction and magnitude. A negligible number of participants (no more than two) selected the lowest category for all items (ie, minimal floor effect) or the highest category for all items (ie, minimal ceiling effect). 4-D had acceptable psychometric properties in a sample of adult burn injury survivors; however, the scale could be improved by removing the item with a low correlation with the total score.
FAU - Amtmann, Dagmar
AU - Amtmann D
AD - From the *University of Washington, Seattle; daggerChungnam National University, Daejeon, South Korea; double daggerSouth Health, Calgary, Alberta, Canada; section signSpaulding Rehabilitation Hospital, Boston, Massachusetts; and ||University of Texas Southwestern, Dallas.
FAU - McMullen, Kara
AU - McMullen K
FAU - Kim, Jiseon
AU - Kim J
FAU - Bocell, Fraser D
AU - Bocell FD
FAU - Chung, Hyewon
AU - Chung H
FAU - Bamer, Alyssa
AU - Bamer A
FAU - Carrougher, Gretchen J
AU - Carrougher GJ
FAU - Gerrard, Paul
AU - Gerrard P
FAU - Schneider, Jeffrey C
AU - Schneider JC
FAU - Holavanahalli, Radha K
AU - Holavanahalli RK
LA - eng
PT - Journal Article
PT - Multicenter Study
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774

SB - IM
MH - Adolescent
MH - Adult
MH - Burns/*complications/*psychology/therapy
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Outcome Assessment, Health Care
MH - Pruritus/*diagnosis/etiology/*psychology
MH - Psychometrics
MH - Quality of Life
MH - Severity of Illness Index
MH - Symptom Assessment
MH - Young Adult
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MHDA- 2018/02/22 06:00
CRDT- 2016/07/09 06:00
PHST- 2016/07/09 06:00 [pubmed]
PHST- 2018/02/22 06:00 [medline]
PHST- 2016/07/09 06:00 [entrez]
AID - 10.1097/BCR.0000000000000404 [doi]
PST - ppublish
SO - J Burn Care Res. 2017 Jan/Feb;38(1):e402-e408. doi: 10.1097/BCR.0000000000000404.

PMID- 19060733
OWN - NLM
STAT- MEDLINE
DCOM- 20090306
LR - 20180302
IS - 1559-047X (Print)
IS - 1559-047X (Linking)
VI - 30
IP - 1
DP - 2009 Jan-Feb
TI - Using QMethodology to identify reasons for distress in burn survivors postdischarge.
PG - 83-91
LID - 10.1097/BCR.0b013e3181921f42 [doi]
AB - Reasons for distress after burn injuries have not been codified based on any type of acceptable empirical or statistical technique. The unique design methodology proposed in this study can identify the most common reasons cited for causing distress in burn survivors after discharge. A Q-sort task was developed with the assistance of our burn advisory group. After identifying 50 possible reasons for distress after discharge, each reason was placed on a laminated game card. In compliance with Qmethodology, a game board was developed that allowed patients to rank order each reason from "not causing distress" to "causing significant distress." A total of 69 burn survivors were enrolled in the study at four different time points: 1 month, 6 months, 1 year and 2 years postdischarge. After factor analysis, four factors accounted for all of the participants across time points. This indicates that at least four distinct groups of people can be categorized according to themes raised in rating reasons for distress. This Q-sort technique allowed us to capture the complexity of conceptualizing human distress by categorizing clusters of reported problems into similar groups. This methodology shows great promise for developing interventions that target unique needs of burn survivors.
FAU - Askay, Shelley Wiechman

AU - Askay SW
AD - Department of Rehabilitation Medicine, University of Washington School of
Medicine, Seattle, USA.
FAU - Stricklin, Michael
AU - Stricklin M
FAU - Carrougher, Gretchen J
AU - Carrougher GJ
FAU - Patterson, David R
AU - Patterson DR
FAU - Klein, Matthew B
AU - Klein MB
FAU - Esselman, Peter C
AU - Esselman PC
FAU - Engrav, Loren H
AU - Engrav LH
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, Non-P.H.S.
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn
Association
JID - 101262774
SB - IM
MH - Adult
MH - Analysis of Variance
MH - Burns/*psychology
MH - Factor Analysis, Statistical
MH - Female
MH - Humans
MH - Male
MH - Pain Measurement
MH - Psychiatric Status Rating Scales
MH - Psychometrics
MH - Q-Sort/*statistics & numerical data
MH - Quality of Life
MH - Risk Factors
MH - Stress Disorders, Post-Traumatic/*psychology
MH - Survivors/*psychology
EDAT- 2008/12/09 09:00
MHDA- 2009/03/07 09:00
CRDT- 2008/12/09 09:00
PHST- 2008/12/09 09:00 [pubmed]
PHST- 2009/03/07 09:00 [medline]
PHST- 2008/12/09 09:00 [entrez]
AID - 10.1097/BCR.0b013e3181921f42 [doi]
PST - ppublish
SO - J Burn Care Res. 2009 Jan-Feb;30(1):83-91. doi: 10.1097/BCR.0b013e3181921f42.

PMID- 25037992
OWN - NLM
STAT- MEDLINE
DCOM- 20150511
LR - 20151119
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 40
IP - 6
DP - 2014 Sep

TI - Post-traumatic growth in adults following a burn.

PG - 1089-96

LID - 10.1016/j.burns.2014.04.007 [doi]

LID - S0305-4179(14)00148-X [pii]

AB - It is well established that a burn can result in negative psychological consequences. Throughout the literature there is also reference to individuals reporting positive changes post-burn. The concept of 'post-traumatic growth' (PTG) refers to such individuals, whose recovery exceeds pre-trauma levels of well-being. To date there has only been one quantitative analysis directly examining PTG post-burn. The present study builds on this, examining the prevalence of PTG and related constructs, including: social support, coping styles, dispositional optimism, functioning, post-traumatic stress symptoms, severity and time since burn. Seventy-four participants recruited through a regional burns unit completed a battery of self-report questionnaires. Burn survivors were found to experience PTG, although to a lesser degree than previous research suggests (GM=1.26, range=0-4.67). Severity of burn, post-burn functioning and trauma symptoms significantly correlated with PTG. Regression analysis proposed a model explaining 51.7% of the variance, with active coping, perceived social support and avoidance coping as significant predictors of PTG. Results support the theory that distress and trauma symptoms act as a catalyst for PTG. Coping styles and social support appear to facilitate this process.

Clinical implications are discussed.

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FAU - Baillie, Sarah E

AU - Baillie SE

AD - Department of Clinical Psychology, University of Liverpool, United Kingdom.

Electronic address: bailliesarah@hotmail.co.uk.

FAU - Sellwood, William

AU - Sellwood W

AD - Department of Clinical Psychology, University of Liverpool, United Kingdom.

Electronic address: sellwood@liverpool.ac.uk.

FAU - Wisely, Julie A

AU - Wisely JA

AD - University Hospital of South Manchester, United Kingdom. Electronic address:

julie.wisely@mhsc.nhs.uk.

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20140716

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - *Adaptation, Psychological

MH - Adolescent

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Analysis of Variance

MH - Burns/*psychology

MH - England

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Psychiatric Status Rating Scales

MH - Quality of Life

MH - Regression Analysis

MH - Social Support
MH - Stress Disorders, Post-Traumatic/etiology
MH - Surveys and Questionnaires
MH - Survivors/psychology
MH - Young Adult
OTO - NOTNLM
OT - Adults
OT - Benefit finding
OT - Burn
OT - Post-traumatic growth
EDAT- 2014/07/20 06:00
MHDA- 2015/05/12 06:00
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PHST- 2014/07/20 06:00 [entrez]
PHST- 2014/07/20 06:00 [pubmed]
PHST- 2015/05/12 06:00 [medline]
AID - S0305-4179(14)00148-X [pii]
AID - 10.1016/j.burns.2014.04.007 [doi]
PST - ppublish
SO - Burns. 2014 Sep;40(6):1089-96. doi: 10.1016/j.burns.2014.04.007. Epub 2014 Jul 16.

PMID- 18036983

OWN - NLM

STAT- MEDLINE

DCOM- 20071211

LR - 20151119

IS - 1532-821X (Electronic)

IS - 0003-9993 (Linking)

VI - 88

IP - 12 Suppl 2

DP - 2007 Dec

TI - Physical and psychologic rehabilitation outcomes for young adults burned as children.

PG - S57-64

AB - OBJECTIVE: To report physical and psychologic outcomes for young adult survivors of pediatric burns. DESIGN: Prospective, correlational study. SETTING: Acute and rehabilitation pediatric burn care facility. PARTICIPANTS: Eighty-three young adult survivors of pediatric burns, who were 18 to 28 years of age, with total body surface area (TBSA) burns of 30% or greater, and were at least 2 years postburn. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Physical outcomes

were assessed by muscle strength tests, grip and pinch measurements, mobility levels, and self-care (activities of daily living) skills. Psychologic outcomes included behavioral problems, personality disorder, and incidence of psychiatric illness. An individually administered Structured Clinical Interview for Diagnosis, based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, for psychiatric diagnosis, was used to assess mental health, and behavioral problems were assessed with the Young Adult Self-Report. Participants reported educational achievement, employment status, state of transition from family of origin (home) to independent living, and pair bonding. The Short-Form 36-Item Health Survey and the Quality of Life Questionnaire were used to assess each participant's self-reported general health and quality of life. RESULTS: The majority of subjects had physical and psychologic outcomes that were within the normal range when compared with age-mates who had not experienced burns. The areas that were most likely to be impaired involved peripheral strength (wrist

and grip). These deficits affected some self-care skills and correlated with TBSA. Standardized diagnostic interviews showed that greater than 50% of subjects qualified for a psychiatric diagnosis, with anxiety disorders as the most frequently occurring diagnosis. There were few significant correlations of the physical measurements or self-care skills with the burn size, psychological problems, or social outcomes, and none appeared to be clinically important. CONCLUSIONS: Most of the people in this sample were functioning physically and psychosocially within normal limits as they reached adulthood. Although they appeared to function well as measured by standardized assessments, there were indications of private suffering that suggested they may not be functioning at an optimal level. The findings suggest that rehabilitation professionals could improve outcomes by including programs to develop overall muscle strength in severely burned children and by addressing concerns related to anxiety and other symptoms of psychological distress.

FAU - Baker, Christine P

AU - Baker CP

AD - Department of Physical Therapy, School of Allied Health Sciences, University of Texas Medical Branch, Galveston, TX 77555-1144, USA.

FAU - Russell, William J

AU - Russell WJ

FAU - Meyer, Walter 3rd

AU - Meyer W 3rd

FAU - Blakeney, Patricia

AU - Blakeney P

LA - eng

GR - M01RR00073/RR/NCRR NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, U.S. Gov't, Non-P.H.S.

PL - United States

TA - Arch Phys Med Rehabil

JT - Archives of physical medicine and rehabilitation

JID - 2985158R

SB - AIM

SB - IM

MH - Activities of Daily Living

MH - Adolescent

MH - Adult

MH - Burn Units

MH - Burns/physiopathology/psychology/*rehabilitation

MH - *Disability Evaluation

MH - Female

MH - Hand Strength

MH - Humans

MH - Male

MH - *Quality of Life

MH - Surveys and Questionnaires

MH - Time Factors

EDAT- 2007/12/06 09:00

MHDA- 2007/12/12 09:00

CRDT- 2007/12/06 09:00

PHST- 2007/12/06 09:00 [pubmed]

PHST- 2007/12/12 09:00 [medline]

PHST- 2007/12/06 09:00 [entrez]

AID - S0003-9993(07)01565-1 [pii]

AID - 10.1016/j.apmr.2007.09.014 [doi]

PST - ppublish

SO - Arch Phys Med Rehabil. 2007 Dec;88(12 Suppl 2):S57-64. doi:

10.1016/j.apmr.2007.09.014.

PMID- 23816997

OWN - NLM

STAT- MEDLINE

DCOM- 20140424

LR - 20180302

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 34

IP - 5

DP - 2013 Sep-Oct

TI - Exercise behaviors after burn injury.

PG - 529-36

LID - 10.1097/BCR.0b013e31827a2bcd [doi]

AB - The purpose of this study was to investigate exercise behaviors in adult burn survivors and to identify barriers to exercise in this population. A two-page questionnaire developed by the authors was administered on a single occasion to adults attending the ambulatory burns clinic at a metropolitan hospital. Data from 68 adult burn survivors were analyzed. Within this cohort, 59% of subjects reported exercising several times per week or more and the remaining 41% exercised once per week or less. There was no correlation among exercise frequency and age, TBSA, or hospital length of stay. Walking was the most common type of exercise, and subjects reported lower compliance with stretching and strengthening exercises. Physical condition and motivation were identified as the main barriers to exercise. Although this preliminary study reveals that a higher proportion of burn survivors engage in exercise compared with their healthy counterparts, a substantial number are exercising just once per week or less, below the recommended guidelines to improve physical fitness. Physical and occupational therapists play an important role in providing exercise prescription and education, as well as addressing barriers to exercise in burn survivors. The potential for further research into physical activity across all domains of life using a validated questionnaire is identified.

FAU - Baldwin, Jennifer

AU - Baldwin J

AD - From the Concord Hospital, Concord NSW, Australia.

FAU - Li, Frank

AU - Li F

LA - eng

PT - Comparative Study

PT - Journal Article

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adult

MH - Attitude to Health

MH - Burns/diagnosis/*rehabilitation

MH - Cohort Studies

MH - Exercise/physiology/*psychology

MH - Female

MH - Humans

MH - Injury Severity Score

MH - Male

MH - Middle Aged

MH - New South Wales

MH - Physical Fitness/*physiology

MH - *Quality of Life

MH - Risk Factors
MH - Sickness Impact Profile
MH - *Surveys and Questionnaires
MH - Survivors
MH - Time Factors
EDAT- 2013/07/03 06:00
MHDA- 2014/04/25 06:00
CRDT- 2013/07/03 06:00
PHST- 2013/07/03 06:00 [entrez]
PHST- 2013/07/03 06:00 [pubmed]
PHST- 2014/04/25 06:00 [medline]
AID - 10.1097/BCR.0b013e31827a2bcd [doi]
PST - ppublish
SO - J Burn Care Res. 2013 Sep-Oct;34(5):529-36. doi: 10.1097/BCR.0b013e31827a2bcd.

PMID- 29618093

OWN - NLM

STAT- In-Process

LR - 20191120

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 39

IP - 5

DP - 2018 Aug 17

TI - Burn Survivor Quality of Life and Barriers to Support Program Participation.

PG - 823-830

LID - 10.1093/jbcr/irx058 [doi]

AB - After a serious burn, re-entry into family life, society, and work can be incredibly difficult. Support services such as professional counseling and peer support play a key role for recovering survivors. Herein, we sought to identify support service participation rates, barriers to participation, and quality of life (QOL) among burn survivors treated at a regional burn center. A survey of burn survivors over 18 years old treated for a burn for 5 days or greater between 2006 and 2016 were invited to participate in a survey. The three-part survey contained sections covering demographics, questions regarding support program (SP) awareness, needs and participation, and QOL surveys. Univariate and multivariate regression analyses were performed to identify factors related to SP participation and QOL scores. Nine hundred sixty-eight patients were eligible; 150 responses were received. Over one third (40, 31%) of the responding survivors wanted support, but only half of those (23, 17%) participated in SPs. Distance and awareness of the available programs were two barriers to participation. Those attending SPs were more likely to have had larger burns (OR = 3.7, P = 0.05) and visible burns (OR = 7.5, P = 0.031). Lower scores on selected QOL scales were associated with burns more than 30%, visible burns, female gender, time from burn, and age group. A sizable number of burn survivors want SPs. However, access to these services and advertising their existence are hurdles to overcome. Future burn survivor SPs should focus on psychosocial stresses identified in the QOL assessments.

FAU - Baldwin, Stephanie

AU - Baldwin S

AD - University of Iowa Carver College of Medicine, Iowa City.

FAU - Yuan, Haimao

AU - Yuan H

AD - Department of Surgery, University of Iowa Hospitals and Clinics, Iowa City.

FAU - Liao, Junlin

AU - Liao J

AD - Department of Surgery, University of Iowa Hospitals and Clinics, Iowa City.

FAU - Grieve, Brian

AU - Grieve B

AD - University of Iowa Carver College of Medicine, Iowa City.
FAU - Heard, Jason
AU - Heard J
AD - Department of Surgery, University of Iowa Hospitals and Clinics, Iowa City.
FAU - Wibbenmeyer, Lucy A
AU - Wibbenmeyer LA
AD - Department of Surgery, University of Iowa Hospitals and Clinics, Iowa City.
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
EDAT- 2018/04/05 06:00
MHDA- 2018/04/05 06:00
CRDT- 2018/04/05 06:00
PHST- 2018/04/05 06:00 [pubmed]
PHST- 2018/04/05 06:00 [medline]
PHST- 2018/04/05 06:00 [entrez]
AID - 4956161 [pii]
AID - 10.1093/jbcr/irx058 [doi]
PST - ppublish
SO - J Burn Care Res. 2018 Aug 17;39(5):823-830. doi: 10.1093/jbcr/irx058.

PMID- 23188428

OWN - NLM

STAT- MEDLINE

DCOM- 20140501

LR - 20151119

IS - 1220-0522 (Print)

IS - 1220-0522 (Linking)

VI - 53

IP - 3 Suppl

DP - 2012

TI - Correlations between morphological appearance and psychosocial difficulties in patients with extensive burns who received allotransplant.

PG - 703-11

AB - Extensive burns are devastating traumatic events, with significant potential for development of complex psychosocial problems. The aim of the study was to identify and quantify these difficulties among extensive burns patients. This study was conducted at Clinical Emergency Hospital for Plastic, Reconstructive and Burns Surgery and "Bagdasar-Arseni" Emergency Hospital, in Bucharest, on 43 extensive burn patients. For each patient we developed a statistic sheet with demographic data and medical information. For data collection, subjects completed the following instruments: Hamilton Depression Scale (HAMD) and Satisfaction With Appearance Scale (SWAP). The impact variables evaluated in this study were demographic characteristic of patients, burn injury characteristics, abnormal scarring and visible scars, body image dissatisfaction and depression symptoms. Although performed on a small sample, the results of this pilot study could be a valuable starting point for future larger studies, to achieve more generalizable results on extensive burns survivor's quality of life.

FAU - Calota, D R

AU - Calota DR

AD - Clinical Emergency Hospital for Plastic, Reconstructive and Burns Surgery, Bucharest, Romania. dcalota@yahoo.com

FAU - Nitescu, C

AU - Nitescu C
FAU - Marinescu, S
AU - Marinescu S
FAU - Cristescu, Carmen
AU - Cristescu C
FAU - Boiangiu, Ileana
AU - Boiangiu I
FAU - Florescu, I P
AU - Florescu IP
FAU - Lascar, I
AU - Lascar I
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - Romania
TA - Rom J Morphol Embryol
JT - Romanian journal of morphology and embryology = Revue roumaine de morphologie et embryologie
JID - 9112454
SB - IM
MH - Adult
MH - Body Image/*psychology
MH - Burns/pathology/*psychology/surgery
MH - Cicatrix/pathology/*psychology
MH - Depression/etiology
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Pilot Projects
MH - Prospective Studies
MH - Skin Transplantation/*psychology
MH - Surveys and Questionnaires
MH - Survivors
MH - Transplantation, Homologous
MH - Young Adult
EDAT- 2012/12/05 06:00
MHDA- 2014/05/03 06:00
CRDT- 2012/11/29 06:00
PHST- 2012/11/29 06:00 [entrez]
PHST- 2012/12/05 06:00 [pubmed]
PHST- 2014/05/03 06:00 [medline]
AID - 531312703711 [pii]
PST - ppublish
SO - Rom J Morphol Embryol. 2012;53(3 Suppl):703-11.

PMID- 12142575
OWN - NLM
STAT- MEDLINE
DCOM- 20020906
LR - 20190916
IS - 0273-8481 (Print)
IS - 0273-8481 (Linking)
VI - 23
IP - 4
DP - 2002 Jul-Aug
TI - Laryngeal and phonatory status after burn/inhalation injury: a long term follow-up study.
PG - 235-43

AB - Although persistent hoarseness has been recognized in patients who have sustained burn and/or smoke inhalation injuries, there is little documentation to support this observation. Furthermore, there is no quantification of either the pervasiveness of the problem or the severity of the dysphonia resulting. It was the intent of this study to examine the laryngeal condition and voice production of a group of patients who were long-term survivors of burns and inhalation injuries. Only 10 patients (8 male and 2 female) of a larger cohort were willing to return for this examination. They were ambulatory and did not require respiratory assistance, and it had been 16 to 25 years since their initial traumas. Videostrobolaryngoscopic examinations were performed and analyzed, measures of various acoustic and aerodynamic parameters were made, and severity of dysphonia was judged. Seven of the 10 subjects were rated by experienced listeners as having some degree of dysphonia. All subjects had some abnormality of the laryngeal mucosa. Stroboscopic examination was found to be helpful in identifying laryngeal abnormalities in at least half of the subjects. Early attention to these problems, many of which are treatable surgically or behaviorally or both could lead to an improved voice for the patient and for this reason an improved quality of life.

FAU - Casper, Janina K

AU - Casper JK

AD - State University of New York and the Upstate Medical University, Syracuse, New York, USA.

FAU - Clark, William R

AU - Clark WR

FAU - Kelley, R T

AU - Kelley RT

FAU - Colton, R H

AU - Colton RH

LA - eng

PT - Journal Article

PL - United States

TA - J Burn Care Rehabil

JT - The Journal of burn care & rehabilitation

JID - 8110188

SB - IM

MH - Acoustics

MH - Adult

MH - Burns, Inhalation/*complications

MH - Female

MH - Follow-Up Studies

MH - Humans

MH - Larynx/*pathology

MH - Male

MH - Quality of Life

MH - Severity of Illness Index

MH - Smoke Inhalation Injury/*complications

MH - Voice Disorders/classification/*etiology

EDAT- 2002/07/27 10:00

MHDA- 2002/09/07 10:01

CRDT- 2002/07/27 10:00

PHST- 2002/07/27 10:00 [pubmed]

PHST- 2002/09/07 10:01 [medline]

PHST- 2002/07/27 10:00 [entrez]

AID - 10.1097/00004630-200207000-00003 [doi]

PST - ppublish

SO - J Burn Care Rehabil. 2002 Jul-Aug;23(4):235-43. doi:

10.1097/00004630-200207000-00003.

PMID- 30385060

OWN - NLM
STAT- MEDLINE
DCOM- 20190610
LR - 20190613

IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)

VI - 44

IP - 8

DP - 2018 Dec

TI - Trends 10 years after burn injury: A Burn Model System National Database study.

PG - 1882-1886

LID - S0305-4179(18)30908-2 [pii]

LID - 10.1016/j.burns.2018.09.033 [doi]

AB - BACKGROUND: The Burn Specific Health Scale-Brief (BSHS-B) evaluates 9 aspects of health and has been validated globally. Existing reports typically focus on outcomes shortly after injury. The purpose of this study is to determine whether quality of life remains a concern for burn survivors ten years after-injury.

METHODS: Cross sectional data of survivors admitted from 1994 to 2006 to four US burn centers were collected in the Burn Model System National Database 10 years after injury. Responses to the items in the nine BSHS-B domains range from 0 to 4. Lower scores indicating poorer quality of life. Median scores are reported and differences were compared using Wilcoxon-Mann-Whitney test. RESULTS: Ten-year survivor injury characteristics suggest a moderate severity of injury. Survivors scored lower in heat sensitivity, affect, body image, and work (median=3.2, 3.6, 2.8, and 3.6, respectively). Affect, body image, and interpersonal scores were significantly lower for females (median=3.1, 2.8, 3.8, respectively) than males [median=3.6, 3.3, 4, respectively ($p=0.008, 0.004, 0.022$, respectively)].

CONCLUSIONS: Our results suggest certain domains of burn specific health benefit from support at 10 years after injury, and select populations such as females may necessitate additional treatment to restore burn-specific health. These results support that burn injuries represent a chronic condition and long-term medical and psychosocial support may benefit burn survivor recovery.

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FAU - Chin, Theresa L

AU - Chin TL

AD - Department of Surgery, University of California Irvine Medical Center, 333 City Boulevard West, Suite 1600, Orange, CA 92868, United States. Electronic address: chintl1@hs.uci.edu.

FAU - Carrougher, Gretchen J

AU - Carrougher GJ

AD - Department of Surgery, Harborview Medical Center, University of Washington, Box 359796 325 9th Avenue, Seattle, WA, 98104, United States.

FAU - Amtmann, Dagmar

AU - Amtmann D

AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA 98195-4237, United States.

FAU - McMullen, Kara

AU - McMullen K

AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA 98195-4237, United States.

FAU - Herndon, David N

AU - Herndon DN

AD - University of Texas Medical Branch, Shriners Hospital for Children-Galveston, 815 Market Street, Galveston, TX 77550, United States.

FAU - Holavanahalli, Radha

AU - Holavanahalli R

AD - University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, TX 75390-9055, United States.

FAU - Meyer, Walter

AU - Meyer W
AD - University of Texas Medical Branch, Shriners Hospital for Children-Galveston, 815
Market Street, Galveston, TX 77550, United States.
FAU - Ryan, Colleen M
AU - Ryan CM
AD - Massachusetts General Hospital, Spaulding Rehabilitation Hospital, Harvard
Medical School, Shriners Hospitals for Children-Boston, 55 Fruit Street, Boston,
MA 02114, United States.
FAU - Wong, Joshua N
AU - Wong JN
AD - Department of Surgery, University of California Irvine Medical Center, 333 City
Boulevard West, Suite 1600, Orange, CA 92868, United States.
FAU - Gibran, Nicole S
AU - Gibran NS
AD - Department of Surgery, Harborview Medical Center, University of Washington, Box
359796 325 9th Avenue, Seattle, WA, 98104, United States.
LA - eng
PT - Journal Article
DEP - 20181029
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - *Affect
MH - Age Factors
MH - Body Image/*psychology
MH - Body Surface Area
MH - Burns/physiopathology/*psychology/therapy
MH - Child
MH - Databases, Factual
MH - Female
MH - Hand Injuries/physiopathology/psychology/therapy
MH - Health Status
MH - Humans
MH - *Interpersonal Relations
MH - Length of Stay
MH - Longitudinal Studies
MH - Male
MH - Quality of Life
MH - Sex Factors
MH - Skin Transplantation
MH - *Survivors
MH - Work/*psychology
MH - Young Adult
OTO - NOTNLM
OT - *Burn Specific Health Scale
OT - *Burn injury
OT - *Longitudinal research
OT - *Rehabilitation
EDAT- 2018/11/06 06:00
MHDA- 2019/06/14 06:00
CRDT- 2018/11/03 06:00
PHST- 2018/04/07 00:00 [received]
PHST- 2018/07/15 00:00 [revised]
PHST- 2018/09/28 00:00 [accepted]
PHST- 2018/11/06 06:00 [pubmed]

PHST- 2019/06/14 06:00 [medline]
PHST- 2018/11/03 06:00 [entrez]
AID - S0305-4179(18)30908-2 [pii]
AID - 10.1016/j.burns.2018.09.033 [doi]
PST - ppublish
SO - Burns. 2018 Dec;44(8):1882-1886. doi: 10.1016/j.burns.2018.09.033. Epub 2018 Oct 29.

PMID- 24529571

OWN - NLM

STAT- MEDLINE

DCOM- 20150710

LR - 20151119

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 40

IP - 7

DP - 2014 Nov

TI - Sexuality, body image and relationships following burns: analysis of BSHS-B outcome measures.

PG - 1329-37

LID - 10.1016/j.burns.2014.01.006 [doi]

LID - S0305-4179(14)00019-9 [pii]

AB - BACKGROUND: The Burns Specific Health Scale - Brief (BSHS-B) was analyzed to investigate the longitudinal impact of burns on sexuality and body image. Four sub-domains of the BSHS-B domains were of particular interest: sexuality, body image, affect and relationships, and as such were investigated for correlation between all of the sub-scales of the BSHS-B. METHODS: A total of 1846 observations from 865 Western Australian burn patient BSHS-B questionnaires were analyzed. Descriptive statistical methods included dichotomous and ordinal scale variables and medians, as well as the range for continuous variables. Inferential statistical methods used longitudinal linear mixed-effects models and random effects models with the BSHS-B total and its sub-scales as dependent variables. RESULTS: The four BSHS-B domains of interest all showed no significant change over time, indicating that the psychological and psychosocial impact of burns does not significantly improve for burn survivors, regardless of good physical and functional recovery. CONCLUSIONS: Burn survivors experience sexuality, body image and relationship changes following a burn, which may affect their quality of life (QoL) over time. Rehabilitation services need to be aware of these issues and create rehabilitation programs that specifically and meaningfully address these issues for burn survivors.

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FAU - Connell, K M

AU - Connell KM

AD - School of Public Health, Sexology Department, Faculty of Health Sciences, Curtin University, Western Australia, Australia; Fiona Wood Foundation, Australia.

Electronic address: k.connell@curtin.edu.au.

FAU - Phillips, M

AU - Phillips M

AD - Royal Perth Hospital & Western Australian Institute for Medical Research, University of Western Australia, Perth, Western Australia, Australia. Electronic

address: michael.phillips@waimr.uwa.edu.au.

FAU - Coates, R

AU - Coates R

AD - School of Public Health, Sexology Department, Faculty of Health Sciences, Curtin University, Western Australia, Australia.

FAU - Doherty-Poirier, M

AU - Doherty-Poirier M

AD - School of Public Health, Sexology Department, Faculty of Health Sciences, Curtin

University, Western Australia, Australia.
FAU - Wood, F M
AU - Wood FM
AD - Fiona Wood Foundation, Australia; Burns Service of Western Australia, Royal Perth Hospital, Australia; Burn Injury Research Unit, University of Western Australia, Australia.
LA - eng
PT - Journal Article
DEP - 20140214
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - *Affect
MH - Aged
MH - Aged, 80 and over
MH - Body Image/*psychology
MH - Burns/*psychology
MH - Female
MH - Humans
MH - *Interpersonal Relations
MH - Male
MH - Middle Aged
MH - Quality of Life/psychology
MH - Sexuality/*psychology
MH - Surveys and Questionnaires
MH - Survivors/*psychology
MH - Young Adult
OTO - NOTNLM
OT - Body image
OT - Burns
OT - Burns Specific Health Scale-Brief
OT - Relationships
OT - Sexuality
EDAT- 2014/02/18 06:00
MHDA- 2015/07/15 06:00
CRDT- 2014/02/18 06:00
PHST- 2013/08/09 00:00 [received]
PHST- 2013/12/13 00:00 [revised]
PHST- 2014/01/10 00:00 [accepted]
PHST- 2014/02/18 06:00 [entrez]
PHST- 2014/02/18 06:00 [pubmed]
PHST- 2015/07/15 06:00 [medline]
AID - S0305-4179(14)00019-9 [pii]
AID - 10.1016/j.burns.2014.01.006 [doi]
PST - ppublish
SO - Burns. 2014 Nov;40(7):1329-37. doi: 10.1016/j.burns.2014.01.006. Epub 2014 Feb 14.

PMID- 23377351
OWN - NLM
STAT- MEDLINE
DCOM- 20140424
LR - 20180302
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)

VI - 34

IP - 5

DP - 2013 Sep-Oct

TI - Sexuality following burn injuries: a preliminary study.

PG - e282-9

LID - 10.1097/BCR.0b013e31827819bf [doi]

AB - Responses to the sexuality and body image subdomains of the Burn Specific Health Scale - Brief Version (BSHS-B) were analysed, to identify the incidence of sexuality and body image changes in burn survivors from hospital discharge - 12 months post injury. Data were collected through examination of BSHS-B questionnaires (BSHS-B), from burns patients at hospital discharge and one, three, six and twelve month time points after burn injury. The results demonstrate that burn injuries have a significant negative impact on sexuality and body image satisfaction for burn survivors. The results raise concerns regarding potential long term quality of life (QoL) issues for burn survivors in these domains. Sexuality and body image following burn injuries are important QoL domains that should be addressed during post injury rehabilitation. This preliminary study shows that further empirical research regarding changes to sexuality and body image in the burns population is required.

FAU - Connell, Kylie Marie

AU - Connell KM

AD - From the *Sexology Department, Faculty of Health Sciences, School of Public Health, Curtin University, Perth, Western Australia; daggerMcComb Foundation of Western Australia, Perth; double daggerWorld Association for Sexual Health, Perth, Western Australia; section signBurns Service of Western Australia, Royal Perth Hospital, Perth; and ||Burn Injury Research Unit, University of Western Australia, Perth.

FAU - Coates, Rosemary

AU - Coates R

FAU - Wood, Fiona Melanie

AU - Wood FM

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adaptation, Physiological

MH - Adaptation, Psychological

MH - Adult

MH - Age Factors

MH - Body Image/*psychology

MH - Burns/diagnosis/*psychology/therapy

MH - Female

MH - Humans

MH - Injury Severity Score

MH - Logistic Models

MH - Male

MH - Middle Aged

MH - *Quality of Life

MH - Retrospective Studies

MH - Risk Assessment

MH - Sex Factors

MH - Sexuality/*psychology

MH - *Surveys and Questionnaires

MH - Survivors

MH - Western Australia
MH - Young Adult
EDAT- 2013/02/05 06:00
MHDA- 2014/04/25 06:00
CRDT- 2013/02/05 06:00
PHST- 2013/02/05 06:00 [entrez]
PHST- 2013/02/05 06:00 [pubmed]
PHST- 2014/04/25 06:00 [medline]
AID - 10.1097/BCR.0b013e31827819bf [doi]
PST - ppublish
SO - J Burn Care Res. 2013 Sep-Oct;34(5):e282-9. doi: 10.1097/BCR.0b013e31827819bf.

PMID- 19692913

OWN - NLM

STAT- MEDLINE

DCOM- 20100126

LR - 20180302

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 30

IP - 5

DP - 2009 Sep-Oct

TI - A follow-up study of adults with suicidal burns: psychosocial adjustment and quality of life.

PG - 844-51

LID - 10.1097/BCR.0b013e3181b48118 [doi]

AB - The severity of the burn injuries, accompanying injuries, and the often concomitant psychiatric disease complicate the treatment of patients with suicidal burns. Data from 45 patients who were treated for suicidal burn injuries from 1994 to 2005 were acquired from the patients' charts and interviews with standardized questionnaires (n = 11) concerning their psychological status pretrauma and posttrauma, as well as their quality of life with special reference to psychosocial adjustments. None of the patients survived more than 69% TBSA burns; no one with 41% or less died. Most of the patients had prediagnosed psychiatric disorders. The educational and social background of the patients and religious beliefs played a minor role for choosing this method of suicide. Aggression levels were above the average population, whereas self-direction was underdeveloped. Forty percent, albeit unsuccessfully, committed subsequent suicide attempts. Most patients felt only moderate social impairment by the burn wound residuals, the majority had intensified and improved their social contacts, and most felt no relevant decrease of quality of life compared with their personal situation before the suicide attempt. Patients who survive the suicide attempt can become integrated in social life again. More data are needed to reliably identify patients at risk in advance.

FAU - Daigeler, Adrien

AU - Daigeler A

AD - Department of Plastic Surgery, Burn Center, BG-University Hospital Bergmannsheil, Ruhr-University Bochum, 44789 Bochum, Germany.

FAU - Langer, Stefan

AU - Langer S

FAU - Hullmann, Kathrin

AU - Hullmann K

FAU - Illes, Franziska

AU - Illes F

FAU - Juckel, Georg

AU - Juckel G

FAU - Echterhoff, Silke

AU - Echterhoff S

FAU - Selbach, David

AU - Selbach D
FAU - Steinstrasser, Lars
AU - Steinstrasser L
FAU - Steinau, Hans-Ulrich
AU - Steinau HU
FAU - Lehnhardt, Marcus
AU - Lehnhardt M
LA - eng
PT - Journal Article
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Burns/*psychology
MH - Chi-Square Distribution
MH - Drug Overdose
MH - Female
MH - Humans
MH - Interviews as Topic
MH - Male
MH - Middle Aged
MH - *Quality of Life
MH - *Social Adjustment
MH - Suicide, Attempted/*psychology
MH - Surveys and Questionnaires
MH - Survivors/*psychology
EDAT- 2009/08/21 09:00
MHDA- 2010/01/27 06:00
CRDT- 2009/08/21 09:00
PHST- 2009/08/21 09:00 [entrez]
PHST- 2009/08/21 09:00 [pubmed]
PHST- 2010/01/27 06:00 [medline]
AID - 10.1097/BCR.0b013e3181b48118 [doi]
PST - ppublish
SO - J Burn Care Res. 2009 Sep-Oct;30(5):844-51. doi: 10.1097/BCR.0b013e3181b48118.

PMID- 30477817
OWN - NLM
STAT- MEDLINE
DCOM- 20190610
LR - 20190613
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 45
IP - 1
DP - 2019 Feb
TI - Hospital-acquired complications alter quality of life in adult burn survivors:
Report from a burn model system.
PG - 42-47
LID - S0305-4179(18)30412-1 [pii]
LID - 10.1016/j.burns.2018.10.010 [doi]
AB - INTRODUCTION: Successful burn care should facilitate comprehensive, functional recovery after an injury. But we have a poor understanding of which risk factors

influence long-term outcomes after burn injury. Studies have correlated hospital-acquired complications (HACs) with poor long-term outcomes in some populations. The purpose of this study was to determine whether HACs alter patient-reported quality of life in adult burn survivors. METHODS: We followed 496 adults with major burn injury longitudinally as part of a burn outcomes study (1993-2014). Study participants completed SF-12((R)) Health Surveys providing mental (MCS) and physical (PCS) component summary scores at discharge, 12- and 24-months following injury. We reviewed inpatient medical records for complications during the acute care of a thermal injury. Complications were identified using discharge summary and chart ICD-9 codes. We used descriptive statistics to compare demographic and injury characteristics. Stepwise linear regression analyses determined the impact of significant variables on longitudinal MCS and PCS scores. Burn and graft total body surface area, age, and gender were included as predictor variables in univariate models and added to multivariate models when they were significant. RESULTS: Patients who suffered urinary tract infection, venousthromboembolism, pulmonary complications and renal failure during hospitalization for their burn injury reported decreased quality of life as indicated by lower SF-12((R)) PCS scores at 12 and 24months after injury. CONCLUSIONS: We demonstrate that inpatient complications negatively impact long-term quality of life, especially physical functioning for patients with burn injuries. Our data confirm the need to consider the influence of hospital-acquired complications on patient-reported long-term outcomes and to support national efforts to reduce complications in burn patients.

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FAU - Deeter, Lyndsay

AU - Deeter L

AD - Department of Surgery, University of Washington, Seattle, WA, United States.

Electronic address: lyndsay.deeter@bannerhealth.com.

FAU - Seaton, Max

AU - Seaton M

AD - Department of Surgery, University of Washington, Seattle, WA, United States.

Electronic address: mseaton@smail.umaryland.edu.

FAU - Carrougher, Gretchen J

AU - Carrougher GJ

AD - Department of Surgery, University of Washington, Seattle, WA, United States.

Electronic address: carrough@uw.edu.

FAU - McMullen, Kara

AU - McMullen K

AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA,

United States. Electronic address: mcmulk@uw.edu.

FAU - Mandell, Samuel P

AU - Mandell SP

AD - Department of Surgery, University of Washington, Seattle, WA, United States.

Electronic address: mandells@uw.edu.

FAU - Amtmann, Dagmar

AU - Amtmann D

AD - Department of Surgery, University of Washington, Seattle, WA, United States;

Department of Rehabilitation Medicine, University of Washington, Seattle, WA, United States. Electronic address: dagmar@uw.edu.

FAU - Gibran, Nicole S

AU - Gibran NS

AD - Department of Surgery, University of Washington, Seattle, WA, United States.

Electronic address: nicoleg@uw.edu.

LA - eng

PT - Journal Article

DEP - 20181123

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178
SB - IM
MH - Adrenal Insufficiency/epidemiology
MH - Adult
MH - Aged
MH - Body Surface Area
MH - Burns/epidemiology/*physiopathology/psychology/therapy
MH - Catheter-Related Infections/epidemiology
MH - Clostridium Infections/epidemiology
MH - Female
MH - Gastrointestinal Hemorrhage/epidemiology
MH - *Health Status
MH - Hematoma/epidemiology
MH - Humans
MH - Linear Models
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Multivariate Analysis
MH - Myocardial Infarction/epidemiology
MH - Pressure Ulcer/epidemiology
MH - Pulmonary Embolism/epidemiology
MH - *Quality of Life
MH - Renal Insufficiency/epidemiology
MH - Risk Factors
MH - Sepsis/epidemiology
MH - Skin Transplantation
MH - *Survivors
MH - Urinary Tract Infections/epidemiology
MH - Venous Thromboembolism/epidemiology
MH - Wound Infection/epidemiology
OTO - NOTNLM
OT - *Burn
OT - *Complications
OT - *Long-term outcomes
OT - *Quality of life
EDAT- 2018/11/28 06:00
MHDA- 2019/06/14 06:00
CRDT- 2018/11/28 06:00
PHST- 2018/05/23 00:00 [received]
PHST- 2018/10/08 00:00 [revised]
PHST- 2018/10/17 00:00 [accepted]
PHST- 2018/11/28 06:00 [pubmed]
PHST- 2019/06/14 06:00 [medline]
PHST- 2018/11/28 06:00 [entrez]
AID - S0305-4179(18)30412-1 [pii]
AID - 10.1016/j.burns.2018.10.010 [doi]
PST - ppublish
SO - Burns. 2019 Feb;45(1):42-47. doi: 10.1016/j.burns.2018.10.010. Epub 2018 Nov 23.

PMID- 27602366
OWN - NLM
STAT- PubMed-not-MEDLINE
DCOM- 20160907
LR - 20181113
IS - 2321-3868 (Print)
IS - 2321-3868 (Linking)
VI - 2
IP - 2

DP - 2014

TI - Major concerns and issues in burn survivors in Australia.

PG - 84-7

LID - 10.4103/2321-3868.130192 [doi]

AB - Burn injury significantly impacts the victim's long-term quality of life, both physically and psychosocially. This prospective, observational study aimed to assess the physical and psychological health status in adult burn survivors in Sydney Australia using the Burns Specific Health Scale-Brief Version (BSHS-B) questionnaire, together with analysis of the baseline demographic data collected from medical records. A total of 24 adult acute burn victims admitted consecutively to the Burns Unit at Concord Repatriation General Hospital, Sydney, Australia between March 2007 and February 2009 fulfilled the inclusion criteria and participated in the study. The BSHS-B questionnaire (which includes nine domains or subscales) was administered to all 24 participants in person at time of discharge and by mail 6, 12, and 24 months post discharge. By 12 months, 11 participants dropped out and the final analysis was performed on the remaining 13 participants. The analyzed results showed that: 1) Perceived return to work was the only variable that continued to change with time at 12 months after discharge ($P < 0.01$); 2) At 12 months; return to work was significantly correlated with simple functional ability ($P < 0.05$), heat sensitivity ($P < 0.01$), and treatment regimes ($P < 0.05$), but no longer with affect and body image as demonstrated at 6 months. In summary, our findings have shown that the perception of returning to work changes significantly with time post discharge and this perception is affected by certain subscales of the BSHS-B. Given that return to work is one of the most important outcome concerns and issues of recovery for adult burn injury victims and families, it is essential that therapists be aware of the factors influencing return to work and address these factors through a comprehensive rehabilitation program.

FAU - Dowda, Deborah J

AU - Dowda DJ

AD - Burns Unit, Concord Repatriation General Hospital, Sydney, Australia.

FAU - Li, Frank

AU - Li F

AD - Burns Unit, Concord Repatriation General Hospital, Sydney, Australia.

LA - eng

PT - Journal Article

DEP - 20140406

PL - England

TA - Burns Trauma

JT - Burns & trauma

JID - 101651457

PMC - PMC5012066

OTO - NOTNLM

OT - Burns

OT - burn specific health scale

OT - domains

OT - return to work

EDAT- 2014/01/01 00:00

MHDA- 2014/01/01 00:01

CRDT- 2016/09/08 06:00

PHST- 2014/03/11 00:00 [received]

PHST- 2014/03/18 00:00 [revised]

PHST- 2016/09/08 06:00 [entrez]

PHST- 2014/01/01 00:00 [pubmed]

PHST- 2014/01/01 00:01 [medline]

AID - 10.4103/2321-3868.130192 [doi]

AID - 20020084 [pii]

PST - epublish

SO - Burns Trauma. 2014 Apr 6;2(2):84-7. doi: 10.4103/2321-3868.130192. eCollection

2014.

PMID- 18469660

OWN - NLM

STAT- MEDLINE

DCOM- 20080605

LR - 20080512

IS - 1529-8809 (Electronic)

IS - 0022-5282 (Linking)

VI - 64

IP - 5

DP - 2008 May

TI - Major depression and posttraumatic stress disorder symptoms following severe burn injury in relation to lifetime psychiatric morbidity.

PG - 1349-56

LID - 10.1097/TA.0b013e318047e005 [doi]

AB - BACKGROUND: Psychiatric history has been suggested to have an impact on long-term adjustment in burn survivors. A rigorous, prospective, longitudinal approach was used to study psychiatric history in a population-based burn sample and its impact on symptomatology of depression and posttraumatic stress disorder (PTSD) at a 12-month follow-up. METHODS: Seventy-three consecutive patients admitted to the Uppsala Burn Unit were assessed with the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition for psychiatric disorders, of whom 64 were also assessed after 12 months. RESULTS: Forty-eight patients (66%) presented with at least one lifetime psychiatric diagnosis; major depression (41%), alcohol abuse or dependence (32%), simple phobia (16%), and panic disorder (16%) were most prevalent. At 12-months postburn, 10 patients (16%) met criteria for major depression, 6 (9%) for PTSD, and 11 (17%) for subsyndromal PTSD. Patients with lifetime anxiety disorder and with lifetime psychiatric comorbidity were more likely to be depressed at 12 months, whereas those with lifetime affective disorder, substance use disorder and psychiatric comorbidity were more likely to have symptoms of PTSD. CONCLUSIONS: Two-thirds of burn survivors exhibit a history of lifetime psychiatric disorders. Those with a psychiatric history have a higher risk of postburn psychiatric problems.

FAU - Dyster-Aas, Johan

AU - Dyster-Aas J

AD - Departments of Neurosciences Psychiatry, University Hospital, Uppsala, Sweden.

FAU - Willebrand, Mimmie

AU - Willebrand M

FAU - Wikehult, Bjorn

AU - Wikehult B

FAU - Gerdin, Bengt

AU - Gerdin B

FAU - Ekselius, Lisa

AU - Ekselius L

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - J Trauma

JT - The Journal of trauma

JID - 0376373

SB - AIM

SB - IM

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Burn Units/*statistics & numerical data

MH - Burns/*complications/etiology
MH - Depressive Disorder, Major/*complications/diagnosis/*epidemiology
MH - Female
MH - Humans
MH - Interview, Psychological
MH - Logistic Models
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Prevalence
MH - Psychopathology/*statistics & numerical data
MH - Stress Disorders, Post-Traumatic/diagnosis/*epidemiology
MH - Sweden/epidemiology
EDAT- 2008/05/13 09:00
MHDA- 2008/06/06 09:00
CRDT- 2008/05/13 09:00
PHST- 2008/05/13 09:00 [pubmed]
PHST- 2008/06/06 09:00 [medline]
PHST- 2008/05/13 09:00 [entrez]
AID - 10.1097/TA.0b013e318047e005 [doi]
AID - 00005373-200805000-00027 [pii]
PST - ppublish
SO - J Trauma. 2008 May;64(5):1349-56. doi: 10.1097/TA.0b013e318047e005.

PMID- 20395052

OWN - NLM

STAT- MEDLINE

DCOM- 20110412

LR - 20151119

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 36

IP - 7

DP - 2010 Nov

TI - Demonstration of the validity of the SF-36 for measurement of the temporal recovery of quality of life outcomes in burns survivors.

PG - 1013-20

LID - 10.1016/j.burns.2010.03.001 [doi]

AB - OBJECTIVE: Outcome assessment after burn is complex. Determination of quality of life is often measured using the Burns Specific Health Scale (BSHS), a validated tool in the burn population. The SF-36 is a generic quality of life questionnaire that is validated for numerous populations, but not in burns. The aim of the study was to examine the validity of SF-36, using the BSHS as a reference. METHODS: 280 burn patients were recruited at Royal Perth Hospital. Each completed SF-36 and BSHS-B at regular intervals to 2 years after burn. Regression modelling was used to assess the temporal validity and the relative sensitivity of the measures. RESULTS: SF-36 domains and BSHS-B demonstrated significant associations at all time points ($r=0.37-0.76$, $p<0.002$). In the months after burn, SF-36 domains: role physical; bodily pain; social function and role emotional outperformed BSHS-B total score and domain scores. Greater measurement sensitivity was demonstrated in all SF-36 summary and subscales measures (except General Health) when compared to BSHS-B and sub-domains. CONCLUSION: This study demonstrated SF-36 as a valid measure of recovery of quality of life in the burn patient population. The data suggests that SF-36 components were more sensitive to change than the BSHS-B from approximately 1 month after injury.

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FAU - Edgar, Dale

AU - Edgar D

AD - Western Australian Burn Service, Royal Perth Hospital, Perth, Australia.

dale.edgar@health.wa.gov.au
FAU - Dawson, Alana
AU - Dawson A
FAU - Hankey, Genevieve
AU - Hankey G
FAU - Phillips, Michael
AU - Phillips M
FAU - Wood, Fiona
AU - Wood F
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20100414
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adaptation, Psychological
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Burns/*psychology/rehabilitation
MH - Female
MH - Health Status
MH - Humans
MH - Male
MH - Middle Aged
MH - *Quality of Life
MH - Reproducibility of Results
MH - Sensitivity and Specificity
MH - *Surveys and Questionnaires
MH - Survivors/*psychology
MH - Young Adult
EDAT- 2010/04/17 06:00
MHDA- 2011/04/13 06:00
CRDT- 2010/04/17 06:00
PHST- 2009/09/18 00:00 [received]
PHST- 2010/02/28 00:00 [revised]
PHST- 2010/03/05 00:00 [accepted]
PHST- 2010/04/17 06:00 [entrez]
PHST- 2010/04/17 06:00 [pubmed]
PHST- 2011/04/13 06:00 [medline]
AID - S0305-4179(10)00063-X [pii]
AID - 10.1016/j.burns.2010.03.001 [doi]
PST - ppublish
SO - Burns. 2010 Nov;36(7):1013-20. doi: 10.1016/j.burns.2010.03.001. Epub 2010 Apr 14.

PMID- 25869727
OWN - NLM
STAT- MEDLINE
DCOM- 20180111
LR - 20181208
IS - 1461-7277 (Electronic)
IS - 1359-1053 (Linking)
VI - 21
IP - 10

DP - 2016 Oct

TI - Does participation mediate the prospective relationships of impairment, injury severity, and pain to quality of life following burn injury?

PG - 2398-408

LID - 10.1177/1359105315577686 [doi]

AB - We examined the prospective impact of injury severity, functional impairment, and pain on participation in the community and subsequently on life satisfaction and self-rated health of 260 burn survivors 5 years post-discharge. Predictor variables include injury severity and total body surface area burned (assessed during acute care), functional independence (assessed at 12 months post-discharge), pain (assessed at the 24th month), and participation (assessed at the 48th month). Participation predicted life satisfaction and self-rated health. Functional independence and injury severity had significant indirect influences on adjustment via their influence on participation. Pain predicted both outcome variables. Clinical and research implications are discussed.

CI - (c) The Author(s) 2015.

FAU - Elliott, Timothy R

AU - Elliott TR

AD - Texas A&M University, USA telliott@tamu.edu.

FAU - Berry, Jack W

AU - Berry JW

AD - Samford University, USA.

FAU - Nguyen, Huynh Mai

AU - Nguyen HM

AD - Texas A&M University, USA.

FAU - Williamson, Meredith Lc

AU - Williamson ML

AD - Texas A&M University, USA.

FAU - Kalpinski, Ryan J

AU - Kalpinski RJ

AD - Texas A&M University, USA.

FAU - Underhill, Andrea T

AU - Underhill AT

AD - The University of Alabama at Birmingham, USA.

FAU - Fine, Philip R

AU - Fine PR

AD - The University of Alabama at Birmingham, USA.

LA - eng

GR - R49 CE000191/CE/NCIPC CDC HHS/United States

PT - Journal Article

PT - Research Support, U.S. Gov't, P.H.S.

DEP - 20150413

PL - England

TA - J Health Psychol

JT - Journal of health psychology

JID - 9703616

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Burns/pathology/physiopathology/*psychology

MH - Female

MH - *Health Status

MH - Humans

MH - Male

MH - Middle Aged

MH - Pain/*psychology

MH - *Personal Satisfaction

MH - Prospective Studies
MH - Quality of Life/*psychology
MH - *Severity of Illness Index
MH - Social Participation/*psychology
MH - Survivors/*psychology
MH - Young Adult
OTO - NOTNLM
OT - *burns
OT - *functional impairment
OT - *life satisfaction
OT - *pain
OT - *participation
OT - *quality of life
OT - *self-rated health
EDAT- 2015/04/15 06:00
MHDA- 2018/01/13 06:00
CRDT- 2015/04/15 06:00
PHST- 2015/04/15 06:00 [entrez]
PHST- 2015/04/15 06:00 [pubmed]
PHST- 2018/01/13 06:00 [medline]
AID - 1359105315577686 [pii]
AID - 10.1177/1359105315577686 [doi]
PST - ppublish
SO - J Health Psychol. 2016 Oct;21(10):2398-408. doi: 10.1177/1359105315577686. Epub
2015 Apr 13.

PMID- 25162945
OWN - NLM
STAT- MEDLINE
DCOM- 20160303
LR - 20180302
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 36
IP - 3
DP - 2015 May-Jun
TI - Prevalence and prediction of prolonged pruritus after severe burns.
PG - 405-13
LID - 10.1097/BCR.000000000000152 [doi]
AB - Years after injury, pruritus is a common and severe problem for many burn patients. However, its characteristics and consequences are often only partially described. The authors therefore performed a prospective detailed examination of burn- and individual-related factors and considered those in relation to pruritus severity. Sixty-seven consecutive burn patients were assessed during acute care, and at 3 and 12 months postburn regarding preburn psychiatric disorders, health-related quality of life, post traumatic stress disorder, and personality traits. Postburn pruritus was subsequently assessed 2 to 7 years postburn using the Questionnaire for Pruritus Assessment. Fifty-one individuals, 76% of the participants, reported burn pruritus any time after the burn. Thirty-three individuals, 49% of the participants, reported ongoing pruritus the last 2 months. Information on the characteristics of pruritus was obtained from 32 of these individuals. Most perceived pruritus as bothersome or annoying and as present every day, 16 (50%) were considered to have severe pruritus, and 11 (34%) scratched themselves to the point of bleeding. In logistic regressions, this was independently related to TBSA full-thickness burn and health-related quality of life at 3 months, and to TBSA full thickness burn and the personality trait impulsiveness, respectively. About half of the previous burn patients experienced ongoing pruritus on an average of 4.5 years after injury, and half of them had severe pruritus. Scratching oneself to the point of bleeding is linked both to a

certain personality and to pruritus. It is suspected that many patients are left without access to the best available treatment.

FAU - Gauffin, Emelie

AU - Gauffin E

AD - From the *Departments of Neuroscience, Psychiatry, Uppsala University, Sweden; and daggerDepartment of Surgical Sciences, Plastic Surgery, Uppsala University, University Hospital, Sweden.

FAU - Oster, Caisa

AU - Oster C

FAU - Gerdin, Bengt

AU - Gerdin B

FAU - Ekselius, Lisa

AU - Ekselius L

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adult

MH - Burns/*epidemiology/psychology

MH - Comorbidity

MH - Disease Progression

MH - Female

MH - Follow-Up Studies

MH - Humans

MH - Male

MH - Middle Aged

MH - Prevalence

MH - Pruritus/*epidemiology/psychology

MH - Severity of Illness Index

MH - Surveys and Questionnaires

MH - Survivors/psychology/*statistics & numerical data

MH - Sweden/epidemiology

MH - Young Adult

EDAT- 2014/08/28 06:00

MHDA- 2016/03/05 06:00

CRDT- 2014/08/28 06:00

PHST- 2014/08/28 06:00 [entrez]

PHST- 2014/08/28 06:00 [pubmed]

PHST- 2016/03/05 06:00 [medline]

AID - 10.1097/BCR.0000000000000152 [doi]

PST - ppublish

SO - J Burn Care Res. 2015 May-Jun;36(3):405-13. doi: 10.1097/BCR.0000000000000152.

PMID- 27085837

OWN - NLM

STAT- MEDLINE

DCOM- 20170918

LR - 20191210

IS - 1879-0267 (Electronic)

IS - 0020-1383 (Linking)

VI - 47

IP - 9

DP - 2016 Sep

TI - Return to work after specialised burn care: A two-year prospective follow-up

study of the prevalence, predictors and related costs.

PG - 1975-82

LID - 10.1016/j.injury.2016.03.031 [doi]

LID - S0020-1383(16)30076-6 [pii]

AB - BACKGROUND: Burn injuries may cause long-term disability and work absence, and therefore result in high healthcare and productivity costs. Up to now, detailed information on return to work (RTW) and productivity costs after burns is lacking. AIMS: The aim of this study was to accurately assess RTW after burn injuries, to identify predictors of absenteeism and to calculate healthcare and productivity costs from a societal perspective. METHODS: A prospective cohort study was conducted in the burn centre of Rotterdam, the Netherlands, including all admitted working-age patients from 1 August 2011 to 31 July 2012. At 3, 12 and 24 months post-burn, patients were sent a questionnaire: including the Work and Medical Consumption questionnaire for the assessment of work absence and medical consumption and the EQ-5D-3L plus a cognitive dimension to assess post-burn and pre-burn quality of life (QOL). Cost analyses were from a societal perspective according the micro-costing method and the friction cost method was applied for the calculation of productivity loss. Univariate logistic regression was used to identify predictors of absenteeism at three months. RESULTS: A total of 104 patients were included in the study with a mean total body surface area (TBSA) burned of 8% (median 4%). 66 respondents were pre-employed, at 3 months 70% was back at work, at 12 months 92% and 8% had not returned to work at time of final follow-up at 24 months. Predictors of absenteeism at 3 months were: TBSA, length of stay, ICU-admission and surgery. Mean costs related to loss in productivity were euro11.916 [95% CI 8.930-14.902] and accounted for 30% of total costs in pre-employed respondents in the first two years. CONCLUSION: This two-year follow-up study demonstrates that burn injuries cause substantial and prolonged productivity loss amongst burn survivors with mixed burn severity. This absenteeism contributes to already high societal costs of burn injuries. Predictors of absenteeism found in this study were primarily fixed patient and treatment related factors, future studies should focus on modifiable factors, in order to improve RTW outcomes. Also, more attention in the rehabilitation trajectory is needed to optimally support RTW in burn survivors.

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FAU - Goei, H

AU - Goei H

AD - Association of Dutch Burn Centres, Maasstad Hospital, Rotterdam, The Netherlands; Department of Plastic, Reconstructive and Hand Surgery, MOVE Research Institute, VU University Medical Centre, Amsterdam, The Netherlands. Electronic address: goeih@maasstadziekenhuis.nl.

FAU - Hop, M J

AU - Hop MJ

AD - Association of Dutch Burn Centres, Maasstad Hospital, Rotterdam, The Netherlands; Department of Plastic, Reconstructive and Hand Surgery, MOVE Research Institute, VU University Medical Centre, Amsterdam, The Netherlands.

FAU - van der Vlies, C H

AU - van der Vlies CH

AD - Burn Centre, Maasstad Hospital, Rotterdam, The Netherlands.

FAU - Nieuwenhuis, M K

AU - Nieuwenhuis MK

AD - Association of Dutch Burn Centres, Martini Hospital, Groningen, The Netherlands.

FAU - Polinder, S

AU - Polinder S

AD - Department of Public Health, Erasmus Medical Centre, Rotterdam, The Netherlands.

FAU - Middelkoop, E

AU - Middelkoop E

AD - Department of Plastic, Reconstructive and Hand Surgery, MOVE Research Institute, VU University Medical Centre, Amsterdam, The Netherlands; Association of Dutch Burn Centres, Red Cross Hospital, Beverwijk, The Netherlands.

FAU - van Baar, M E
AU - van Baar ME
AD - Association of Dutch Burn Centres, Maasstad Hospital, Rotterdam, The Netherlands;
Department of Public Health, Erasmus Medical Centre, Rotterdam, The Netherlands.
Electronic address: baarm@maasstadziekenhuis.nl.
CN - 'Dutch Burn Repository group' consists of
LA - eng
PT - Journal Article
DEP - 20160331
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - Absenteeism
MH - Adult
MH - Age Distribution
MH - Burn Units
MH - Burns/*economics/rehabilitation/therapy
MH - Cost-Benefit Analysis
MH - Female
MH - Follow-Up Studies
MH - Health Care Costs
MH - Hospitalization/*economics/statistics & numerical data
MH - Humans
MH - Length of Stay/*economics
MH - Male
MH - Middle Aged
MH - Netherlands/epidemiology
MH - Outcome Assessment, Health Care
MH - Prospective Studies
MH - Quality of Life
MH - Return to Work/*economics/statistics & numerical data
MH - Sex Distribution
MH - Social Class
MH - Survivors
MH - Wound Healing
OTO - NOTNLM
OT - Burns
OT - Cost analysis
OT - Productivity loss
OT - Rehabilitation
OT - Return to work
IR - Kuijper EC
FIR - Kuijper, E C
IRAD- Burn Centre Beverwijk, Beverwijk, The Netherlands.
IR - Tempelman FR
FIR - Tempelman, F R H
IRAD- Burn Centre Beverwijk, Beverwijk, The Netherlands.
IR - Vloemans AF
FIR - Vloemans, A F P M
IRAD- Burn Centre Beverwijk, Beverwijk, The Netherlands.
IR - van Zuijlen PP
FIR - van Zuijlen, P P M
IRAD- Burn Centre Beverwijk, Beverwijk, The Netherlands.
IR - van Es A
FIR - van Es, A
IRAD- Burn Centre Rotterdam, Rotterdam, The Netherlands.
IR - Hofland H

FIR - Hofland, H
IRAD- Burn Centre Rotterdam, Rotterdam, The Netherlands.
IR - Dokter J
FIR - Dokter, J
IRAD- Burn Centre Rotterdam, Rotterdam, The Netherlands.
IR - Beerthuisen GI
FIR - Beerthuisen, G I J M
IRAD- Burn Centre Groningen, Groninge, The Netherlands.
IR - Eshuis H
FIR - Eshuis, H
IRAD- Burn Centre Groningen, Groninge, The Netherlands.
IR - Hiddingh J
FIR - Hiddingh, J
IRAD- Burn Centre Groningen, Groninge, The Netherlands.
IR - Scholten-Jaegers S
FIR - Scholten-Jaegers, S
IRAD- Burn Centre Groningen, Groninge, The Netherlands.
IR - van Baar ME
FIR - van Baar, M E
IRAD- Association of Dutch Burn Centres, Groningen, The Netherlands.
IR - Middelkoop E
FIR - Middelkoop, E
IRAD- Association of Dutch Burn Centres, Groningen, The Netherlands.
IR - Nieuwenhuis MK
FIR - Nieuwenhuis, M K
IRAD- Association of Dutch Burn Centres, Groningen, The Netherlands.
IR - Novin A
FIR - Novin, A
IRAD- Association of Dutch Burn Centres, Groningen, The Netherlands.
IR - Novin M
FIR - Novin, M
IRAD- Association of Dutch Burn Centres, Groningen, The Netherlands.
EDAT- 2016/04/18 06:00
MHDA- 2017/09/19 06:00
CRDT- 2016/04/18 06:00
PHST- 2015/11/10 00:00 [received]
PHST- 2016/03/14 00:00 [revised]
PHST- 2016/03/25 00:00 [accepted]
PHST- 2016/04/18 06:00 [entrez]
PHST- 2016/04/18 06:00 [pubmed]
PHST- 2017/09/19 06:00 [medline]
AID - S0020-1383(16)30076-6 [pii]
AID - 10.1016/j.injury.2016.03.031 [doi]
PST - ppublish
SO - Injury. 2016 Sep;47(9):1975-82. doi: 10.1016/j.injury.2016.03.031. Epub 2016 Mar 31.

PMID- 27215148
OWN - NLM
STAT- MEDLINE
DCOM- 20170309
LR - 20170817
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 42
IP - 5
DP - 2016 Aug
TI - Satisfaction with life after burn: A Burn Model System National Database Study.
PG - 1067-1073

LID - S0305-4179(16)00040-1 [pii]

LID - 10.1016/j.burns.2016.01.018 [doi]

AB - OBJECTIVES: While mortality rates after burn are low, physical and psychosocial impairments are common. Clinical research is focusing on reducing morbidity and optimizing quality of life. This study examines self-reported Satisfaction With Life Scale scores in a longitudinal, multicenter cohort of survivors of major burns. Risk factors associated with Satisfaction With Life Scale scores are identified. METHODS: Data from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Burn Model System (BMS) database for burn survivors greater than 9 years of age, from 1994 to 2014, were analyzed. Demographic and medical data were collected on each subject. The primary outcome measures were the individual items and total Satisfaction With Life Scale (SWLS) scores at time of hospital discharge (pre-burn recall period) and 6, 12, and 24 months after burn. The SWLS is a validated 5-item instrument with items rated on a 1-7 Likert scale. The differences in scores over time were determined and scores for burn survivors were also compared to a non-burn, healthy population. Step-wise regression analysis was performed to determine predictors of SWLS scores at different time intervals. RESULTS: The SWLS was completed at time of discharge (1129 patients), 6 months after burn (1231 patients), 12 months after burn (1123 patients), and 24 months after burn (959 patients). There were no statistically significant differences between these groups in terms of medical or injury demographics. The majority of the population was Caucasian (62.9%) and male (72.6%), with a mean TBSA burned of 22.3%. Mean total SWLS scores for burn survivors were unchanged and significantly below that of a non-burn population at all examined time points after burn. Although the mean SWLS score was unchanged over time, a large number of subjects demonstrated improvement or decrement of at least one SWLS category. Gender, TBSA burned, LOS, and school status were associated with SWLS scores at 6 months; scores at 12 months were associated with LOS, school status, and amputation; scores at 24 months were associated with LOS, school status, and drug abuse. CONCLUSIONS: In this large, longitudinal, multicenter cohort of burn survivors, satisfaction with life after burn was consistently lower than that of non-burn norms. Furthermore mean SWLS scores did not improve over the two-year follow-up period. This study demonstrates the need for continued efforts to improve patient-centered long term satisfaction with life after burn.

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FAU - Goverman, J

AU - Goverman J

AD - Sumner Redstone Burn Center, Surgical Services, Massachusetts General Hospital, Harvard Medical School, United States; Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, United States; Shriners Hospitals for Children(R)-Boston, Boston, MA, United States.

FAU - Mathews, K

AU - Mathews K

AD - Sumner Redstone Burn Center, Surgical Services, Massachusetts General Hospital, Harvard Medical School, United States; Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, United States.

FAU - Nadler, D

AU - Nadler D

AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, United States.

FAU - Henderson, E

AU - Henderson E

AD - Sumner Redstone Burn Center, Surgical Services, Massachusetts General Hospital, Harvard Medical School, United States.

FAU - McMullen, K

AU - McMullen K

AD - University of Washington, Seattle, WA, United States.

FAU - Herndon, D

AU - Herndon D
AD - Shriners Hospitals for Children ((R))-Galveston, United States; Department of Surgery, University of Texas Medical Branch, Galveston, TX, United States.
FAU - Meyer, W 3rd
AU - Meyer W 3rd
AD - Shriners Hospitals for Children ((R))-Galveston, United States; Department of Surgery, University of Texas Medical Branch, Galveston, TX, United States; Department of Psychiatry and Behavioral Science, School of Medicine, University of Texas Medical Branch, Galveston, TX, United States.
FAU - Fauerbach, J A
AU - Fauerbach JA
AD - Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Baltimore, MD, United States.
FAU - Wiechman, S
AU - Wiechman S
AD - Department of Rehabilitation Medicine, Psychology, Harborview Medical Center, University of Washington Burn Center, Seattle, WA, United States; Harborview Medical Center, Seattle, WA, United States.
FAU - Carrougher, G
AU - Carrougher G
AD - Department of Surgery, University of Washington, Seattle, WA, United States.
FAU - Ryan, C M
AU - Ryan CM
AD - Sumner Redstone Burn Center, Surgical Services, Massachusetts General Hospital, Harvard Medical School, United States; Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, United States; Shriners Hospitals for Children(R)-Boston, Boston, MA, United States.
FAU - Schneider, J C
AU - Schneider JC
AD - Sumner Redstone Burn Center, Surgical Services, Massachusetts General Hospital, Harvard Medical School, United States; Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, United States; Shriners Hospitals for Children(R)-Boston, Boston, MA, United States. Electronic address: jcschneider@partners.org.
LA - eng
PT - Journal Article
DEP - 20160520
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Burns/*psychology
MH - Child
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - *Personal Satisfaction
MH - Prospective Studies
MH - Quality of Life/*psychology
MH - Regression Analysis
MH - Survivors/psychology
MH - Young Adult
OTO - NOTNLM

OT - Burn
OT - Outcome
OT - Satisfaction with life
EDAT- 2016/05/25 06:00
MHDA- 2017/03/10 06:00
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PHST- 2015/10/20 00:00 [received]
PHST- 2016/01/12 00:00 [revised]
PHST- 2016/01/13 00:00 [accepted]
PHST- 2016/05/25 06:00 [entrez]
PHST- 2016/05/25 06:00 [pubmed]
PHST- 2017/03/10 06:00 [medline]
AID - S0305-4179(16)00040-1 [pii]
AID - 10.1016/j.burns.2016.01.018 [doi]
PST - ppublish
SO - Burns. 2016 Aug;42(5):1067-1073. doi: 10.1016/j.burns.2016.01.018. Epub 2016 May 20.

PMID- 22538174

OWN - NLM

STAT- MEDLINE

DCOM- 20130418

LR - 20191210

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 38

IP - 8

DP - 2012 Dec

TI - Exercise training to improve health related quality of life in long term survivors of major burn injury: a matched controlled study.

PG - 1165-73

LID - 10.1016/j.burns.2012.03.007 [doi]

LID - S0305-4179(12)00097-6 [pii]

AB - OBJECTIVE: Patients often experience reduced health-related quality of life (HRQOL) following burn injury. Exercise training has been demonstrated to improve HRQOL in a number of clinical populations, yet it is unknown whether exercise can improve HRQOL in burns patients. PROCEDURES: Nine burn-injured participants (42+/-18.38%TBSA: 6.56+/-3.68 years after injury) and 9 matched controls participated in a 12-week exercise programme. HRQOL was assessed via the Burn Specific Health Scale-Brief (BSHS-B) and the Medical Outcomes Study 36-Item Short Form (SF-36). Activity limitation was measured using the quick Disabilities of the Arm, Shoulder and Hand (QuickDASH). RESULTS: The burns group had decreased HRQOL compared to the controls at baseline, as reported by the BSHS-B (t (16)=3.51, p=0.003) and some domains of the SF-36 including role physical (t (16)=3.79, p=0.002). Burned participants reported decreased activity levels compared to the controls as measured by the QuickDASH (t (16)=2.19, p=0.044). Exercise training improved SF-36 scores in both burn (t (8)=3.77, p=0.005) and control groups (t (8)=2.71, p=0.027). Following training there was no difference between the groups on the SF-36 or QuickDASH. CONCLUSION: Exercise training improves HRQOL and activity limitations in burn-injured patients to a level that is equivalent to that of their uninjured counterparts.

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FAU - Grisbrook, T L

AU - Grisbrook TL

AD - School of Sport Science, Exercise and Health, The University of Western Australia, Australia.

FAU - Reid, S L

AU - Reid SL

FAU - Edgar, D W

AU - Edgar DW
FAU - Wallman, K E
AU - Wallman KE
FAU - Wood, F M
AU - Wood FM
FAU - Elliott, C M
AU - Elliott CM
LA - eng
PT - Journal Article
DEP - 20120424
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Burns/physiopathology/psychology/*rehabilitation
MH - Case-Control Studies
MH - Disability Evaluation
MH - *Exercise Therapy/methods/psychology
MH - Female
MH - *Health Status
MH - Humans
MH - Male
MH - Outcome Assessment, Health Care
MH - *Quality of Life
MH - Survivors/*psychology
EDAT- 2012/04/28 06:00
MHDA- 2013/04/20 06:00
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PHST- 2012/02/24 00:00 [revised]
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PHST- 2012/04/28 06:00 [pubmed]
PHST- 2013/04/20 06:00 [medline]
AID - S0305-4179(12)00097-6 [pii]
AID - 10.1016/j.burns.2012.03.007 [doi]
PST - ppublish
SO - Burns. 2012 Dec;38(8):1165-73. doi: 10.1016/j.burns.2012.03.007. Epub 2012 Apr 24.

PMID- 20523226
OWN - NLM
STAT- MEDLINE
DCOM- 20101029
LR - 20191210
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 31
IP - 4
DP - 2010 Jul-Aug
TI - Long-term outcomes in patients surviving large burns: the skin.
PG - 631-9
LID - 10.1097/BCR.0b013e3181e4ca62 [doi]
AB - The objective of this study was to evaluate persons who have survived severe burns and to describe the long-term residual problems relating to the skin. This is a cross-sectional descriptive study that included a one-time evaluation of 98 burn survivors (18 years old or older) who survived $\geq 30\%$ TBSA burns, were

>or=3 years postinjury, and consented to participate. Study participants were required to undergo a physical examination conducted by the Physical Medicine and Rehabilitation physicians in addition to completing study questionnaires. Participants were predominantly male (63%) and Caucasian (69%). The average time from injury was 17 years (range 3-53 years), and the average TBSA burn was 57% (range 30-97%). Problems with hot and cold temperature, sensory loss, raised scars, and itching continued to pose problems many years after burn injury. Reports of open wounds, skin rash, painful scars, and shooting pain in scars tended to decrease over time, whereas reports of fragile burns, including cuts and tears, tended to increase over time. Findings from the physical examination of the participants include hypertrophic scars in grafted areas (92%) and in nongrafted areas (38%), decreased sensation to pin in grafted areas (71%), hyperpigmentation in grafted areas (53%), fingernail deformities (35%), and skin breakdown (32%). Individuals with large burns deserve more long-term attention. As survivors of large burns continue to face significant burn-related issues, there is a critical need for long-term follow-up both in the clinic and in research.

FAU - Holavanahalli, Radha K

AU - Holavanahalli RK

AD - Department of Physical Medicine and Rehabilitation, University of Texas Southwestern Medical Center at Dallas, TX 75390-9136, USA.

FAU - Helm, Phala A

AU - Helm PA

FAU - Kowalske, Karen J

AU - Kowalske KJ

LA - eng

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, U.S. Gov't, Non-P.H.S.

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adult

MH - Burns/*complications/*physiopathology

MH - Chi-Square Distribution

MH - Cross-Sectional Studies

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Outcome Assessment, Health Care

MH - Physical Examination

MH - Skin/*physiopathology

MH - Skin Diseases/*etiology/*physiopathology

MH - Surveys and Questionnaires

MH - Survivors

EDAT- 2010/06/05 06:00

MHDA- 2010/10/30 06:00

CRDT- 2010/06/05 06:00

PHST- 2010/06/05 06:00 [entrez]

PHST- 2010/06/05 06:00 [pubmed]

PHST- 2010/10/30 06:00 [medline]

AID - 10.1097/BCR.0b013e3181e4ca62 [doi]

PST - ppublish

SO - J Burn Care Res. 2010 Jul-Aug;31(4):631-9. doi: 10.1097/BCR.0b013e3181e4ca62.

PMID- 28493205

OWN - NLM

STAT- MEDLINE

DCOM- 20180416

LR - 20181202

IS - 1573-2649 (Electronic)

IS - 0962-9343 (Linking)

VI - 26

IP - 10

DP - 2017 Oct

TI - Development of the life impact burn recovery evaluation (LIBRE) profile:
assessing burn survivors' social participation.

PG - 2851-2866

LID - 10.1007/s11136-017-1588-3 [doi]

AB - PURPOSE: Measuring the impact burn injuries have on social participation is integral to understanding and improving survivors' quality of life, yet there are no existing instruments that comprehensively measure the social participation of burn survivors. This project aimed to develop the Life Impact Burn Recovery Evaluation Profile (LIBRE), a patient-reported multidimensional assessment for understanding the social participation after burn injuries. METHODS: 192 questions representing multiple social participation areas were administered to a convenience sample of 601 burn survivors. Exploratory factor analysis and confirmatory factor analysis (CFA) were used to identify the underlying structure of the data. Using item response theory methods, a Graded Response Model was applied for each identified sub-domain. The resultant multidimensional LIBRE Profile can be administered via Computerized Adaptive Testing (CAT) or fixed short forms. RESULTS: The study sample included 54.7% women with a mean age of 44.6 (SD 15.9) years. The average time since burn injury was 15.4 years (0-74 years) and the average total body surface area burned was 40% (1-97%). The CFA indicated acceptable fit statistics (CFI range 0.913-0.977, TLI range 0.904-0.974, RMSEA range 0.06-0.096). The six unidimensional scales were named: relationships with family and friends, social interactions, social activities, work and employment, romantic relationships, and sexual relationships. The marginal reliability of the full item bank and CATs ranged from 0.84 to 0.93, with ceiling effects less than 15% for all scales. CONCLUSIONS: The LIBRE Profile is a promising new measure of social participation following a burn injury that enables burn survivors and their care providers to measure social participation.

FAU - Kazis, Lewis E

AU - Kazis LE

AD - Department of Health Law, Policy, and Management, Center for the Assessment of Pharmaceutical Practices (CAPP), Boston University School of Public Health, Boston, MA, USA.

FAU - Marino, Molly

AU - Marino M

AUID- ORCID: 0000-0002-9978-3038

AD - Health & Disability Research Institute, Boston University School of Public Health, 715 Albany Street, T5W, Boston, MA, 02118, USA. memarino@bu.edu.

FAU - Ni, Pengsheng

AU - Ni P

AD - Health & Disability Research Institute, Boston University School of Public Health, 715 Albany Street, T5W, Boston, MA, 02118, USA.

FAU - Soley Bori, Marina

AU - Soley Bori M

AD - Department of Health Law, Policy, and Management, Center for the Assessment of Pharmaceutical Practices (CAPP), Boston University School of Public Health, Boston, MA, USA.

FAU - Amaya, Flor

AU - Amaya F

AD - Department of Health Law, Policy, and Management, Center for the Assessment of

Pharmaceutical Practices (CAPP), Boston University School of Public Health,
Boston, MA, USA.
FAU - Dore, Emily
AU - Dore E
AD - Department of Health Law, Policy, and Management, Center for the Assessment of
Pharmaceutical Practices (CAPP), Boston University School of Public Health,
Boston, MA, USA.
FAU - Ryan, Colleen M
AU - Ryan CM
AD - Department of Surgery, Massachusetts General Hospital, Boston, MA, USA.
AD - Harvard Medical School, Boston, MA, USA.
AD - Shriners Hospitals for Children -Boston(R), Boston, MA, USA.
FAU - Schneider, Jeff C
AU - Schneider JC
AD - Harvard Medical School, Boston, MA, USA.
AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation
Hospital, Boston, MA, USA.
FAU - Shie, Vivian
AU - Shie V
AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation
Hospital, Boston, MA, USA.
FAU - Acton, Amy
AU - Acton A
AD - The Phoenix Society for Burn Survivors, Grand Rapids, MI, USA.
FAU - Jette, Alan M
AU - Jette AM
AD - Health & Disability Research Institute, Boston University School of Public
Health, 715 Albany Street, T5W, Boston, MA, 02118, USA.
LA - eng
GR - 90DP0055/National Institute on Disability, Independent Living, and Rehabilitation
Research/International
PT - Journal Article
DEP - 20170510
PL - Netherlands
TA - Qual Life Res
JT - Quality of life research : an international journal of quality of life aspects of
treatment, care and rehabilitation
JID - 9210257
SB - IM
MH - Adult
MH - Burns/*rehabilitation
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Quality of Life/*psychology
MH - Social Participation/*psychology
MH - Survivors
OTO - NOTNLM
OT - *Burns
OT - *Computerized adaptive test
OT - *Item response theory
OT - *Social reintegration
EDAT- 2017/05/12 06:00
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PHST- 2017/05/12 06:00 [pubmed]
PHST- 2018/04/17 06:00 [medline]

PHST- 2017/05/12 06:00 [entrez]
AID - 10.1007/s11136-017-1588-3 [doi]
AID - 10.1007/s11136-017-1588-3 [pii]
PST - ppublish
SO - Qual Life Res. 2017 Oct;26(10):2851-2866. doi: 10.1007/s11136-017-1588-3. Epub
2017 May 10.

PMID- 17211206
OWN - NLM
STAT- MEDLINE
DCOM- 20070320

LR - 20191210
IS - 1559-047X (Print)
IS - 1559-047X (Linking)
VI - 28
IP - 1

DP - 2007 Jan-Feb

TI - The National Institute on Disability and Rehabilitation Research burn model
system database: a tool for the multicenter study of the outcome of burn injury.

PG - 84-96

AB - Advances in critical care and surgical management have significantly improved survival after burn injury over the past several decades. However, today, survival alone is an insufficient outcome. In 1994, the National Institute on Disability and Rehabilitation Research (NIDRR) created a burn model system program to evaluate the long-term sequelae of burn injuries. As part of this multicenter program, a comprehensive demographic and outcome database was developed to facilitate the study of a number of functional and psychosocial outcomes after burns. The purpose of this study is to review the database design and structure as well as the data obtained during the last 10 years. This is a descriptive study of the NIDRR database structure as well as the patient data obtained from the four participating burn centers from 1994 to 2004. Data obtained during hospitalization and at 6, 12, and 24 months after discharge were reviewed and descriptive statistics were calculated for select database fields. The database is divided into several subsections, including demographics, injury complications, patient disposition, and functional and psychological surveys. A total of 4600 patients have been entered into the NIDRR database. To date, 3449 (75%) patients were alive at discharged and consented to follow-up data collection. The NIDRR database provides an expansive repository of patient, injury, and outcome data that can be used to analyze the impact of burn injury on physical and psychosocial function and for the design of interventions to enhance the quality of life of burn survivors.

FAU - Klein, Matthew B

AU - Klein MB

AD - Division of Plastic Surgery and the Burn Center, Department of Surgery,
Harborview Medical Center, University of Washington, Seattle, Washington 98104,
USA.

FAU - Lezotte, Dennis L

AU - Lezotte DL

FAU - Fauerbach, James A

AU - Fauerbach JA

FAU - Herndon, David N

AU - Herndon DN

FAU - Kowalske, Karen J

AU - Kowalske KJ

FAU - Carrougher, Gretchen J

AU - Carrougher GJ

FAU - deLateur, Barbara J

AU - deLateur BJ

FAU - Holavanahalli, Radha

AU - Holavanahalli R
FAU - Esselman, Peter C
AU - Esselman PC
FAU - San Agustin, Theresa B
AU - San Agustin TB
FAU - Engrav, Loren H
AU - Engrav LH
LA - eng
GR - K12 HD049100/HD/NICHD NIH HHS/United States
PT - Journal Article
PT - Multicenter Study
PT - Research Support, N.I.H., Extramural
PT - Research Support, U.S. Gov't, Non-P.H.S.
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adolescent
MH - Adult
MH - Age Distribution
MH - Aged
MH - Burn Units
MH - Burns/*epidemiology/psychology/*rehabilitation
MH - Child
MH - Child, Preschool
MH - Data Collection/methods
MH - *Databases as Topic
MH - Educational Status
MH - Employment/statistics & numerical data
MH - Female
MH - Financing, Government
MH - Government Agencies
MH - Humans
MH - Injury Severity Score
MH - Insurance, Health/statistics & numerical data
MH - Male
MH - Middle Aged
MH - *Outcome Assessment, Health Care
MH - Risk Factors
MH - Sex Distribution
MH - Surveys and Questionnaires
MH - United States/epidemiology
EDAT- 2007/01/11 09:00
MHDA- 2007/03/21 09:00
CRDT- 2007/01/11 09:00
PHST- 2007/01/11 09:00 [pubmed]
PHST- 2007/03/21 09:00 [medline]
PHST- 2007/01/11 09:00 [entrez]
AID - 10.1097/BCR.0b013E31802C888E [doi]
AID - 01253092-200701000-00014 [pii]
PST - ppublish
SO - J Burn Care Res. 2007 Jan-Feb;28(1):84-96. doi: 10.1097/BCR.0b013E31802C888E.

PMID- 26088146
OWN - NLM
STAT- MEDLINE
DCOM- 20160620

LR - 20150825

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 41

IP - 6

DP - 2015 Sep

TI - The long-term health-related quality of life in children treated for burns as infants 5-9 years earlier.

PG - 1186-92

LID - 10.1016/j.burns.2015.02.005 [doi]

LID - S0305-4179(15)00043-1 [pii]

AB - The long-term outcome after infant burn was queried 5-9 years after the initial accident. All participants had been treated for burn in Children's Hospital, Helsinki, Finland, before the age of 1 year. We hypothesized that the health-related quality of life (HRQoL) in young burn survivors may be impaired compared to healthy age matched peers. The health-related quality of life of 126 infant burned patients with a mean total body surface area (TBSA) of 3.5% was queried with the standardized and validated 17D questionnaire. The HRQoL of the respondents was compared to that of a representative sample of the general age-standardized population. A total of 44 (35%) children with a mean age of 7 years responded, and 64% of them were male. The median time from trauma was 6.3 years. Burn related features, age at burn time, burn size and site, and the treatment given were similar in the respondents group and all children approached. The mean HRQoL score of the respondents was better than that of the control population ($p < 0.05$). Comparison of the 17D profiles of the patients having been treated as inpatients or outpatients showed that those treated on an outpatient basis had better scores on the dimensions of speech, breathing, and friends ($p < 0.05$). The 17D profiles of patients with scalds or contact burns were similar. The perceived and expressed long-term HRQoL in the burned children was good, and on some dimensions (sleeping, learning, discomfort and symptoms, breathing, depression, and appearance) even better, than that of the control population.

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FAU - Laitakari, Elina

AU - Laitakari E

AD - Department of Pediatric Surgery, Kanta-Hame Central Hospital, Hameenlinna, Finland; Department of Pediatric Surgery, Children's Hospital, Helsinki University Hospital, Helsinki, Finland. Electronic address: elina.laitakari@fimnet.fi.

FAU - Koljonen, Virve

AU - Koljonen V

AD - Department of Plastic Surgery, Helsinki University Hospital, Helsinki, Finland.

FAU - Pyorala, Sari

AU - Pyorala S

AD - Department of Pediatric Surgery, Children's Hospital, Helsinki University Hospital, Helsinki, Finland.

FAU - Rintala, Risto

AU - Rintala R

AD - Department of Pediatric Surgery, Children's Hospital, Helsinki University Hospital, Helsinki, Finland.

FAU - Roine, Risto P

AU - Roine RP

AD - Helsinki and Uusimaa Hospital District, Administration/Research and Development, Helsinki, Finland; University of Eastern Finland, Research Centre for Comparative Effectiveness and Patient Safety, Department of Health and Social Management, Kuopio, Finland.

FAU - Sintonen, Harri

AU - Sintonen H

AD - Hjelt Institute/Department of Public Health, University of Helsinki, Helsinki,

Finland.
LA - eng
PT - Journal Article
DEP - 20150615
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Burns/physiopathology/*psychology
MH - Case-Control Studies
MH - Child
MH - Child, Preschool
MH - Female
MH - Finland
MH - *Health Status
MH - Humans
MH - Infant
MH - Longitudinal Studies
MH - Male
MH - Quality of Life/*psychology
MH - Surveys and Questionnaires
MH - Survivors/*psychology
OTO - NOTNLM
OT - Children
OT - Health-related quality of life
OT - Infant
OT - Pediatric burns
EDAT- 2015/06/20 06:00
MHDA- 2016/06/21 06:00
CRDT- 2015/06/20 06:00
PHST- 2014/10/06 00:00 [received]
PHST- 2015/01/19 00:00 [revised]
PHST- 2015/02/02 00:00 [accepted]
PHST- 2015/06/20 06:00 [entrez]
PHST- 2015/06/20 06:00 [pubmed]
PHST- 2016/06/21 06:00 [medline]
AID - S0305-4179(15)00043-1 [pii]
AID - 10.1016/j.burns.2015.02.005 [doi]
PST - ppublish
SO - Burns. 2015 Sep;41(6):1186-92. doi: 10.1016/j.burns.2015.02.005. Epub 2015 Jun 15.

PMID- 17890286
OWN - NLM
STAT- MEDLINE
DCOM- 20090511
LR - 20151119
IS - 1465-735X (Electronic)
IS - 0146-8693 (Linking)
VI - 34
IP - 1
DP - 2009 Jan-Feb
TI - Brief report: quality of life is impaired in pediatric burn survivors with posttraumatic stress disorder.
PG - 14-21
AB - OBJECTIVE: This study assessed health-related quality of life (HRQOL) and posttraumatic stress disorder (PTSD) in pediatric burn survivors and examined associations between PTSD and HRQOL. METHODS: Forty-three burn survivors, ages

7-16 years, were interviewed at an average of 4.4 years after their accident using the Clinician-Administered PTSD Scale for Children and Adolescents and the TNO-AZL Child Quality of Life Questionnaire. RESULTS: Eight children (18.6%) met DSM-IV criteria for current PTSD. While most dimensions of HRQOL were within normal limits, social functioning was impaired. Severity of PTSD was significantly associated with physical, cognitive, and emotional dimensions of HRQOL. Children with PTSD reported an impaired overall HRQOL and limited physical (e.g., more bodily complaints) and emotional functioning (e.g., more feelings of sadness). CONCLUSIONS: This study provides tentative evidence for a considerably high prevalence of PTSD in pediatric burn survivors and for a negative association between PTSD and HRQOL.

FAU - Landolt, Markus A

AU - Landolt MA

AD - Department of Psychosomatics and Psychiatry, University Children's Hospital, Zurich, Switzerland. markus.landolt@kispi.uzh.ch

FAU - Buehlmann, Claudia

AU - Buehlmann C

FAU - Maag, Tanja

AU - Maag T

FAU - Schiestl, Clemens

AU - Schiestl C

LA - eng

PT - Journal Article

DEP - 20070921

PL - United States

TA - J Pediatr Psychol

JT - Journal of pediatric psychology

JID - 7801773

SB - IM

CIN - J Pediatr Psychol. 2009 Jan-Feb;34(1):22-6. PMID: 18441007

CIN - J Pediatr Psychol. 2009 Jan-Feb;34(1):27-9. PMID: 18487631

MH - Adaptation, Psychological

MH - Adolescent

MH - Burns/*psychology

MH - Child

MH - Cross-Sectional Studies

MH - Disability Evaluation

MH - Emotions

MH - Female

MH - Humans

MH - Illness Behavior

MH - Male

MH - Quality of Life/*psychology

MH - Stress Disorders, Post-Traumatic/diagnosis/epidemiology/*psychology

MH - Surveys and Questionnaires

MH - Survivors/*psychology

EDAT- 2007/09/25 09:00

MHDA- 2009/05/12 09:00

CRDT- 2007/09/25 09:00

PHST- 2007/09/25 09:00 [pubmed]

PHST- 2009/05/12 09:00 [medline]

PHST- 2007/09/25 09:00 [entrez]

AID - jsm088 [pii]

AID - 10.1093/jpepsy/jsm088 [doi]

PST - ppublish

SO - J Pediatr Psychol. 2009 Jan-Feb;34(1):14-21. doi: 10.1093/jpepsy/jsm088. Epub 2007 Sep 21.

PMID- 12478042

OWN - NLM
STAT- MEDLINE
DCOM- 20030109
LR - 20190711
IS - 0022-5282 (Print)
IS - 0022-5282 (Linking)
VI - 53
IP - 6
DP - 2002 Dec
TI - Family impact greatest: predictors of quality of life and psychological adjustment in pediatric burn survivors.
PG - 1146-51
AB - BACKGROUND: Although there is some knowledge of psychological adjustment, almost nothing is known about quality of life in pediatric burn survivors. METHODS: Parents of 105 burn survivors (age, 5-17 years; total body surface area burned, 10-64%) were assessed by standardized questionnaires 1 to 13 years postburn. Predictive values of clinical variables and family environment were assessed. RESULTS: Most dimensions of quality of life and psychological adjustment were normal. Compared with healthy norms, burn survivors only showed less positive emotions. Good family relationships and younger age at burn injury were the only significant predictors of good quality of life. Psychological adjustment was predicted by family relationships. CONCLUSION: If given optimal care, most pediatric burn survivors demonstrate excellent quality of life. Families with compromised relationships and patients with higher age at burn injury should be identified early, monitored closely, and offered psychosocial support as soon as dysfunctional family dynamics are detected.
FAU - Landolt, Markus A
AU - Landolt MA
AD - Pediatric Burn Center, Department of Surgery, University of Children's Hospital, Zurich, Switzerland. mlandolt@kispi.unizh.ch
FAU - Grubenmann, Sandra
AU - Grubenmann S
FAU - Meuli, Martin
AU - Meuli M
LA - eng
PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Trauma
JT - The Journal of trauma
JID - 0376373
SB - AIM
SB - IM
MH - Adaptation, Psychological
MH - Adolescent
MH - Burns/diagnosis/*psychology/therapy
MH - Child
MH - Child, Preschool
MH - Female
MH - Health Surveys
MH - Humans
MH - Injury Severity Score
MH - Male
MH - *Parent-Child Relations
MH - Predictive Value of Tests
MH - Probability
MH - *Quality of Life
MH - Risk Assessment
MH - Self Concept

MH - Social Adjustment
MH - Socioeconomic Factors
MH - Surveys and Questionnaires
MH - Survivors
EDAT- 2002/12/13 04:00
MHDA- 2003/01/10 04:00
CRDT- 2002/12/13 04:00
PHST- 2002/12/13 04:00 [pubmed]
PHST- 2003/01/10 04:00 [medline]
PHST- 2002/12/13 04:00 [entrez]
AID - 10.1097/00005373-200212000-00019 [doi]
PST - ppublish
SO - J Trauma. 2002 Dec;53(6):1146-51. doi: 10.1097/00005373-200212000-00019.

PMID- 27003738

OWN - NLM

STAT- MEDLINE

DCOM- 20180214

LR - 20180302

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 38

IP - 2

DP - 2017 Mar/Apr

TI - Quantifying Risk Factors for Long-Term Sleep Problems After Burn Injury in Young Adults.

PG - e510-e520

LID - 10.1097/BCR.0000000000000315 [doi]

AB - Restorative sleep is an important component of quality of life. Disturbances in sleep after burn injury were reported but all based on uncontrolled or nonstandardized data. The occurrence and the effect of long-term sleep problems in young adult burn survivors have not been well defined. This 5-year (2003-2008) prospective multicenter longitudinal study included adults with burn injuries ages 19 to 30 years who completed the Young Adult Burn Outcome Questionnaire (YABOQ) up to 36 months after injury. The items measured 15 patient-reported outcomes including physical, psychological, and social statuses and symptoms such as itch and pain. Scores of these 15 YABOQ outcome domains were standardized to a mean of 50 and a SD of 10 based on an age-matched nonburned reference group of young adults. Sleep quality was assessed using the item 'How satisfied are you now with your sleep,' rated by a 5-point Likert scale. Patients responding with very and somewhat dissatisfied were classified as having sleep dissatisfaction and the remaining as less or not dissatisfied. The associations between sleep dissatisfaction (yes/no) and YABOQ outcome domains were analyzed longitudinally using mixed-effect generalized linear models, adjusted for %TBSA burned, age, gender, and race. Generalized estimating equations were used to take into account correlated error resulting from repeated surveys on each patient over time. One hundred and fifty-two burn survivors participated in the YABOQ survey at baseline and during the follow-up who had at least one survey with a response to the sleep item. Among them, sleep dissatisfaction was twice as prevalent (76/152, 50%) when compared with the nonburned reference group (29/112, 26%). The likelihood of a burn survivor being dissatisfied with sleep was reduced over time after the burn injury. Sleep dissatisfaction following burns was significantly associated, in a dose-dependent manner, with increasing burn size ($P = .001$). Better sleep was associated with better outcomes in all domains ($P < .05$) except Fine Motor Function, and this association was significantly more apparent in the longer term compared with the shorter term with the same domains ($P < .05$). Dissatisfaction with sleep is highly prevalent following burn injuries in young adults. Lower satisfaction with sleep is associated with poorer scores in nearly all quality of life measures. Satisfaction with sleep should be addressed during the long-term

clinical follow-up of young adults with burn injuries. Further research should be undertaken to understand the components of sleep quality that are important to burn survivors and which ones might be modified and tested in future intervention studies.

FAU - Lee, Austin F

AU - Lee AF

AD - From the *Research Center for Statistics and Actuarial Science in Medicine, School of Statistics, Xi'An University of Finance and Economics, Xi'An, China; daggerSchool of Insurance and Economics, University of International Business and Economics, Beijing, China; double daggerDepartment of Surgery, Massachusetts General Hospital, Boston, Massachusetts; section signDepartment of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, Boston, Massachusetts; ||Department of Mathematical Sciences, Bentley University, Waltham, Massachusetts; paragraph signHarvard Medical School, Boston, Massachusetts; #Shriners Hospitals for Children-Boston, Boston, Massachusetts; **Department of Physical Medicine and Rehabilitation, Massachusetts General Hospital, Boston, Massachusetts; daggerdaggerCenter for the Assessment of Pharmaceutical Practices (CAPP), Department of Health Policy and Management, Boston University School of Public Health, Boston, Massachusetts; double daggerdouble daggerSleep Disorders & Research Center, Department of Medicine, Pulmonary, Critical Care & Sleep Medicine, Michael E. DeBakey VA Medical Center, Baylor College of Medicine, Houston, Texas; section sign section signDepartment of Medicine, Rheumatology and Immunology, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts; || ||Department of Surgery, University of California, Davis, Los Angeles, California; paragraph sign paragraph signShriners Hospitals for Children-Northern California, Sacramento, California; ###Department of Psychiatry, University of Texas Medical Branch-Galveston, Texas; ***Shriners Hospitals for Children-Galveston, Galveston, Texas; daggerdaggerdaggerDepartment of Physical Medicine and Rehabilitation, Johns Hopkins School of Medicine, Baltimore, MD; double daggerdouble daggerdouble daggerDepartment of Surgery, University of Nebraska Medical Center, Omaha, NE; and section sign section sign section signMember of Multi-Center Benchmarking Study Group are listed in Appendix.

FAU - Ryan, Colleen M

AU - Ryan CM

FAU - Schneider, Jeffrey C

AU - Schneider JC

FAU - Kazis, Lewis E

AU - Kazis LE

FAU - Li, Nien Chen

AU - Li NC

FAU - Rose, Mary

AU - Rose M

FAU - Liang, Matthew H

AU - Liang MH

FAU - Wang, Chao

AU - Wang C

FAU - Palmieri, Tina

AU - Palmieri T

FAU - Meyer, Walter J 3rd

AU - Meyer WJ 3rd

FAU - Pidcock, Frank S

AU - Pidcock FS

FAU - Reilly, Debra

AU - Reilly D

FAU - Sheridan, Robert L

AU - Sheridan RL

FAU - Tompkins, Ronald G

AU - Tompkins RG

CN - and the Multi-Center Benchmarking Study Group
LA - eng
PT - Journal Article
PT - Multicenter Study
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adult
MH - Burns/*complications/diagnosis/therapy
MH - China
MH - Databases, Factual
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Injury Severity Score
MH - Longitudinal Studies
MH - Male
MH - Prospective Studies
MH - *Quality of Life
MH - Risk Factors
MH - Severity of Illness Index
MH - Sickness Impact Profile
MH - Sleep Wake Disorders/epidemiology/*etiology/physiopathology
MH - *Surveys and Questionnaires
MH - Survivors/*psychology
MH - Time Factors
MH - Young Adult
EDAT- 2016/03/24 06:00
MHDA- 2018/02/15 06:00
CRDT- 2016/03/23 06:00
PHST- 2016/03/24 06:00 [pubmed]
PHST- 2018/02/15 06:00 [medline]
PHST- 2016/03/23 06:00 [entrez]
AID - 10.1097/BCR.0000000000000315 [doi]
PST - ppublish
SO - J Burn Care Res. 2017 Mar/Apr;38(2):e510-e520. doi: 10.1097/BCR.0000000000000315.

PMID- 26963342
OWN - NLM
STAT- MEDLINE
DCOM- 20170831
LR - 20180324
IS - 1464-5165 (Electronic)
IS - 0963-8288 (Linking)
VI - 38
IP - 24
DP - 2016 Dec
TI - Evaluation of the posttraumatic growth inventory after severe burn injury in Western Australia: clinical implications for use.
PG - 2398-405
LID - 10.3109/09638288.2015.1129448 [doi]
AB - PURPOSE: Posttraumatic growth (PTG) is "the subjective experience of positive psychological change reported as a result of the struggle with trauma". Very few studies have explored PTG after burn injury. The Posttraumatic Growth Inventory (PTGI) is a 21-item questionnaire which assesses five domains in which PTG has been found. First, the aim of this study was to assess how PTG presented after a

severe burn, and second, whether it could be measured by the PTGI in Australian burn survivors. METHODS: A mixed method approach was used. Seventeen patients who had a severe burn injury at least 2 years previously were interviewed and completed the PTGI. The interviews were analyzed, then compared to the PTGI responses. RESULTS: PTG in burn survivors had similarities to PTG arising from other trauma. Burn-specific context such as heat intolerance and functional problems influenced the type of changes made. Barriers to PTG in relationships were related to guilt burden and visible scarring. CONCLUSION: PTG presents similarly after burn to other trauma types, but has other features to consider when devising intervention strategies. The PTGI is a 5-min screening tool that adequately identifies the presence or absence of PTG in burn survivors in Western Australia, and can guide intervention. IMPLICATIONS FOR REHABILITATION: The Posttraumatic Growth Inventory is a 5-min screening tool that adequately identifies the degree of PTG in burn survivors in Western Australia. It is a quick and easy tool to use to identify the need for clinical intervention. It will also evaluate the effectiveness of strategies designed to target PTG. A mean score of 2.5 can be used as a threshold to guide intervention strategy.

FAU - Martin, Lisa

AU - Martin L

AD - a Burn Injury Research Unit , University of Western Australia , Crawley , WA , Australia ;

FAU - Byrnes, Michelle

AU - Byrnes M

AD - b Clinical Psychology Unit , Australian Neuromuscular Research Institute, University of Western Australia , Nedlands , WA, Australia ;

FAU - McGarry, Sarah

AU - McGarry S

AD - c Fiona Stanley Hospital, Fiona Wood Foundation, MNH (B) Main Hospital , Murdoch , WA , Australia ;

FAU - Rea, Suzanne

AU - Rea S

AD - a Burn Injury Research Unit , University of Western Australia , Crawley , WA , Australia ;

AD - c Fiona Stanley Hospital, Fiona Wood Foundation, MNH (B) Main Hospital , Murdoch , WA , Australia ;

AD - d Fiona Stanley Hospital, Burn Service of Western Australia, MNH (B) Main Hospital , Murdoch , WA , Australia.

FAU - Wood, Fiona

AU - Wood F

AD - a Burn Injury Research Unit , University of Western Australia , Crawley , WA , Australia ;

AD - c Fiona Stanley Hospital, Fiona Wood Foundation, MNH (B) Main Hospital , Murdoch , WA , Australia ;

AD - d Fiona Stanley Hospital, Burn Service of Western Australia, MNH (B) Main Hospital , Murdoch , WA , Australia.

LA - eng

PT - Journal Article

DEP - 20160310

PL - England

TA - Disabil Rehabil

JT - Disability and rehabilitation

JID - 9207179

SB - IM

MH - *Adaptation, Psychological

MH - Adult

MH - Aged

MH - Burns/complications/*psychology/rehabilitation

MH - Cicatrix/*psychology

MH - Female

MH - *Guilt
MH - Human Development
MH - Humans
MH - Life Change Events
MH - Male
MH - Middle Aged
MH - Stress Disorders, Post-Traumatic/*diagnosis/*psychology/rehabilitation
MH - Surveys and Questionnaires
MH - Survivors/psychology
MH - Western Australia
MH - Young Adult
OTO - NOTNLM
OT - *Assessment
OT - *burn
OT - *posttraumatic growth
OT - *posttraumatic growth inventory
OT - *quality of life
OT - *recovery
OT - *rehabilitation
OT - *trauma
EDAT- 2016/03/11 06:00
MHDA- 2017/09/01 06:00
CRDT- 2016/03/11 06:00
PHST- 2016/03/11 06:00 [entrez]
PHST- 2016/03/11 06:00 [pubmed]
PHST- 2017/09/01 06:00 [medline]
AID - 10.3109/09638288.2015.1129448 [doi]
PST - ppublish
SO - Disabil Rehabil. 2016 Dec;38(24):2398-405. doi: 10.3109/09638288.2015.1129448.
Epub 2016 Mar 10.

PMID- 23702857
OWN - NLM
STAT- MEDLINE
DCOM- 20140326
LR - 20180302
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 34
IP - 4
DP - 2013 Jul-Aug
TI - Psychosocial functioning differences in pediatric burn survivors compared with healthy norms.
PG - 465-76
LID - 10.1097/BCR.0b013e31827217a9 [doi]
AB - Burn injury is one of the most traumatic injuries a child or adolescent can experience. When a burn injury occurs, the child can suffer pain, uncertainty, fear, and trauma from acute treatment to rehabilitation and reintegration. He or she can also experience long-term psychosocial and psychological difficulties. The objective of the study was to compare health-related quality of life (HRQoL), psychopathology, and self-concept of children who have suffered a burn injury with a matched sample of healthy controls. Sixty-six children and adolescents with a burn injury, who were aged between 8 to 17 years, and a caregiver were recruited from six burn centers in Australia and New Zealand. Participants completed the Paediatric Quality of Life Inventory, the Strengths and Difficulties Questionnaire, and the Piers-Harris Self-Concept Scale (P-H SCS). Scores were compared with published normative data. As scarring and appearance are a distinct issue, the Paediatric Quality of Life Inventory cancer module perceived physical appearance subscale was also included. Pediatric burn

survivors and their caregivers reported significantly higher emotional and behavioral problems and lower HRQoL, but no significant differences in self-concept compared with healthy counterparts. Pediatric burn survivors also reported significantly poorer perceived physical appearance than the matched pediatric cancer sample. Burned children reported lowered quality of life, particularly related to scarring and appearance; however, they reported normative self-concept. This may be because of self-concept being a psychological trait, whereas HRQoL is influenced by societal norms and expectations. Psychosocial support is necessary to build positive coping strategies and manage the unpleasant social experiences that may reduce quality of life.

FAU - Maskell, Jessica

AU - Maskell J

AD - Centre for Children's Burns and Trauma Research, Queensland Children's Medical Research Institute, Department of Paediatrics and Child Health, The University of Queensland, Royal Children's Hospital, Brisbane, QLD 4029, Australia.
j.maskell@uqconnect.edu.au.

FAU - Newcombe, Peter

AU - Newcombe P

FAU - Martin, Graham

AU - Martin G

FAU - Kimble, Roy

AU - Kimble R

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adolescent

MH - Adolescent Behavior

MH - Burns/*psychology

MH - Case-Control Studies

MH - Child

MH - Child Behavior

MH - Cicatrix/psychology

MH - Esthetics

MH - Female

MH - Humans

MH - Male

MH - Quality of Life

MH - Self Concept

MH - Surveys and Questionnaires

MH - Survivors/*psychology

EDAT- 2013/05/25 06:00

MHDA- 2014/03/29 06:00

CRDT- 2013/05/25 06:00

PHST- 2013/05/25 06:00 [entrez]

PHST- 2013/05/25 06:00 [pubmed]

PHST- 2014/03/29 06:00 [medline]

AID - 10.1097/BCR.0b013e31827217a9 [doi]

PST - ppublish

SO - J Burn Care Res. 2013 Jul-Aug;34(4):465-76. doi: 10.1097/BCR.0b013e31827217a9.

PMID- 31082920

OWN - NLM

STAT- MEDLINE

DCOM- 20200116

LR - 20200116

IS - 1528-1140 (Electronic)

IS - 0003-4932 (Linking)

VI - 269

IP - 6

DP - 2019 Jun

TI - Increased Rate of Long-term Mortality Among Burn Survivors: A Population-based Matched Cohort Study.

PG - 1192-1199

LID - 10.1097/SLA.0000000000002722 [doi]

AB - OBJECTIVE: To estimate long-term mortality following major burn injury compared with matched controls. SUMMARY BACKGROUND DATA: The effect of sustaining a major burn injury on long-term life expectancy is poorly understood. METHODS: Using health administrative data, all adults who survived to discharge after major burn injury between 2003 and 2013 were matched to between 1 and 5 uninjured controls on age, sex, and the extent of both physical and psychological comorbidity. To account for socioeconomic factors such as residential instability and material deprivation, we also matched on marginalization index. The primary outcome was 5-year all-cause mortality, and all patients were followed until death or March 31, 2014. Cumulative mortality estimates were estimated using the Kaplan-Meier method. Cox proportional hazards modeling was used to estimate the association of burn injury with mortality. RESULTS: In total, 1965 burn survivors of mean age 44 (standard deviation 17) years with median total body surface area burn of 15% [interquartile range (IQR) 5-15] were matched to 8671 controls and followed for a median 5 (IQR 2.5-8) years. Five-year mortality was significantly greater among burn survivors (11 vs 4%, $P < 0.001$). The hazard ratio was greatest during the first year (4.15, 95% CI 3.17-5.42), and declined each year thereafter, reaching 1.65 (95% CI 1.02-2.67) in the fifth year after discharge. Burn survivors had increased mortality related to trauma (mortality rate ratio, MRR 9.8, 95% CI 5-19) and mental illness (MRR 9.1, 95% CI 4-23). CONCLUSIONS: Burn survivors have a significantly higher rate of long-term mortality than matched controls, particularly related to trauma and mental illness. Burn follow-up should be focused on injury prevention, mental healthcare, and detection and treatment of new disease.

FAU - Mason, Stephanie A

AU - Mason SA

AD - Sunnybrook Research Institute, Toronto, Canada.

AD - Division of General Surgery, Department of General Surgery, University of Toronto, Toronto, Canada.

AD - Institute for Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada.

FAU - Nathens, Avery B

AU - Nathens AB

AD - Sunnybrook Research Institute, Toronto, Canada.

AD - Division of General Surgery, Department of General Surgery, University of Toronto, Toronto, Canada.

AD - Institute for Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada.

FAU - Byrne, James P

AU - Byrne JP

AD - Sunnybrook Research Institute, Toronto, Canada.

AD - Division of General Surgery, Department of General Surgery, University of Toronto, Toronto, Canada.

AD - Institute for Health Policy, Management, and Evaluation, University of Toronto, Toronto, Canada.

FAU - Diong, Christina

AU - Diong C

AD - Institute for Clinical Evaluative Sciences, Toronto, Canada.

FAU - Fowler, Robert A
AU - Fowler RA
AD - Sunnybrook Research Institute, Toronto, Canada.
AD - Institute for Health Policy, Management, and Evaluation, University of Toronto,
Toronto, Canada.
AD - Interdepartmental Division of Critical Care, University of Toronto, Toronto,
Canada.
FAU - Karanicolas, Paul J
AU - Karanicolas PJ
AD - Sunnybrook Research Institute, Toronto, Canada.
AD - Division of General Surgery, Department of General Surgery, University of
Toronto, Toronto, Canada.
AD - Institute for Health Policy, Management, and Evaluation, University of Toronto,
Toronto, Canada.
FAU - Moineddin, Rahim
AU - Moineddin R
AD - Institute for Clinical Evaluative Sciences, Toronto, Canada.
AD - Department of Family and Community Medicine, University of Toronto, Toronto,
Canada.
FAU - Jeschke, Marc G
AU - Jeschke MG
AD - Sunnybrook Research Institute, Toronto, Canada.
AD - Ross Tilley Burn Centre, Sunnybrook Health Sciences Centre, Toronto, Canada.
AD - Institute of Medical Sciences, University of Toronto, Toronto, Canada.
LA - eng
GR - R01 GM087285/GM/NIGMS NIH HHS/United States
GR - 123336/CAPMC/ CIHR/Canada
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - Ann Surg
JT - Annals of surgery
JID - 0372354
SB - AIM
SB - IM
MH - Adult
MH - Burns/complications/*mortality
MH - Canada
MH - Case-Control Studies
MH - Cohort Studies
MH - Female
MH - Humans
MH - Kaplan-Meier Estimate
MH - Male
MH - Middle Aged
MH - Proportional Hazards Models
MH - Survival Rate
EDAT- 2019/05/15 06:00
MHDA- 2020/01/17 06:00
CRDT- 2019/05/15 06:00
PHST- 2019/05/15 06:00 [entrez]
PHST- 2019/05/15 06:00 [pubmed]
PHST- 2020/01/17 06:00 [medline]
AID - 10.1097/SLA.0000000000002722 [doi]
AID - 00000658-201906000-00028 [pii]
PST - ppublish
SO - Ann Surg. 2019 Jun;269(6):1192-1199. doi: 10.1097/SLA.0000000000002722.

PMID- 22929549

OWN - NLM

STAT- MEDLINE

DCOM- 20121101

LR - 20191210

IS - 2163-0763 (Electronic)

IS - 2163-0755 (Linking)

VI - 73

IP - 3 Suppl 2

DP - 2012 Sep

TI - Adolescent survivors of burn injuries and their parents' perceptions of recovery outcomes: do they agree or disagree?

PG - S213-20

AB - **BACKGROUND:** This study analyzed the concordance of parent and child in assessing the progress of child and adolescent survivors of burn injuries using health outcomes. **METHODS:** The American Burn Association/Shriners Hospitals for Children Burn Outcomes Questionnaire (BOQ) was completed by 355 pairs of parents and their 11- to 18-year-old adolescents who experienced a burn injury. These patients completed BOQ child/parent questionnaire pairs at four regional pediatric burn care centers nationally during the first 4 years postburn. The BOQ includes 12 scales that range from physical to emotional health. Predicted recovery curves for each scale (dependent variable) were obtained from generalized linear models, with the independent variables the logarithmic transformation of the time since burn and parent/child as the principal indicator. Covariates included sociodemographics and clinical severity. **RESULTS:** Mean differences between the parent and adolescent scale scores were small, with few insignificant exceptions. Most of the recovery curves over time for the parent and the adolescent were undifferentiated, except for the outcome of appearance where the adolescent rating was better than that of the parent ($p < 0.01$) and itch was judged as worse than that of the parent ($p < 0.01$). School reentry was rated higher by the adolescent initially ($p < 0.001$), but after 18 months, it was rated higher by the parent ($p = 0.012$). **CONCLUSION:** Analysis of the BOQ completed by adolescents and their parents reveal similar estimates of recovery following the burn injury. These results suggest that the adolescent's reported outcomes can be used interchangeably with the parent's assessments, with the exception of appearance, itch, and school reentry, where there are some differences.

FAU - Meyer, Walter J 3rd

AU - Meyer WJ 3rd

AD - University of Texas Medical Branch and Shriners Hospitals for Children-Galveston, TX, USA.

FAU - Lee, Austin F

AU - Lee AF

FAU - Kazis, Lewis E

AU - Kazis LE

FAU - Li, Nien-Chen

AU - Li NC

FAU - Sheridan, Robert L

AU - Sheridan RL

FAU - Herndon, David N

AU - Herndon DN

FAU - Hinson, Michelle I

AU - Hinson MI

FAU - Stubbs, Theresa K

AU - Stubbs TK

FAU - Kagan, Richard J

AU - Kagan RJ

FAU - Palmieri, Tina L

AU - Palmieri TL

FAU - Tompkins, Ronald G

AU - Tompkins RG
CN - Multi-Center Benchmarking Study Working Group
LA - eng
SI - ClinicalTrials.gov/NCT00239668
PT - Journal Article
PL - United States
TA - J Trauma Acute Care Surg
JT - The journal of trauma and acute care surgery
JID - 101570622
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Benchmarking
MH - Burns/*therapy
MH - Child
MH - Female
MH - Humans
MH - Linear Models
MH - Male
MH - *Outcome Assessment, Health Care
MH - *Quality of Life
EDAT- 2012/10/24 06:00
MHDA- 2012/11/02 06:00
CRDT- 2012/08/30 06:00
PHST- 2012/08/30 06:00 [entrez]
PHST- 2012/10/24 06:00 [pubmed]
PHST- 2012/11/02 06:00 [medline]
AID - 10.1097/TA.0b013e318265c843 [doi]
AID - 01586154-201209002-00006 [pii]
PST - ppublish
SO - J Trauma Acute Care Surg. 2012 Sep;73(3 Suppl 2):S213-20. doi:
10.1097/TA.0b013e318265c843.

PMID- 10752752
OWN - NLM
STAT- MEDLINE
DCOM- 20000518
LR - 20190915
IS - 0273-8481 (Print)
IS - 0273-8481 (Linking)
VI - 21
IP - 2
DP - 2000 Mar-Apr
TI - Evaluating the psychosocial adjustment of 2- and 3-year-old pediatric burn survivors.
PG - 178; discussion 179-84
AB - Very little information has been published about 2- and 3-year-old children who have experienced major burns. This study used a standardized instrument to measure the behavioral adjustment of these young burn survivors, and the results were compared with those of a nonclinical normative sample. Thirty-three pediatric burn survivors with 50%+/-28% total body surface area burns were evaluated 1.2+/-0.7 years postburn. Parental observations were assessed with the use of the Child Behavior Checklist for 2- and 3-Year-Olds, a 99-item standardized checklist designed to identify behavior problems. Forty of the questions are specific to 2- and 3-year-olds, and the scores of male and female children are not differentiated. The raw scores of the children with burns were statistically compared with the reported normative sample for this version of the Child Behavior Checklist. Pediatric burn survivors in this sample exhibited

significantly more internalizing behaviors than the children in the normative group. Parents reported children who had been burned to be more depressed and to have more somatic complaints and sleep problems. Determining the relationship of behavior problems to posttrauma sequelae and preburn environmental factors would assist with the establishment of appropriate psychosocial interventions.

FAU - Meyer, W J 3rd

AU - Meyer WJ 3rd

AD - University of Texas Medical Branch and the Shriners Hospitals for Children,
Galveston Burn Hospital, USA.

FAU - Robert, R

AU - Robert R

FAU - Murphy, L

AU - Murphy L

FAU - Blakeney, P E

AU - Blakeney PE

LA - eng

PT - Journal Article

PL - United States

TA - J Burn Care Rehabil

JT - The Journal of burn care & rehabilitation

JID - 8110188

SB - IM

MH - *Adaptation, Psychological

MH - Adolescent

MH - Adult

MH - Age Distribution

MH - Burns/*psychology

MH - Case-Control Studies

MH - Child, Preschool

MH - Evaluation Studies as Topic

MH - Female

MH - Follow-Up Studies

MH - Humans

MH - Injury Severity Score

MH - Longitudinal Studies

MH - Male

MH - *Quality of Life

MH - Sex Distribution

MH - Surveys and Questionnaires

MH - Survivors/*psychology

EDAT- 2001/02/07 11:00

MHDA- 2001/02/07 11:01

CRDT- 2001/02/07 11:00

PHST- 2001/02/07 11:00 [pubmed]

PHST- 2001/02/07 11:01 [medline]

PHST- 2001/02/07 11:00 [entrez]

AID - 10.1097/00004630-200021020-00019 [doi]

PST - ppublish

SO - J Burn Care Rehabil. 2000 Mar-Apr;21(2):178; discussion 179-84. doi:

10.1097/00004630-200021020-00019.

PMID- 23224665

OWN - NLM

STAT- MEDLINE

DCOM- 20140623

LR - 20181202

IS - 1573-2649 (Electronic)

IS - 0962-9343 (Linking)

VI - 22

IP - 9

DP - 2013 Nov

TI - Quality-of-life loss of people admitted to burn centers, United States.

PG - 2293-305

LID - 10.1007/s11136-012-0321-5 [doi]

AB - PURPOSE: To estimate quality-of-life loss per serious burn survivor in a large U.S. cohort. METHODS: Longitudinal functional assessments of all 1,587 people receiving primary treatment in 5 burn centers between 2000 and 2009 included pre-burn (retrospective), at time of discharge, and 6, 12, and 24 months post-injury. We assessed adults with RAND Short Form (SF) 12 and children with SF-10 or Child Health Questionnaire, the child surveys scored using standard norms-based scoring. A literature review identified 20 quality-adjusted life year utility scorings for SF-12 and 27 scorings for EQ-5d response distributions predicted from SF-12 scores. We computed composite scores for each patient and time period by applying 32 scorings that met quality/non-duplication criteria. RESULTS: Mean quality-of-life scores were 0.805 4 weeks pre-burn, 0.562 at discharge, rebounded through 1 year, and stabilized at 0.735 (0.750 for TBSA burned below 25 %, 0.722 for TBSA burned of 25-50 %, and 0.695 for larger burns). As a percentage of initial levels, burns reduced short-term quality of life by 30 %. Long-term loss averaged 11 %, ranging from 9 % for TBSA burned below 25-13 % for TBSA burned above 50 %. Children recovered faster and more fully. CONCLUSION: Burns cause substantial losses in quality of life, with long-term losses comparable to traumatic brain injury.

FAU - Miller, Ted

AU - Miller T

AD - Pacific Institute for Research and Evaluation, Calverton, MD, USA,
miller@pire.org.

FAU - Bhattacharya, Soma

AU - Bhattacharya S

FAU - Zamula, William

AU - Zamula W

FAU - Lezotte, Dennis

AU - Lezotte D

FAU - Kowalske, Karen

AU - Kowalske K

FAU - Herndon, David

AU - Herndon D

FAU - Fauerbach, James

AU - Fauerbach J

FAU - Engrav, Loren

AU - Engrav L

LA - eng

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.

DEP - 20121208

PL - Netherlands

TA - Qual Life Res

JT - Quality of life research : an international journal of quality of life aspects of
treatment, care and rehabilitation

JID - 9210257

SB - IM

MH - Adult

MH - Burn Units/statistics & numerical data

MH - Burns/*physiopathology/rehabilitation

MH - Child

MH - Female

MH - Hospitalization

MH - Humans

MH - *Quality of Life

MH - Quality-Adjusted Life Years
MH - Retrospective Studies
MH - Surveys and Questionnaires
MH - Survivors
MH - Time Factors
MH - United States
EDAT- 2012/12/12 06:00
MHDA- 2014/06/24 06:00
CRDT- 2012/12/11 06:00
PHST- 2012/11/13 00:00 [accepted]
PHST- 2012/12/11 06:00 [entrez]
PHST- 2012/12/12 06:00 [pubmed]
PHST- 2014/06/24 06:00 [medline]
AID - 10.1007/s11136-012-0321-5 [doi]
PST - ppublish
SO - Qual Life Res. 2013 Nov;22(9):2293-305. doi: 10.1007/s11136-012-0321-5. Epub 2012 Dec 8.

PMID- 22738825

OWN - NLM

STAT- MEDLINE

DCOM- 20130418

LR - 20151119

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 38

IP - 8

DP - 2012 Dec

TI - Pathways leading to self-perceived general health and overall quality of life in burned adults.

PG - 1157-64

LID - 10.1016/j.burns.2012.05.004 [doi]

LID - S0305-4179(12)00144-1 [pii]

AB - PURPOSE: The aim of the study was to explore pathways leading to self-perceived general health and overall quality of life in burn patients. MATERIALS AND METHODS: Data on burn-specific health, generic health, overall quality of life, injury characteristics and socio-demographics were obtained from 95 adult burn patients 47.0 (23.8) [mean (SD)] months after injury. A theoretical path model was established based on the concepts of Wilson and Cleary's model on health-related quality of life [1], and the proposed model was examined by structural equation modelling. RESULTS: Two main paths were identified, one leading to general health perception and the other leading to overall quality of life. Together, direct and indirect paths explained 63% of the variance of perceived general health and 43% of the variance in overall quality of life. The total effects of the SF-36 domain Vitality on perceived general health and overall quality of life were 0.62 and 0.66, respectively. No statistically significant path could be revealed between general health perception and overall quality of life. CONCLUSION: The results indicate that self-perceived general health and overall quality of life are related but distinct constructs. Moreover, vitality seems to be an important factor for the perception of both general health and overall quality of life in burned adults.

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FAU - Moi, Asgjerd L

AU - Moi AL

AD - Faculty of Health and Social Sciences, Bergen University College, Bergen, Norway.
asgjerd.moi@hib.no

FAU - Nilsen, Roy M

AU - Nilsen RM

LA - eng

PT - Journal Article
DEP - 20120626
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Aged
MH - Burns/*psychology
MH - Female
MH - *Health Status
MH - Humans
MH - Male
MH - Middle Aged
MH - Models, Psychological
MH - Norway
MH - Quality of Life/*psychology
MH - Surveys and Questionnaires
MH - Survivors/psychology
EDAT- 2012/06/29 06:00
MHDA- 2013/04/20 06:00
CRDT- 2012/06/29 06:00
PHST- 2012/02/21 00:00 [received]
PHST- 2012/04/23 00:00 [revised]
PHST- 2012/05/06 00:00 [accepted]
PHST- 2012/06/29 06:00 [entrez]
PHST- 2012/06/29 06:00 [pubmed]
PHST- 2013/04/20 06:00 [medline]
AID - S0305-4179(12)00144-1 [pii]
AID - 10.1016/j.burns.2012.05.004 [doi]
PST - ppublish
SO - Burns. 2012 Dec;38(8):1157-64. doi: 10.1016/j.burns.2012.05.004. Epub 2012 Jun 26.

PMID- 18990107
OWN - NLM
STAT- MEDLINE
DCOM- 20081218
LR - 20081107
IS - 1365-2648 (Electronic)
IS - 0309-2402 (Linking)
VI - 64
IP - 3
DP - 2008 Nov
TI - The experience of life after burn injury: a new bodily awareness.
PG - 278-86
LID - 10.1111/j.1365-2648.2008.04807.x [doi]
AB - AIM: This paper is a report of a study to describe the injured body of people who have survived a major burn and seeks to understand the essence of their lived experience. BACKGROUND: The burden of a burn-injured body, including loss of function, altered appearance and psychological distress, can threaten return to preburn state of life and successful return to society. METHOD: Fourteen participants (three women and 11 men; mean age 46 years) who had survived a major burn were interviewed in 2005-2006 an average 14 months after injury. A Husserlian phenomenological approach was adopted. FINDINGS: A new and demanding bodily awareness, disclosing both limitations and potentials, emerged as the essence of the burn survivors' experience of their injured bodies. This was supported by a descriptive structure of the body as telling a new story, being

unfamiliar to watch and sense, vulnerable and in need of protection, more present with a variety of nuisances, having brakes on and resisting habitual actions, as well as being insecure when distrusting own abilities. Participants typically experienced losing the familiarity of their bodies as anonymous and unconsciously at hand for all possible actions in everyday life. Significant others served as buffers, extensions of participants' injured bodies, reducing obstacles and insecurity in all aspects of life. CONCLUSION: The lived experience of people who have sustained a burn injury should be recognized and valued by nurses in all phases of burn care. Nurses have an important role in facilitating the presence and involvement of family and friends in the recovery and rehabilitation of burn survivors.

FAU - Moi, Asgjerd Litle

AU - Moi AL

AD - Section of Nursing Sciences, Department of Public Health and Primary Health Care, University of Bergen, Bergen, Norway. asgjerd.moi@isf.uib.no

FAU - Vindenes, Hallvard Andreas

AU - Vindenes HA

FAU - Gjengedal, Eva

AU - Gjengedal E

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - England

TA - J Adv Nurs

JT - Journal of advanced nursing

JID - 7609811

SB - IM

SB - N

MH - Adaptation, Psychological

MH - Adolescent

MH - Aged

MH - Aged, 80 and over

MH - *Awareness

MH - *Body Image

MH - Burns/nursing/*psychology

MH - *Cost of Illness

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Quality of Life/*psychology

MH - Self Concept

MH - Stress, Psychological

MH - Young Adult

EDAT- 2008/11/08 09:00

MHDA- 2008/12/19 09:00

CRDT- 2008/11/08 09:00

PHST- 2008/11/08 09:00 [pubmed]

PHST- 2008/12/19 09:00 [medline]

PHST- 2008/11/08 09:00 [entrez]

AID - JAN4807 [pii]

AID - 10.1111/j.1365-2648.2008.04807.x [doi]

PST - ppublish

SO - J Adv Nurs. 2008 Nov;64(3):278-86. doi: 10.1111/j.1365-2648.2008.04807.x.

PMID- 17033569

OWN - NLM

STAT- MEDLINE

DCOM- 20061109

LR - 20151119

IS - 0022-5282 (Print)

IS - 0022-5282 (Linking)

VI - 61

IP - 4

DP - 2006 Oct

TI - Impaired generic health status but perception of good quality of life in survivors of burn injury.

PG - 961-8; discussion 968-9

AB - **BACKGROUND:** Although it is recognized that burn survivors face a variety of challenges related to physical, psychologic and social late-effects of their injury, the impact of thermal injury on the lives of patients is not fully understood. To learn more about burn patient needs and to obtain information relevant to the design of clinical programs for treatment and aftercare, self-reports on how burn patients perceive their health and quality of life may be of significant value. **METHODS:** The generic health status (evaluated by SF-36) and overall quality of life (evaluated by the Quality of Life Scale [QOLS]) of 95 adult burn patients (total body surface area burned = 18.5 +/- 14.2% [mean +/- SD]; 82.1% men) were assessed 47.0 +/- 23.8 months postburn and compared with population norms. **RESULTS:** The burn patient generic health status was significantly poorer than expected from general population scores, with reduced scores in the Physical Function ($p < 0.001$), Role Physical ($p < 0.01$), General Health ($p < 0.001$), Social Function ($p < 0.001$), and Role Emotional ($p < 0.001$) domains of the SF-36. Despite their reduced health status, overall quality of life was perceived as good, with QOLS scores similar to those of the general population. Patients living alone, unemployed, having nonburn physical illness, psychologic disorders, chronic pain, or having sustained full thickness injuries were found to be at particular risk. **CONCLUSIONS:** Forty-seven months postinjury, burn patients still experienced a significant reduction of generic health, reporting limitations related to both physical and psychosocial SF-36 domains. On the other hand, the patients as a group reported overall quality of life similar to that of the norm population, suggesting that they were able to feel satisfaction with their new situation of life. Identification of several risk factors for reduced generic health status and overall quality of life support the need for specialized multidisciplinary aftercare for burn patients.

FAU - Moi, Asgjerd Litlere

AU - Moi AL

AD - Section for Nursing Science, Department of Public Health and Primary Health Care, University of Bergen, Bergen, Norway. asgjerd.moi@isf.uib.no

FAU - Wentzel-Larsen, Tore

AU - Wentzel-Larsen T

FAU - Salemark, Lars

AU - Salemark L

FAU - Wahl, Astrid Klopsdal

AU - Wahl AK

FAU - Hanestad, Berit Rokne

AU - Hanestad BR

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - J Trauma

JT - The Journal of trauma

JID - 0376373

SB - AIM

SB - IM

MH - Adult

MH - Burns/*psychology

MH - Female

MH - *Health Status
MH - Humans
MH - Interpersonal Relations
MH - Male
MH - Middle Aged
MH - Norway
MH - *Quality of Life
MH - Surveys and Questionnaires
MH - Survivors/*psychology
EDAT- 2006/10/13 09:00
MHDA- 2006/11/11 09:00
CRDT- 2006/10/13 09:00
PHST- 2006/10/13 09:00 [pubmed]
PHST- 2006/11/11 09:00 [medline]
PHST- 2006/10/13 09:00 [entrez]
AID - 10.1097/01.ta.0000195988.57939.9a [doi]
AID - 00005373-200610000-00031 [pii]
PST - ppublish
SO - J Trauma. 2006 Oct;61(4):961-8; discussion 968-9. doi:
10.1097/01.ta.0000195988.57939.9a.

PMID- 25167373

OWN - NLM

STAT- MEDLINE

DCOM- 20160613

LR - 20181113

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 36

IP - 5

DP - 2015 Sep-Oct

TI - Quality of Life of Young Adult Survivors of Pediatric Burns Using World Health Organization Disability Assessment Scale II and Burn Specific Health Scale-Brief: A Comparison.

PG - 521-33

LID - 10.1097/BCR.0000000000000156 [doi]

AB - The objective was to determine long-term psychological distress and quality of life (QOL) in young adult survivors of pediatric burns using the World Health Organization Disability Assessment Scale II (WHODAS) and the Burn Specific Health Scale-Brief (BSHS-B). Fifty burn survivors 2.5 to 12.5 years postburn (16-21.5 years old; 56% male, 82% Hispanic) completed the WHODAS and BSHS-B. The WHODAS measures health and disability and the BSHS-B measures psychosocial and physical difficulties. Scores were calculated for each instrument, and then grouped by years postburn, TBSA, sex, burn age, and survey age to compare the effects of each. Next, the instruments were compared with each other. The WHODAS disability score mean was 14.4 +/- 2.1. BSHS-B domain scores ranged from 3 to 3.7. In general, as TBSA burned increased, QOL decreased. Female burn survivors, survivors burned prior to school entry, and adolescents who had yet to transition into adulthood reported better QOL than their counterparts. In all domains except Participation, the WHODAS consistently identified more individuals with lower QOL than the BSHS-B. Young adult burn survivors' QOL features more disability than their nonburned counterparts, but score in the upper 25% for QOL on the BSHS-B. This analysis revealed the need for long-term psychosocial intervention for survivors with larger TBSA, males, those burned after school entry, and those transitioning into adulthood. Both instruments are useful tools for assessing burn survivors' QOL and both should be given as they discern different individuals. However, the WHODAS is more sensitive than the BSHS-B in identifying QOL issues.

FAU - Murphy, Mary Elizabeth

AU - Murphy ME
AD - From the Shriners Hospitals for Children and University of Texas Medical Branch,
Galveston, and University of Colorado Denver-Anschutz Medical Campus, Aurora.
FAU - Holzer, Charles E 3rd
AU - Holzer CE 3rd
FAU - Richardson, Lisa M
AU - Richardson LM
FAU - Epperson, Kathryn
AU - Epperson K
FAU - Ojeda, Sylvia
AU - Ojeda S
FAU - Martinez, Erin M
AU - Martinez EM
FAU - Suman, Oscar E
AU - Suman OE
FAU - Herndon, David N
AU - Herndon DN
FAU - Meyer, Walter J 3rd
AU - Meyer WJ 3rd
LA - eng
GR - R01 HD049471/HD/NICHD NIH HHS/United States
GR - R01 GM056687/GM/NIGMS NIH HHS/United States
GR - P50 GM060338/GM/NIGMS NIH HHS/United States
GR - HD049471/HD/NICHD NIH HHS/United States
GR - P50 GM 060388/GM/NIGMS NIH HHS/United States
GR - R01 GM060388/GM/NIGMS NIH HHS/United States
PT - Comparative Study
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, Non-P.H.S.
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn
Association
JID - 101262774
SB - IM
MH - Adolescent
MH - Adult
MH - Age Factors
MH - Burns/diagnosis/mortality/*psychology/therapy
MH - Child
MH - Child, Preschool
MH - Cross-Sectional Studies
MH - *Disability Evaluation
MH - Female
MH - Humans
MH - Injury Severity Score
MH - Male
MH - *Quality of Life
MH - Risk Assessment
MH - Sex Factors
MH - *Sickness Impact Profile
MH - Survivors/*psychology
MH - World Health Organization
MH - Young Adult
PMC - PMC4362787
MID - NIHMS612551
EDAT- 2014/08/29 06:00

MHDA- 2016/06/14 06:00
CRDT- 2014/08/29 06:00
PHST- 2014/08/29 06:00 [entrez]
PHST- 2014/08/29 06:00 [pubmed]
PHST- 2016/06/14 06:00 [medline]
AID - 10.1097/BCR.000000000000156 [doi]
PST - ppublish
SO - J Burn Care Res. 2015 Sep-Oct;36(5):521-33. doi: 10.1097/BCR.000000000000156.

PMID- 26619343

OWN - NLM

STAT- MEDLINE

DCOM- 20161031

LR - 20180302

IS - 1559-0488 (Electronic)

IS - 1559-047X (Linking)

VI - 37

IP - 1

DP - 2016 Jan-Feb

TI - Somatosensory Rehabilitation for Neuropathic Pain in Burn Survivors: A Case Series.

PG - e37-46

LID - 10.1097/BCR.0000000000000321 [doi]

AB - Neuropathic pain is an enormous rehabilitation challenge that has a substantial negative effect on patient function and quality of life. Somatosensory rehabilitation is a novel, nonpharmacological intervention described by Spicher based on the neuroplasticity of the somatosensory system. The rationale for somatosensory rehabilitation is that treating hypoesthesia will decrease neuropathic pain. Particularly for those with established neuropathic pain, the hypoesthesia may be masked by mechanical allodynia, which must be treated before treating the underlying hyposensitive zone. This case series describes the outcome of 17 burn survivors treated with somatosensory rehabilitation for their neuropathic pain. Before initiating treatment a modified version of the McGill Pain Questionnaire-short form (Questionnaire de la douleur St. Antoine, QDSA) was completed with the patients. The total score (x/64) was converted to percentage. The mechanical allodynia was assessed with the Rainbow Pain Scale that uses touch with the 15-g Semmes Weinstein Monofilaments (SWMs) and that was rated as painful on the visual analog scale (3/10 or resting pain + 1/10), as the criteria for mechanical allodynia. The severity level was assessed using seven predetermined SWMs to identify the smallest that elicited pain. The treatment consisted of avoiding all touch in the allodynic zone while concurrently providing proximal sensory and vibratory counter stimulation. Once the mechanical allodynia was eliminated, the underlying hypoesthesia was treated. Hypoesthesia was evaluated with the SWMs, and the percent improvement from baseline was calculated. The sensory reeducation treatment for hypoesthesia consisted of touch discrimination, texture perception, and vibratory stimulation. Seventeen patients (71/29% male/female, 21 +/- 25% TBSA burned, 486 +/- 596 days postburn) were evaluated and treated. Of these 15 initially presented with mechanical allodynia. The SWM scores had improved by 27 +/- 21% (n = 14) and 29 +/- 26% (n = 12) at 2 and 3 months posttreatment, respectively. The QDSA scores had improved by 9 +/- 14% (n = 8) and 23 +/- 23% (n = 6) at 2 and 3 months posttreatment, respectively. There were two patients who initially presented with hypoesthesia and six who had their zone of hypoesthesia treated after the mechanical allodynia had resolved. For these eight patients, their ability to perceive light touch improved by 27 +/- 17% (n = 8) and 35 +/- 25% (n = 6) at 2 and 3 months postsensory reeducation treatment initiation, respectively. The QDSA improved by 9 and 50% for the two patients who initially presented with hypoesthesia. In this case series, the majority of patients (13/17 or 76%) showed substantial improvements after somatosensory rehabilitation suggesting this is a treatment approach that should

be considered with burn survivors experiencing neuropathic pain. There is a need, however, for future controlled studies to further investigate this approach and to determine if there is a subpopulation of burn survivors that are more likely than others to benefit from this approach.

FAU - Nedelec, Bernadette

AU - Nedelec B

AD - From the *School of Physical and Occupational Therapy, McGill University, Montreal, Quebec, Canada; daggerHopital de readaptation Villa Medica, Montreal, Quebec, Canada; and double daggerCentre de recherche, Centre hospitalier de l'Universite de Montreal (CRCHUM); Montreal, Quebec, Canada.

FAU - Calva, Valerie

AU - Calva V

FAU - Chouinard, Annick

AU - Chouinard A

FAU - Couture, Marie-Andree

AU - Couture MA

FAU - Godbout, Elisabeth

AU - Godbout E

FAU - de Oliveira, Ana

AU - de Oliveira A

FAU - LaSalle, Leo

AU - LaSalle L

LA - eng

PT - Journal Article

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - Adult

MH - Aged

MH - Burns/*complications/physiopathology/*rehabilitation

MH - Cohort Studies

MH - Female

MH - Humans

MH - Hyperalgesia/etiology/physiopathology/*rehabilitation

MH - Male

MH - Middle Aged

MH - Neuralgia/etiology/physiopathology/*rehabilitation

MH - *Physical Therapy Modalities

MH - Quality of Life

MH - Treatment Outcome

EDAT- 2015/12/01 06:00

MHDA- 2016/11/01 06:00

CRDT- 2015/12/01 06:00

PHST- 2015/12/01 06:00 [entrez]

PHST- 2015/12/01 06:00 [pubmed]

PHST- 2016/11/01 06:00 [medline]

AID - 10.1097/BCR.0000000000000321 [doi]

PST - ppublish

SO - J Burn Care Res. 2016 Jan-Feb;37(1):e37-46. doi: 10.1097/BCR.0000000000000321.

PMID- 28606748

OWN - NLM

STAT- MEDLINE

DCOM- 20180521

LR - 20180521

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 43

IP - 6

DP - 2017 Sep

TI - Long term mortality in critically ill burn survivors.

PG - 1155-1162

LID - S0305-4179(17)30302-9 [pii]

LID - 10.1016/j.burns.2017.05.010 [doi]

AB - INTRODUCTION: Little is known about long term survival risk factors in critically ill burn patients who survive hospitalization. We hypothesized that patients with major burns who survive hospitalization would have favorable long term outcomes. METHODS: We performed a two center observational cohort study in 365 critically ill adult burn patients who survived to hospital discharge. The exposure of interest was major burn defined a priori as >20% total body surface area burned [TBSA]. The modified Baux score was determined by age + %TBSA+ 17(inhalational injury). The primary outcome was all-cause 5year mortality based on the US Social Security Administration Death Master File. Adjusted associations were estimated through fitting of multivariable logistic regression models. Our final model included adjustment for inhalational injury, presence of 3rd degree burn, gender and the acute organ failure score, a validated ICU risk-prediction score derived from age, ethnicity, surgery vs. medical patient type, comorbidity, sepsis and acute organ failure covariates. Time-to-event analysis was performed using Cox proportional hazard regression. RESULTS: Of the cohort patients studied, 76% were male, 29% were non white, 14% were over 65, 32% had TBSA >20%, and 45% had inhalational injury. The mean age was 45, 92% had 2nd degree burns, 60% had 3rd degree burns, 21% received vasopressors, and 26% had sepsis. The mean TBSA was 20.1%. The mean modified Baux score was 72.8. Post hospital discharge 5year mortality rate was 9.0%. The 30day hospital readmission rate was 4%. Patients with major burns were significantly younger (41 vs. 47 years) had a significantly higher modified Baux score (89 vs. 62), and had significantly higher comorbidity, acute organ failure, inhalational injury and sepsis (all $P<0.05$). There were no differences in gender and the acute organ failure score between major and non-major burns. In the multivariable logistic regression model, major burn was associated with a 3 fold decreased odds of 5year post-discharge mortality compared to patients with TBSA<20% [OR=0.29 (95%CI 0.11-0.78; $P=0.014$)]. The adjusted model showed good discrimination [AUC 0.81 (95%CI 0.74-0.89)] and calibration (Hosmer-Lemeshow $\chi^2(2) P=0.67$). Cox proportional hazard multivariable regression modeling, adjusting for inhalational injury, presence of 3rd degree burn, gender and the acute organ failure score, showed that major burn was predictive of lower mortality following hospital admission [HR=0.34 (95% CI 0.15-0.76; $P=0.009$)]. The modified Baux score was not predictive for mortality following hospital discharge [OR 5year post-discharge mortality=1.00 (95%CI 0.99-1.02; $P=0.74$); HR for post-discharge mortality=1.00 (95% CI 0.99-1.02; $P=0.55$)]. CONCLUSIONS: Critically ill patients with major burns who survive to hospital discharge have decreased 5year mortality compared to those with less severe burns. ICU Burn unit patients who survive to hospital discharge are younger with less comorbidities. The observed relationship is likely due to the relatively higher physiological reserve present in those who survive a Burn ICU course which may provide for a survival advantage during recovery after major burn.

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FAU - Nitzschke, Stephanie

AU - Nitzschke S

AD - Division of Trauma, Burn, and Surgical Critical Care, Brigham and Women's Hospital, United States.

FAU - Offodile, Anaeze C 2nd

AU - Offodile AC 2nd

AD - Johns Hopkins Bloomberg School of Public Health, Baltimore, United States.

FAU - Cauley, Ryan P

AU - Cauley RP
AD - Plastic and Reconstructive Surgery, Brigham and Women's Hospital, United States.
FAU - Frankel, Jason E
AU - Frankel JE
AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation
Hospital, United States.
FAU - Beam, Andrew
AU - Beam A
AD - Biomedical Informatics, Harvard Medical School, United States.
FAU - Elias, Kevin M
AU - Elias KM
AD - Department of Obstetrics, Gynecology and Reproductive Biology, Brigham and
Women's Hospital, Boston, MA, United States.
FAU - Gibbons, Fiona K
AU - Gibbons FK
AD - Pulmonary and Critical Care Medicine, Massachusetts General Hospital, United
States.
FAU - Salim, Ali
AU - Salim A
AD - Division of Trauma, Burns, and Surgical Critical Care, Brigham and Women's
Hospital, United States.
FAU - Christopher, Kenneth B
AU - Christopher KB
AD - Renal Division, Channing Division of Network Medicine, Department of Medicine,
Brigham and Women's Hospital, Boston, United States. Electronic address:
kbchristopher@bwh.harvard.edu.
LA - eng
PT - Journal Article
PT - Observational Study
DEP - 20170609
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
CIN - Burns. 2017 Dec;43(8):1820. PMID: 29029853
CIN - Burns. 2017 Dec;43(8):1818-1819. PMID: 29032965
MH - APACHE
MH - Adolescent
MH - Adult
MH - Body Surface Area
MH - Burns/*epidemiology
MH - Cause of Death
MH - Cohort Studies
MH - Comorbidity
MH - *Critical Illness
MH - Female
MH - Hospitalization
MH - Humans
MH - Logistic Models
MH - Male
MH - Middle Aged
MH - *Mortality
MH - Multivariate Analysis
MH - Organ Dysfunction Scores
MH - Patient Readmission/statistics & numerical data
MH - Proportional Hazards Models
MH - Retrospective Studies
MH - Risk Assessment

MH - Risk Factors
MH - Sepsis/epidemiology
MH - Smoke Inhalation Injury/*epidemiology
MH - Social Class
MH - Survivors/*statistics & numerical data
MH - Trauma Severity Indices
MH - Young Adult
OTO - NOTNLM
OT - Burn
OT - Long-term
OT - Mortality
OT - Outcomes
EDAT- 2017/06/14 06:00
MHDA- 2018/05/22 06:00
CRDT- 2017/06/14 06:00
PHST- 2016/11/17 00:00 [received]
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AID - S0305-4179(17)30302-9 [pii]
AID - 10.1016/j.burns.2017.05.010 [doi]
PST - ppublish
SO - Burns. 2017 Sep;43(6):1155-1162. doi: 10.1016/j.burns.2017.05.010. Epub 2017 Jun 9.

PMID- 22990550
OWN - NLM
STAT- MEDLINE
DCOM- 20130417
LR - 20151119
IS - 1220-0522 (Print)
IS - 1220-0522 (Linking)
VI - 53
IP - 3
DP - 2012
TI - Psychological impact of burn scars on quality of life in patients with extensive burns who received allotransplant.
PG - 577-83
AB - With the remarkable progress in the field of burns treatment, the outcome of extensive burns improved significantly. The increased likelihood of survival of a burn victim heightens concerns for potential psychological morbidity for the survivors. Hypertrophic scarring is devastating and can result in disfigurement that affects quality of life. To assess the impact of burn scars on the quality of life of the survivors, we used two scales: the WHOQOL-BREF questionnaire to evaluate the quality of life and the POSAS scale for the subjective evaluation of the post-burn scars in 26 patients who suffered extensive burns and received allotransplant. A significant correlation was observed between the WHOQOL-BREF score and POSAS scale ($r=-0.93$, $p<0.001$). In conclusion, burn scar visibility and severity did have a strong relationship with the quality of life in the survivors of a major burn who received allotransplant. Therefore, more effort must be placed into developing psychosocial interventions that help survivors to accept scars, reduce depression and build a strong supportive system.
FAU - Nitescu, C
AU - Nitescu C
AD - Clinical Emergency Hospital for Plastic, Reconstructive and Burns Surgery, Bucharest, Romania.
FAU - Calota, D R

AU - Calota DR
FAU - Stancioiu, T A
AU - Stancioiu TA
FAU - Marinescu, S A
AU - Marinescu SA
FAU - Florescu, I P
AU - Florescu IP
FAU - Lascar, I
AU - Lascar I
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - Romania
TA - Rom J Morphol Embryol
JT - Romanian journal of morphology and embryology = Revue roumaine de morphologie et embryologie
JID - 9112454
SB - IM
MH - Adult
MH - Burns/*psychology/*surgery
MH - Cicatrix/etiology/*psychology
MH - Female
MH - Hematopoietic Stem Cell Transplantation/*methods/*psychology
MH - Humans
MH - Male
MH - Middle Aged
MH - Quality of Life
MH - Retrospective Studies
MH - Surveys and Questionnaires
MH - Survivors/psychology
MH - Transplantation, Autologous
MH - Transplantation, Homologous
MH - Young Adult
EDAT- 2012/09/20 06:00
MHDA- 2013/04/18 06:00
CRDT- 2012/09/20 06:00
PHST- 2012/09/20 06:00 [entrez]
PHST- 2012/09/20 06:00 [pubmed]
PHST- 2013/04/18 06:00 [medline]
AID - 530312577583 [pii]
PST - ppublish
SO - Rom J Morphol Embryol. 2012;53(3):577-83.

PMID- 22777398
OWN - NLM
STAT- MEDLINE
DCOM- 20121219
LR - 20181201
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 33
IP - 4
DP - 2012 Jul-Aug
TI - Long-term functional outcomes in the elderly after burn injury.
PG - 497-503
LID - 10.1097/BCR.0b013e31825aeaac [doi]
AB - Although the elderly represent a substantial proportion of the population, limited information exists on postdischarge long-term outcomes of elderly burn survivors. The purpose of this study was to assess elderly burn patient outcomes

2 to 10 years after discharge. This study was a prospective cross-sectional survey assessment of quality of life and retrospective trauma registry for the American College of Surgeons review of patients ≥ 60 years of age discharged alive after acute burn from 1997 to 2007. In-hospital treatment and burn demographic information were obtained from database and chart review. Surviving patients or their families were contacted, and the Short-Form-12 and Functional Independence Measure (FIM) administered. Of the 344 patients discharged, 232 participated. Mean age was 72.3 (60-85.8) years, TBSA burn was 7.8% (1-79), and length of stay was 11.2 \pm 0.9 days (1-51). Most patients were discharged home (71%) or to a skilled nursing facility (SNF; 20%). Mean interval between discharge and survey administration was 46.1 months. In all, 24% of patients sent home died after discharge and prior to interview compared with 58% of patients sent to an SNF. On multivariate analysis, mortality increased with age (confidence interval [CI] 1.04-1.09), and government insurance (CI 0.34-0.94), but decreased with discharge to home (CI 1.68-4.47). There were no differences in FIM or Short-Form-12 scores between groups. Long-term mortality after discharge in elderly burn survivors is substantial. Patients sent to an SNF or with government insurance had increased mortality postdischarge. These data suggest that issues that may influence disposition status of elderly burn patients should be optimized prior to discharge to mitigate adverse outcomes associated with SNF placement.

FAU - Palmieri, Tina L

AU - Palmieri TL

AD - Department of Surgery, University of California Davis Regional Burn Center, Sacramento, CA, USA.

FAU - Molitor, Fred

AU - Molitor F

FAU - Chan, Grace

AU - Chan G

FAU - Phelan, Elizabeth

AU - Phelan E

FAU - Shier, Brian J

AU - Shier BJ

FAU - Sen, Soman

AU - Sen S

FAU - Greenhalgh, David G

AU - Greenhalgh DG

LA - eng

PT - Comparative Study

PT - Journal Article

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association

JID - 101262774

SB - IM

MH - *Activities of Daily Living

MH - Age Factors

MH - Aged

MH - Aged, 80 and over

MH - Burn Units

MH - Burns/*diagnosis/mortality/*therapy

MH - California

MH - Continuity of Patient Care/standards/trends

MH - Cross-Sectional Studies

MH - Female

MH - Follow-Up Studies

MH - Geriatric Assessment

MH - Humans

MH - Injury Severity Score
MH - Kaplan-Meier Estimate
MH - Logistic Models
MH - Male
MH - Middle Aged
MH - Patient Discharge/*statistics & numerical data
MH - Prospective Studies
MH - Quality of Life
MH - Recovery of Function
MH - Risk Assessment
MH - Sex Factors
MH - Skilled Nursing Facilities/*statistics & numerical data
MH - Survival Rate
MH - Survivors
MH - Time Factors
EDAT- 2012/07/11 06:00
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PHST- 2012/07/11 06:00 [pubmed]
PHST- 2012/12/20 06:00 [medline]
AID - 10.1097/BCR.0b013e31825aeaac [doi]
AID - 01253092-201207000-00007 [pii]
PST - ppublish
SO - J Burn Care Res. 2012 Jul-Aug;33(4):497-503. doi: 10.1097/BCR.0b013e31825aeaac.

PMID- 26188889

OWN - NLM

STAT- MEDLINE

DCOM- 20160620

LR - 20150825

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 41

IP - 6

DP - 2015 Sep

TI - Return to work six months after burn: a prospective study at the Helsinki Burn Center.

PG - 1152-60

LID - 10.1016/j.burns.2015.06.010 [doi]

LID - S0305-4179(15)00182-5 [pii]

AB - OBJECTIVE: Burn and other major injuries often impair survivors' capacity to work. We investigated predictors for not returning to work by six months after acute burn. Differences in demographic, clinical and psychiatric characteristics between burn patients returning to work and those not were examined. METHOD: All consecutive acute burn patients (N=107) admitted to the Helsinki Burn Center were assessed with a structured psychiatric diagnostic interview at baseline. Of the 60 patients working at baseline, 53 patients (88%) participated in the six-month follow-up interview. Variables predicting not returning to work were analyzed in binary logistic regression models. RESULTS: Two-thirds (70%, 37 of 53) of the cohort followed returned to work by six months. When compared to patients returning to work, those not returning to work had a higher mean percentage of total body surface area (TBSA) (16.3% vs. 6.2%, p=0.001), and hand burns were more common (75% vs. 41%). The presence of mental disorders during follow-up was also more common (81% vs. 30%, p=0.001), particularly major depressive disorder (MDD) (31% vs. 3%) or delirium (31% vs. 3%). In a multivariate analysis, proportion of total body surface area (%TBSA) burned (B=1.12, p=0.029) and presence of MDD (OR 55.3, p=0.007) or delirium (OR 19.2, p=0.046) significantly predicted not returning to work. CONCLUSION: Majority of the burn patients

working at baseline returned to work by six months. Capacity to work after burn is predicted by both smaller %TBSA burned and lack of diagnosable mental disorders, particularly delirium or MDD, after burn.

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FAU - Palmu, Raimo

AU - Palmu R

AD - Department of Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki, Finland; Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland.

Electronic address: raimo.palmu@hus.fi.

FAU - Partonen, Timo

AU - Partonen T

AD - Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland.

FAU - Suominen, Kirsi

AU - Suominen K

AD - Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland; Department of Psychiatry, City of Helsinki, Department of Social Services and Health Care, Helsinki, Finland.

FAU - Vuola, Jyrki

AU - Vuola J

AD - Helsinki Burn Center, Department of Plastic Surgery, University of Helsinki and Helsinki University Hospital, Helsinki, Finland.

FAU - Isometsa, Erkki

AU - Isometsa E

AD - Department of Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki, Finland; Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland.

LA - eng

PT - Journal Article

DEP - 20150716

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - Adult

MH - Anxiety Disorders/epidemiology/psychology

MH - Body Surface Area

MH - Burn Units

MH - Burns/*epidemiology/psychology

MH - Cohort Studies

MH - Comorbidity

MH - Delirium/*epidemiology/psychology

MH - Depressive Disorder, Major/*epidemiology/psychology

MH - Female

MH - Finland/epidemiology

MH - Follow-Up Studies

MH - Hand Injuries/*epidemiology/psychology

MH - Humans

MH - Logistic Models

MH - Male

MH - Mental Disorders/epidemiology/psychology

MH - Middle Aged

MH - Multivariate Analysis

MH - Personality Disorders/epidemiology/psychology

MH - Prospective Studies

MH - Return to Work/psychology/*statistics & numerical data

MH - Risk Factors

MH - Trauma Severity Indices
MH - Young Adult
OTO - NOTNLM
OT - Burn
OT - Mental disorders
OT - Prospective follow-up study
OT - Return to work after burn
EDAT- 2015/07/21 06:00
MHDA- 2016/06/21 06:00
CRDT- 2015/07/20 06:00
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PHST- 2015/07/20 06:00 [entrez]
PHST- 2015/07/21 06:00 [pubmed]
PHST- 2016/06/21 06:00 [medline]
AID - S0305-4179(15)00182-5 [pii]
AID - 10.1016/j.burns.2015.06.010 [doi]
PST - ppublish
SO - Burns. 2015 Sep;41(6):1152-60. doi: 10.1016/j.burns.2015.06.010. Epub 2015 Jul 16.

PMID- 25591949
OWN - NLM
STAT- MEDLINE
DCOM- 20160307
LR - 20150613
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 41
IP - 5
DP - 2015 Aug
TI - Health-Related Quality of Life in adolescent survivors of burns: Agreement on self-reported and mothers' and fathers' perspectives.
PG - 1107-13
LID - 10.1016/j.burns.2014.12.011 [doi]
LID - S0305-4179(14)00432-X [pii]
AB - AIM: This study examined the agreement on self-reported Health-Related Quality of Life (HRQOL) between adolescents with burns and their mother's and father's observation at 6 and 18 months after the burn. Moreover, factors potentially influencing discrepancies between the adolescent and proxy reports were examined. METHODS: Children with burns (11-18 years old) and their mother and father were invited to participate. A total of 54 adolescents aged 11 years or older filled out the American Burn Association/Shriners Hospitals for Children Burn Outcomes Questionnaire (BOQ). Descriptive and correlational analyses were performed. RESULTS: The physical functioning scores showed to be optimal in almost all participants (99%) and across the three informants. Adolescents reported better functioning than their fathers and mothers on most of the scales. On average the correlations between self-reports and proxy reports were moderate to good. Higher parental traumatic stress scores were linked to less favorable parent-reported burn outcomes. CONCLUSION: Overall, this study showed that a large proportion of the parents had similar views on the adolescents physical functioning, but disparities emerged also, mainly in psychosocial scales. The discrepancies between self- and parent reports should be discussed when they have a role in treatment decisions. Preferably, besides parent-reports, adolescents' self-reports should be included in clinical assessments and treatment decisions, as parental traumatic stress symptoms are a possible factor influencing parental observations.

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FAU - Pan, Raquel
AU - Pan R
AD - Interunit Nursing Doctoral Program, University of Sao Paulo at Ribeirao Preto
College of Nursing, WHO Collaborating Centre for Nursing Research Development,
Ribeirao Preto, SP, Brazil; Department of Clinical & Health Psychology, Utrecht
University, Utrecht, The Netherlands. Electronic address: raquelpan01@gmail.com.
FAU - Egberts, Marthe R
AU - Egberts MR
AD - Association of Dutch Burn Centers, Beverwijk, The Netherlands; Department of
Clinical & Health Psychology, Utrecht University, Utrecht, The Netherlands.
Electronic address: megberts@burns.nl.
FAU - Nascimento, Lucila Castanheira
AU - Nascimento LC
AD - Maternal-Infant and Public Health Nursing Department, University of Sao Paulo at
Ribeirao Preto College of Nursing, WHO Collaborating Centre for Nursing Research
Development, Ribeirao Preto, SP, Brazil. Electronic address: lucila@eerp.usp.br.
FAU - Rossi, Lidia Aparecida
AU - Rossi LA
AD - General and Specialized Nursing Department, University of Sao Paulo at Ribeirao
Preto College of Nursing, WHO Collaborating Centre for Nursing Research
Development, Ribeirao Preto, SP, Brazil. Electronic address:
rizzardo@eerp.usp.br.
FAU - Vandermeulen, Els
AU - Vandermeulen E
AD - Queen Astrid Military Hospital, Burn Center, Psychologist, Brussels, Belgium.
Electronic address: els.vandermeulen@mil.be.
FAU - Geenen, Rinie
AU - Geenen R
AD - Department of Clinical & Health Psychology, Utrecht University, Utrecht, The
Netherlands. Electronic address: R.Geenen@uu.nl.
FAU - Van Loey, Nancy E
AU - Van Loey NE
AD - Association of Dutch Burn Centers, Beverwijk, The Netherlands; Department of
Clinical & Health Psychology, Utrecht University, Utrecht, The Netherlands.
Electronic address: nvanloey@burns.nl.
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20150112
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Burns/*psychology
MH - Child
MH - Fathers/*psychology
MH - Female
MH - *Health Status
MH - Humans
MH - Male
MH - Mothers/*psychology
MH - Proxy
MH - Quality of Life/*psychology
MH - *Self Report
MH - Stress Disorders, Post-Traumatic/*psychology
MH - Surveys and Questionnaires
MH - Survivors/*psychology

OTO - NOTNLM
OT - Adolescents
OT - Burn Outcomes Questionnaire
OT - Burns
OT - Family
OT - Health-Related Quality of Life
OT - Parents
OT - Post-traumatic stress
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AID - S0305-4179(14)00432-X [pii]
AID - 10.1016/j.burns.2014.12.011 [doi]
PST - ppublish
SO - Burns. 2015 Aug;41(5):1107-13. doi: 10.1016/j.burns.2014.12.011. Epub 2015 Jan 12.

PMID- 20420719

OWN - NLM

STAT- MEDLINE

DCOM- 20100804

LR - 20191210

IS - 1757-7241 (Electronic)

IS - 1757-7241 (Linking)

VI - 18

DP - 2010 Apr 27

TI - Outcome predictors and quality of life of severe burn patients admitted to intensive care unit.

PG - 24

LID - 10.1186/1757-7241-18-24 [doi]

AB - BACKGROUND: Despite significant medical advances and improvement in overall mortality rate following burn injury, the treatment of patients with extensive burns remains a major challenge for intensivists. We present a study aimed to evaluate the short- and the long-term outcomes of severe burn patients (total body surface area, TBSA > 40%) treated in a polyvalent intensive care unit (ICU) and to assess the quality of life of survivors, one year after the injury using the EuroQol-5D (EQ-5D) questionnaire. METHODS: A prospective-observational study was performed in an ICU of a University-affiliated hospital. Logistic regression analysis was used to identify the factors predicting in-hospital mortality. The EQ-5D questionnaire was used to assess participant's long term self-reported general health. RESULTS: During a period of five years, 50 patients participated in the study. Their mean age was 53.8 +/- 19.8; they had a mean of %TBSA burned of 54.5 +/- 18.1. 44% and 10% of patients died in the ICU and in the ward after ICU discharge, respectively. Baux index, SAPS II and SOFA on admission to the ICU, infectious and respiratory complications, and time of first burn wound excision were found to have a significant predictive value for hospital mortality. The level of health of all survivors was worse than before the injury. Problems in the five dimensions studied were present as follows: mobility (moderate 68.5%; extreme 0%), self-care (moderate 21%; extreme 36.9%), usual activities (moderate 68.5%; extreme 21%), pain/discomfort (moderate 68.5%; extreme 10.5%), anxiety/depression (moderate 36.9%; extreme 42.1%). CONCLUSIONS: In severe burn patients, Baux index, severity of illness on admission to the ICU, complications, and time of first burn wound excision were the major contributors

to hospital mortality. Quality of life was influenced by consequences of injury both in psychological and physical health.

FAU - Pavoni, Vittorio

AU - Pavoni V

AD - Department of Critical Medical-Surgical Area, Section of Anesthesia and Intensive Care, Largo Palagi, 1, 50139 Firenze, Italy.

FAU - Giancesello, Lara

AU - Giancesello L

FAU - Paparella, Laura

AU - Paparella L

FAU - Buoninsegni, Laura Tadini

AU - Buoninsegni LT

FAU - Barboni, Elisabetta

AU - Barboni E

LA - eng

PT - Journal Article

DEP - 20100427

PL - England

TA - Scand J Trauma Resusc Emerg Med

JT - Scandinavian journal of trauma, resuscitation and emergency medicine

JID - 101477511

SB - IM

MH - Adult

MH - Aged

MH - Burns/*physiopathology

MH - Female

MH - Forecasting

MH - Humans

MH - *Intensive Care Units

MH - Male

MH - Middle Aged

MH - *Outcome Assessment, Health Care

MH - Prospective Studies

MH - *Quality of Life

MH - Surveys and Questionnaires

MH - *Trauma Severity Indices

PMC - PMC2873368

EDAT- 2010/04/28 06:00

MHDA- 2010/08/05 06:00

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AID - 1757-7241-18-24 [pii]

AID - 10.1186/1757-7241-18-24 [doi]

PST - epublish

SO - Scand J Trauma Resusc Emerg Med. 2010 Apr 27;18:24. doi: 10.1186/1757-7241-18-24.

PMID- 17707785

OWN - NLM

STAT- MEDLINE

DCOM- 20080325

LR - 20070820

IS - 0305-4179 (Print)

IS - 0305-4179 (Linking)

VI - 33

IP - 6

DP - 2007 Sep

TI - Body image, mood and quality of life in young burn survivors.

PG - 747-55

AB - This study looks at the body image, mood and quality of life of a group of 36 young people aged between 11 and 19 years who had burns as children, compared with an age-matched control group of 41 young people who had not had these injuries. Participants completed the Body Esteem Scale (BES), the Satisfaction With Appearance Scale (SWAP), the Beck Depression Inventory-II (BDI-II) and the Youth Quality of Life Questionnaire (YQOL). It was hypothesised that young burn survivors would report more dissatisfaction with their appearance, a lower mood and a lower quality of life compared with non-injured controls. However, young burn survivors reported significantly more positive evaluations of how others view their appearance ($p=0.018$), more positive weight satisfaction ($p=0.001$) and a higher quality of life ($p=0.005$) than the control group. They also reported more positive general feelings about their appearance, although this was just below the level for statistical significance ($p=0.067$) and a similar mood to the school sample ($p=0.824$). The data suggest that young burn survivors appear to be coping well in comparison to their peers, and in some areas may be coping better, in spite of living with the physical, psychological and social consequences of burns.

FAU - Pope, S J

AU - Pope SJ

AD - University of Hertfordshire, Hatfield Campus, College Lane, Hatfield AL10 9AB, United Kingdom. selinapope@hotmail.com

FAU - Solomons, W R

AU - Solomons WR

FAU - Done, D J

AU - Done DJ

FAU - Cohn, N

AU - Cohn N

FAU - Possamai, A M

AU - Possamai AM

LA - eng

PT - Journal Article

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - Adolescent

MH - Adult

MH - *Affect

MH - Age Factors

MH - *Body Image

MH - Burns/pathology/*psychology

MH - Child

MH - Female

MH - Humans

MH - Male

MH - Patient Satisfaction

MH - *Quality of Life

MH - Survivors/*psychology

EDAT- 2007/08/21 09:00

MHDA- 2008/03/26 09:00

CRDT- 2007/08/21 09:00

PHST- 2006/03/05 00:00 [received]

PHST- 2006/10/18 00:00 [accepted]

PHST- 2007/08/21 09:00 [pubmed]

PHST- 2008/03/26 09:00 [medline]

PHST- 2007/08/21 09:00 [entrez]
AID - S0305-4179(06)00716-9 [pii]
AID - 10.1016/j.burns.2006.10.387 [doi]
PST - ppublish
SO - Burns. 2007 Sep;33(6):747-55. doi: 10.1016/j.burns.2006.10.387.

PMID- 24290853
OWN - NLM
STAT- MEDLINE
DCOM- 20150105

LR - 20151119

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 40

IP - 4

DP - 2014 Jun

TI - Assessment of the health status in Brazilian burn victims five to seven months after hospital discharge.

PG - 616-23

LID - 10.1016/j.burns.2013.09.022 [doi]

LID - S0305-4179(13)00322-7 [pii]

AB - PURPOSE: To evaluate health status, impact of event, anxiety, and depression in burn victims at five-to-seven months after hospital discharge, and to explore the association between those variables with age, body surface area burn (BSA), sex, and marital status. METHODS: Cross-sectional study involving 73 adults who were interviewed for general health status (BSHS-R), impact of event (IES), and anxiety and depression (HADS). RESULTS: Participants were mostly men (68.5%), with mean age 38.4 years (SD = 14.5), and mean hospital length of stay (LOS) 24.5 days (SD = 25.3). Mean scores were: 128.1 (SD = 18.9) for BSHS-R, 62.1 (SD = 35.8) for IES, 5.5 (SD = 4.1) for anxiety, and 3.9 (SD = 3.9) for depression. Health status was highly and inversely correlated with impact of event, depression, anxiety, LOS, number of surgeries, and BSA. Men and women differed in the BSHS-R affect and body image domains, and depression. Individuals with larger BSA reported worse scores for BSHS-R (work domain). CONCLUSION: Burn victims reported good health status on average, which was negatively correlated with reported depression, anxiety, impact of event, LOS, number of operations, and BSA. These findings suggest that general health might be improved by interventions that target modifiable behavioral factors, such as support groups and cognitive behavioral therapies.

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FAU - Ricci, Herminia

AU - Ricci H

AD - University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, SP, Brazil. Electronic address: herminia.ricci@yahoo.com.br.

FAU - Goncalves, Natalia

AU - Goncalves N

AD - Interunit Nursing Doctoral program, University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, SP, Brazil. Electronic address: nataliasjbv@gmail.com.

FAU - Gallani, Maria Cecilia

AU - Gallani MC

AD - Universite Laval, Quebec, QC, Canada. Electronic address: maria-cecilia.gallani@fsi.ulaval.ca.

FAU - Ciol, Marcia A

AU - Ciol MA

AD - Rehabilitation Medicine Department, School of Medicine, University of Washington, Seattle, WA, USA. Electronic address: marciac@uw.edu.

FAU - Dantas, Rosana A S

AU - Dantas RA

AD - General and Specialized Nursing Department, University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, SP, Brazil. Electronic address: rsdantas@eerp.usp.br.

FAU - Rossi, Lidia Aparecida

AU - Rossi LA

AD - General and Specialized Nursing Department, University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, SP, Brazil. Electronic address: rizzardo@eerp.usp.br.

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20131126

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - Adult

MH - Anxiety/*psychology

MH - Body Image/*psychology

MH - Brazil

MH - Burns/*psychology/rehabilitation

MH - Cohort Studies

MH - Cross-Sectional Studies

MH - Depression/*psychology

MH - Female

MH - *Health Status

MH - Humans

MH - Length of Stay

MH - Male

MH - Middle Aged

MH - Patient Discharge

MH - Quality of Life/*psychology

MH - Sex Factors

MH - Surveys and Questionnaires

MH - Survivors/*psychology

MH - Young Adult

OTO - NOTNLM

OT - Burns

OT - Nursing

OT - Quality of life

OT - Rehabilitation

EDAT- 2013/12/03 06:00

MHDA- 2015/01/06 06:00

CRDT- 2013/12/03 06:00

PHST- 2013/05/07 00:00 [received]

PHST- 2013/08/19 00:00 [revised]

PHST- 2013/09/18 00:00 [accepted]

PHST- 2013/12/03 06:00 [entrez]

PHST- 2013/12/03 06:00 [pubmed]

PHST- 2015/01/06 06:00 [medline]

AID - S0305-4179(13)00322-7 [pii]

AID - 10.1016/j.burns.2013.09.022 [doi]

PST - ppublish

SO - Burns. 2014 Jun;40(4):616-23. doi: 10.1016/j.burns.2013.09.022. Epub 2013 Nov 26.

PMID- 18535462

OWN - NLM

STAT- MEDLINE

DCOM- 20081118
LR - 20180302
IS - 1559-047X (Print)
IS - 1559-047X (Linking)
VI - 29
IP - 4
DP - 2008 Jul-Aug
TI - Positive change after severe burn injuries.
PG - 638-43
LID - 10.1097/BCR.0b013e31817de275 [doi]
AB - Aims of the study were to examine positive change in people with severe burn injuries and to examine the impact of related constructs, demographic and medical variables on Post Traumatic Growth (PTG). A total of 149 participants who had been treated for a severe burn injury completed the posttraumatic growth inventory as well as other self-report inventories assessing coping, social support, quality of life, and mental distress. Similar to other populations who experienced trauma and adversity, burn survivors also report PTG. The strongest predictors for PTG were active coping and social support. Gender and age differences were found in the current study. Implications for further research and interventions facilitating PTG are discussed.
FAU - Rosenbach, Charlotte
AU - Rosenbach C
AD - Department of Psychology, Free University Berlin, Germany.
FAU - Renneberg, Babette
AU - Renneberg B
LA - eng
PT - Journal Article
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - *Adaptation, Psychological
MH - Adolescent
MH - Adult
MH - Age Factors
MH - Aged
MH - Aged, 80 and over
MH - Burns/*psychology
MH - Female
MH - Humans
MH - Injury Severity Score
MH - Male
MH - Mental Health
MH - Middle Aged
MH - Quality of Life
MH - Sex Factors
MH - Social Support
MH - Surveys and Questionnaires
EDAT- 2008/06/07 09:00
MHDA- 2008/11/19 09:00
CRDT- 2008/06/07 09:00
PHST- 2008/06/07 09:00 [pubmed]
PHST- 2008/11/19 09:00 [medline]
PHST- 2008/06/07 09:00 [entrez]
AID - 10.1097/BCR.0b013e31817de275 [doi]
PST - ppublish
SO - J Burn Care Res. 2008 Jul-Aug;29(4):638-43. doi: 10.1097/BCR.0b013e31817de275.

PMID- 25670250

OWN - NLM

STAT- MEDLINE

DCOM- 20160202

LR - 20181113

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 41

IP - 4

DP - 2015 Jun

TI - Comparison of long-term quality of life of pediatric burn survivors with and without inhalation injury.

PG - 721-6

LID - 10.1016/j.burns.2015.01.013 [doi]

LID - S0305-4179(15)00014-5 [pii]

AB - OBJECTIVE: To examine the long-term quality of life of pediatric burn survivors with and without inhalation injuries. We hypothesized that patients with inhalation injury would report more disability and lower quality of life.

METHODS: We examined 51 patients with inhalation injury and 72 without inhalation injury who had burns of $\geq 10\%$ total body surface area, were age ≥ 16 years at time of the interview, and were greater than 5 years from injury. Subjects completed the World Health Organization Disability Assessment Scale II (WHODAS II) and the Burn Specific Health Scale-Brief (BSHS-B). Multiple regression analyses were used to measure the effects of inhalation injury while controlling for age at burn and TBSA. RESULTS: The mean age of burn of participants with inhalation injury was 11.7 ± 3.6 years, mean TBSA $55\% \pm 18$, and mean ventilator days 8.4 ± 9 . The mean age of burn of participants without inhalation injury was 10.3 ± 34.1 years, mean TBSA $45\% \pm 20$, and mean ventilator days 1.3 ± 5.2 . Inhalation injury did not appear to significantly impact participants' scores on the majority of the domains. The WHODAS II domain of household activities showed a significant relation with TBSA ($p=0.01$). Increased size of burn was associated with difficulty completing tasks for both groups. The BSHS-B domain of treatment regimen showed a relation with age at burn ($p=0.02$). Increased age was associated with difficulty in this area for both groups. CONCLUSIONS: Overall the groups were comparable in their reports of disability and quality of life. Inhalation injury did not affect long-term quality of life.

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FAU - Rosenberg, Marta

AU - Rosenberg M

AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States. Electronic address: marosenb@utmb.edu.

FAU - Ramirez, Maribel

AU - Ramirez M

AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.

FAU - Epperson, Kathy

AU - Epperson K

AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.

FAU - Richardson, Lisa

AU - Richardson L

AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.

FAU - Holzer, Charles 3rd

AU - Holzer C 3rd

AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.

FAU - Andersen, Clark R
AU - Andersen CR
AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.
FAU - Herndon, David N
AU - Herndon DN
AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.
FAU - Meyer, Walter 3rd
AU - Meyer W 3rd
AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.
FAU - Suman, Oscar E
AU - Suman OE
AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.
FAU - Mlcak, Ronald
AU - Mlcak R
AD - Shriners Hospitals for Children, Galveston, TX 77550, United States; University of Texas Medical Branch, Galveston, TX 77555, United States.
LA - eng
GR - R01 HD049471/HD/NICHD NIH HHS/United States
GR - H133A120091/PHS HHS/United States
GR - P50 GM060388/GM/NIGMS NIH HHS/United States
GR - H133A070026/PHS HHS/United States
GR - R01 GM056687/GM/NIGMS NIH HHS/United States
GR - P50 GM060338/GM/NIGMS NIH HHS/United States
GR - HD049471/HD/NICHD NIH HHS/United States
PT - Comparative Study
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
DEP - 20150207
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - *Activities of Daily Living
MH - Adolescent
MH - Body Surface Area
MH - Burns/physiopathology/*psychology/therapy
MH - Case-Control Studies
MH - Child
MH - Child, Preschool
MH - Cohort Studies
MH - Female
MH - *Health Status
MH - Humans
MH - Length of Stay
MH - Linear Models
MH - Longitudinal Studies
MH - Male
MH - Mobility Limitation
MH - Prospective Studies
MH - Quality of Life/*psychology
MH - Respiration, Artificial
MH - Smoke Inhalation Injury/physiopathology/*psychology/therapy
MH - Social Adjustment

MH - *Social Participation
MH - Survivors/*psychology
MH - Young Adult
PMC - PMC4417043
MID - NIHMS662496
OTO - NOTNLM
OT - Inhalation injury
OT - Long term
OT - Outcome adolescents
OT - Psychosocial
OT - Quality of life
EDAT- 2015/02/12 06:00
MHDA- 2016/02/03 06:00
CRDT- 2015/02/12 06:00
PHST- 2014/06/03 00:00 [received]
PHST- 2015/01/12 00:00 [revised]
PHST- 2015/01/19 00:00 [accepted]
PHST- 2015/02/12 06:00 [entrez]
PHST- 2015/02/12 06:00 [pubmed]
PHST- 2016/02/03 06:00 [medline]
AID - S0305-4179(15)00014-5 [pii]
AID - 10.1016/j.burns.2015.01.013 [doi]
PST - ppublish
SO - Burns. 2015 Jun;41(4):721-6. doi: 10.1016/j.burns.2015.01.013. Epub 2015 Feb 7.

PMID- 17091070
OWN - NLM
STAT- MEDLINE
DCOM- 20070212
LR - 20180302
IS - 1559-047X (Print)
IS - 1559-047X (Linking)
VI - 27
IP - 6
DP - 2006 Nov-Dec
TI - Quality of life of young adults who survived pediatric burns.
PG - 773-8

AB - Ninety-five young adult pediatric burn survivors, ages 18 to 28, who were an average of 14 years after massive burn, were questioned about their quality of life. The Quality of Life Questionnaire (QLQ) by Evans and Cope was used to assess their long-term adjustment in diverse environmental settings. Results revealed burn survivors as a group rated their overall quality of life lower than the normal population. They also had differences from the normal population in some subdomains of the QLQ. When analyzed by sex, only one difference was seen with females rating their involvement in sports activities lower than males. Analysis of the effect of age showed that male burn survivors had improvements with their quality of life with age and the further they were after burn. In conclusion, the ability to detect distress among burn survivors will provide targets for related treatment and subsequent assessment of efficacy of intervention.

FAU - Rosenberg, Marta
AU - Rosenberg M
AD - Shriners Hospitals for Children, Shriners Burns Hospital, Galveston, Texas 77550, USA.
FAU - Blakeney, Patricia
AU - Blakeney P
FAU - Robert, Rhonda
AU - Robert R
FAU - Thomas, Christopher

AU - Thomas C
FAU - Holzer, Charles 3rd
AU - Holzer C 3rd
FAU - Meyer, Walter 3rd
AU - Meyer W 3rd
LA - eng
GR - H133G990052/PHS HHS/United States
GR - M01RR00073/RR/NCRR NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adolescent
MH - Adult
MH - Aging
MH - Burns/*psychology
MH - Female
MH - Humans
MH - Interpersonal Relations
MH - Leisure Activities
MH - Male
MH - Prospective Studies
MH - *Quality of Life
MH - Sex Factors
MH - Surveys and Questionnaires
MH - Survivors/*psychology
EDAT- 2006/11/09 09:00
MHDA- 2007/02/13 09:00
CRDT- 2006/11/09 09:00
PHST- 2006/11/09 09:00 [pubmed]
PHST- 2007/02/13 09:00 [medline]
PHST- 2006/11/09 09:00 [entrez]
AID - 10.1097/01.BCR.0000245477.10083.BC [doi]
AID - 01253092-200611000-00003 [pii]
PST - ppublish
SO - J Burn Care Res. 2006 Nov-Dec;27(6):773-8. doi:
10.1097/01.BCR.0000245477.10083.BC.

PMID- 23511284
OWN - NLM
STAT- MEDLINE
DCOM- 20131031
LR - 20191210
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 34
IP - 3
DP - 2013 May-Jun
TI - Benchmarks for multidimensional recovery after burn injury in young adults: the development, validation, and testing of the American Burn Association/Shriners Hospitals for Children young adult burn outcome questionnaire.
PG - e121-42
LID - 10.1097/BCR.0b013e31827e7ecf [doi]
AB - Although data exist on burn survival, there are little data on long-term burn

recovery. Patient-centered health outcomes are useful in monitoring and predicting recovery and evaluating treatments. An outcome questionnaire for young adult burn survivors was developed and tested. This 5-year (2003-2008) prospective, controlled, multicenter study included burned and nonburned adults ages 19 to 30 years. The Young Adult Burn Outcome Questionnaires were completed at initial contact, 10 days, and 6 and 12 months. Factor analysis established construct validity. Reliability assessments used Cronbach alpha and test-retest. Recovery patterns were investigated using generalized linear models, with generalized estimating equations using mixed models and random effects. Burned (n = 153) and nonburned subjects (n = 112) completed 620 questionnaires (47 items). Time from injury to first questionnaire administration was 157 +/- 36 days (mean +/- SEM). Factor analysis included 15 factors: Physical Function, Fine Motor Function, Pain, Itch, Social Function Limited by Physical Function, Perceived Appearance, Social Function Limited by Appearance, Sexual Function, Emotion, Family Function, Family Concern, Satisfaction With Symptom Relief, Satisfaction With Role, Work Reintegration, and Religion. Cronbach alpha ranged from 0.72 to 0.92, with 11 scales >0.8. Test-retest reliability ranged from 0.29 to 0.94, suggesting changes in underlying health status after burns. Recovery curves in five domains, Itch, Perceived Appearance, Social Function Limited by Appearance, Family Concern, and Satisfaction with Symptom Relief, remained below the reference group at 24 months. The Young Adult Burn Outcome Questionnaire is a reliable and valid instrument for multidimensional functional outcomes assessment. Recovery in some domains was incomplete.

FAU - Ryan, Colleen M

AU - Ryan CM

AD - Surgical Services, Massachusetts General Hospital, Boston, Massachusetts 02114, USA.

FAU - Schneider, Jeffrey C

AU - Schneider JC

FAU - Kazis, Lewis E

AU - Kazis LE

FAU - Lee, Austin

AU - Lee A

FAU - Li, Nien-Chen

AU - Li NC

FAU - Hinson, Michelle

AU - Hinson M

FAU - Bauk, Helena

AU - Bauk H

FAU - Peck, Michael

AU - Peck M

FAU - Meyer, Walter J 3rd

AU - Meyer WJ 3rd

FAU - Palmieri, Tina

AU - Palmieri T

FAU - Pidcock, Frank S

AU - Pidcock FS

FAU - Reilly, Debra

AU - Reilly D

FAU - Tompkins, Ronald G

AU - Tompkins RG

CN - Multi-Center Benchmarking Study Group

LA - eng

PT - Journal Article

PT - Multicenter Study

PT - Research Support, Non-U.S. Gov't

PT - Validation Study

PL - England

TA - J Burn Care Res

JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adult
MH - Benchmarking
MH - Burns/*psychology/*therapy
MH - Delphi Technique
MH - Factor Analysis, Statistical
MH - Female
MH - Humans
MH - Male
MH - *Outcome Assessment, Health Care
MH - Prospective Studies
MH - Psychometrics
MH - Quality of Life
MH - Reproducibility of Results
MH - *Surveys and Questionnaires
MH - United States
EDAT- 2013/03/21 06:00
MHDA- 2013/11/01 06:00
CRDT- 2013/03/21 06:00
PHST- 2013/03/21 06:00 [entrez]
PHST- 2013/03/21 06:00 [pubmed]
PHST- 2013/11/01 06:00 [medline]
AID - 10.1097/BCR.0b013e31827e7ecf [doi]
PST - ppublish
SO - J Burn Care Res. 2013 May-Jun;34(3):e121-42. doi: 10.1097/BCR.0b013e31827e7ecf.

PMID- 10632282
OWN - NLM
STAT- MEDLINE
DCOM- 20000121
LR - 20190701
IS - 0098-7484 (Print)
IS - 0098-7484 (Linking)
VI - 283
IP - 1
DP - 2000 Jan 5
TI - Long-term outcome of children surviving massive burns.
PG - 69-73
AB - CONTEXT: Major advances in treatment of burn injuries in the last 20 years have made it possible to save the lives of children with massive burns, but whether their survival comes at the cost of impaired quality of life is unknown. OBJECTIVE: To investigate the long-term quality of life in children who have survived massive burns. DESIGN AND SETTING: Retrospective, cross-sectional study conducted in a regional pediatric burn center. PATIENTS: Eighty subjects who were younger than 18 years at the time of injury, who survived massive burns involving > or =70% of the body surface, and who were admitted to the burn center between 1969 and 1992 were evaluated an average (SD) of 14.7 (6.0) years after injury. MAIN OUTCOME MEASURES: Short Form 36 (SF-36) scores of the 60 patients aged at least 14 years were compared with national norms and the impact of clinical variables on individual domain scores was assessed. RESULTS: The SF-36 domain scores of the study patients, who had survived massive burns at a mean (SD) age of 8.8 (5.5) years, were generally similar to the normal population). However, 15% and 20% of the burn patients had scores in the physical functioning and physical role domains, respectively, that were more than 2 SDs below the relevant norm, indicating that a few patients had continuing serious physical disability. Better functional status of the family predicted a higher score in physical role

($P = .04$). The child's early reintegration with preburn activities predicted higher scores in general health ($P = .03$), physical functioning ($P = .003$), and physical role ($P = .01$). Children followed up consistently in the multidisciplinary burn clinic for 2 years had higher physical functioning ($P = .04$). CONCLUSIONS: In this study, while some children surviving severe burns had lingering physical disability, most had a satisfying quality of life.

Comprehensive burn care that included experienced multidisciplinary aftercare played an important role in recovery.

FAU - Sheridan, R L

AU - Sheridan RL

AD - Shriners Burns Hospital for Children, Department of Surgery, Harvard Medical School, Boston, Mass, USA.

FAU - Hinson, M I

AU - Hinson MI

FAU - Liang, M H

AU - Liang MH

FAU - Nackel, A F

AU - Nackel AF

FAU - Schoenfeld, D A

AU - Schoenfeld DA

FAU - Ryan, C M

AU - Ryan CM

FAU - Mulligan, J L

AU - Mulligan JL

FAU - Tompkins, R G

AU - Tompkins RG

LA - eng

GR - GM P50-21700/GM/NIGMS NIH HHS/United States

GR - GM T32-07035/GM/NIGMS NIH HHS/United States

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PT - Research Support, U.S. Gov't, P.H.S.

PL - United States

TA - JAMA

JT - JAMA

JID - 7501160

SB - AIM

SB - IM

MH - Adult

MH - Burns/*rehabilitation

MH - Child

MH - Cost of Illness

MH - Cross-Sectional Studies

MH - Disabled Persons

MH - Humans

MH - Mental Health

MH - *Quality of Life

MH - Retrospective Studies

MH - Sickness Impact Profile

MH - *Survivors

EDAT- 2000/01/13 09:00

MHDA- 2001/08/14 10:01

CRDT- 2000/01/13 09:00

PHST- 2000/01/13 09:00 [pubmed]

PHST- 2001/08/14 10:01 [medline]

PHST- 2000/01/13 09:00 [entrez]

AID - joc81463 [pii]

AID - 10.1001/jama.283.1.69 [doi]

PST - ppublish

SO - JAMA. 2000 Jan 5;283(1):69-73. doi: 10.1001/jama.283.1.69.

PMID- 30732865

OWN - NLM

STAT- MEDLINE

DCOM- 20191218

LR - 20191218

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 45

IP - 2

DP - 2019 Mar

TI - Head and neck burns are associated with long-term patient-reported dissatisfaction with appearance: A Burn Model System National Database study.

PG - 293-302

LID - S0305-4179(18)30745-9 [pii]

LID - 10.1016/j.burns.2018.12.017 [doi]

AB - INTRODUCTION: Burns affecting the head and neck (H&N) can lead to significant changes in appearance. It is postulated that such injuries have a negative impact on patients' social functioning, quality of life, physical health, and satisfaction with appearance, but there has been little investigation of these effects using patient reported outcome measures. This study evaluates the effect of H&N burns on long-term patient reported outcomes compared to patients who sustained burns to other areas. METHODS: Data from the National Institute on Disability, Independent Living, and Rehabilitation Research Burn Model System National Database collected between 1996 and 2015 were used to investigate differences in outcomes between those with and without H&N burns. Demographic and clinical characteristics for adult burn survivors with and without H&N burns were compared. The following patient-reported outcome measures, collected at 6, 12, and 24 months after injury, were examined: satisfaction with life (SWL), community integration questionnaire (CIQ), satisfaction with appearance (SWAP), short form-12 physical component score (SF-12 PCS), and short form-12 mental component score (SF-12 MCS). Mixed regression model analyses were used to examine the associations between H&N burns and each outcome measure, controlling for medical and demographic characteristics. RESULTS: A total of 697 adults (373 with H&N burns; 324 without H&N burns) were included in the analyses. Over 75% of H&N injuries resulted from a fire/flame burn and those with H&N burns had significantly larger burn size ($p < 0.001$). In the mixed model regression analyses, SWAP and SF-12 MCS were significantly worse for adults with H&N burns compared to those with non-H&N burns ($p < 0.01$). There were no significant differences between SWL, CIQ, and SF-12 PCS. CONCLUSIONS: Survivors with H&N burns demonstrated community integration, physical health, and satisfaction with life outcomes similar to those of survivors with non-H&N burns. Scores in these domains improved over time. However, survivors with H&N burns demonstrated worse satisfaction with their appearance. These results suggest that strategies to address satisfaction with appearance, such as reconstructive surgery, cognitive behavior therapy, and social skills training, are an area of need for survivors with H&N burns.

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FAU - Sinha, I

AU - Sinha I

AD - Division of Plastic Surgery, Brigham and Women's Hospital, Boston, MA, United States.

FAU - Nabi, M

AU - Nabi M

AD - Division of Plastic Surgery, Brigham and Women's Hospital, Boston, MA, United States.

FAU - Simko, L C

AU - Simko LC

AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, Charlestown, MA, United States.
FAU - Wolfe, A W
AU - Wolfe AW
AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, Charlestown, MA, United States.
FAU - Wiechman, S
AU - Wiechman S
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA, United States.
FAU - Giatsidis, G
AU - Giatsidis G
AD - Division of Plastic Surgery, Brigham and Women's Hospital, Boston, MA, United States.
FAU - Bharadia, D
AU - Bharadia D
AD - Division of Plastic Surgery, University of California, San Francisco, CA, United States.
FAU - McMullen, K
AU - McMullen K
AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA, United States.
FAU - Gibran, N S
AU - Gibran NS
AD - Department of Surgery, University of Washington Harborview, Seattle, WA, United States.
FAU - Kowalske, K
AU - Kowalske K
AD - Department of Physical Medicine and Rehabilitation, University of Texas Southwestern Medical Center, Dallas, TX, United States.
FAU - Meyer, W J
AU - Meyer WJ
AD - Department of Psychiatry, University of Texas Medical Branch, Galveston, TX, United States.
FAU - Kazis, L E
AU - Kazis LE
AD - Department of Health Law, Policy and Management, Boston University School of Public Health, Boston, MA, United States.
FAU - Ryan, C M
AU - Ryan CM
AD - Department of Surgery, Massachusetts General Hospital, Harvard Medical School, Boston, MA, United States; Shriners Hospitals for Children - Boston, Boston, MA, United States.
FAU - Schneider, J C
AU - Schneider JC
AD - Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation Hospital, Charlestown, MA, United States. Electronic address:
jcschneider@partners.org.
LA - eng
PT - Journal Article
DEP - 20190204
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Burns/physiopathology/*psychology/rehabilitation
MH - Craniocerebral Trauma/physiopathology/*psychology/rehabilitation

MH - Facial Injuries/physiopathology/psychology/rehabilitation
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Neck Injuries/physiopathology/*psychology/rehabilitation
MH - Patient Reported Outcome Measures
MH - Patient Satisfaction
MH - Physical Appearance, Body
MH - *Quality of Life
MH - Social Integration
MH - Survivors
OTO - NOTNLM
OT - *Burn rehabilitation
OT - *Community integration
OT - *Face burns
OT - *Head & neck burns
OT - *Patient reported outcomes
OT - *Quality of life
OT - *Satisfaction with appearance
OT - *Visible burns
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MHDA- 2019/12/19 06:00
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PHST- 2019/02/09 06:00 [pubmed]
PHST- 2019/12/19 06:00 [medline]
PHST- 2019/02/09 06:00 [entrez]
AID - S0305-4179(18)30745-9 [pii]
AID - 10.1016/j.burns.2018.12.017 [doi]
PST - ppublish
SO - Burns. 2019 Mar;45(2):293-302. doi: 10.1016/j.burns.2018.12.017. Epub 2019 Feb 4.

PMID- 21330061
OWN - NLM
STAT- MEDLINE
DCOM- 20110519
LR - 20151119
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 37
IP - 3
DP - 2011 May
TI - Psychosocial impact of childhood face burns: a multicenter, prospective, longitudinal study of 390 children and adolescents.
PG - 387-94
LID - 10.1016/j.burns.2010.12.013 [doi]
AB - INTRODUCTION: This two-year longitudinal study of the health-related quality of life (HRQoL) of children with face burns was conducted in three regional pediatric burn care centers. Subjects were 390 children less than 18 years old at injury, admitted for burn treatment from September 2001 to December 2004. METHODS: HRQoL was assessed using the age-specific Burn Outcomes Questionnaire (BOQ) administered at scheduled time points following discharge up to 24 months thereafter. A psychosocial score was determined from domains of the BOQ, and these scores from children with both face burns and grafts were compared to those of children with non-face burns or with face burns but no face grafts. RESULTS: The parents of both the 0-4 year olds and the 5-18 year olds, who had facial

burns and grafts, reported decreased BOQ psychosocial scores. When the teenagers (11-18 year olds) with facial burns and grafts filled out the BOQ themselves, they also reported low psychosocial scores compared to those with no facial burns with grafts. CONCLUSIONS: Severe face burn influences HRQoL in children. Additional psychosocial support is suggested to enhance recovery for patients with severe face burns and their families during the years following injury.

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FAU - Stubbs, Teresa Kim

AU - Stubbs TK

AD - Shriners Hospitals for Children(R)-Cincinnati, Cincinnati, OH, USA.

kstubbs@shrinenet.org

FAU - James, Laura E

AU - James LE

FAU - Daugherty, Mary Beth

AU - Daugherty MB

FAU - Epperson, Kathryn

AU - Epperson K

FAU - Barajaz, Kymberly A

AU - Barajaz KA

FAU - Blakeney, Patricia

AU - Blakeney P

FAU - Meyer, Walter J 3rd

AU - Meyer WJ 3rd

FAU - Palmieri, Tina L

AU - Palmieri TL

FAU - Kagan, Richard J

AU - Kagan RJ

LA - eng

PT - Journal Article

PT - Multicenter Study

PT - Research Support, Non-U.S. Gov't

DEP - 20110216

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - *Adaptation, Psychological

MH - Adolescent

MH - Adolescent Behavior/psychology

MH - Burns/*psychology

MH - Child

MH - Child Behavior Disorders/etiology/*psychology

MH - Child, Preschool

MH - Facial Injuries/*psychology

MH - Female

MH - Health Status

MH - Humans

MH - Infant

MH - Longitudinal Studies

MH - Male

MH - Parents/psychology

MH - Prospective Studies

MH - Quality of Life

MH - Surveys and Questionnaires

MH - Survivors/psychology

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AID - S0305-4179(10)00333-5 [pii]
AID - 10.1016/j.burns.2010.12.013 [doi]
PST - ppublish
SO - Burns. 2011 May;37(3):387-94. doi: 10.1016/j.burns.2010.12.013. Epub 2011 Feb 16.

PMID- 19469612
OWN - NLM
STAT- MEDLINE
DCOM- 20090713

LR - 20181113
IS - 0090-5550 (Print)
IS - 0090-5550 (Linking)

VI - 54

IP - 2

DP - 2009 May

TI - Pain, depression, and physical functioning following burn injury.

PG - 211-6

LID - 10.1037/a0015613 [doi]

AB - OBJECTIVE: Little is known about how pain and depression after burn injury may influence long-term outcomes such as physical functioning. This prospective study examined associations between pain, depression, and physical functioning in a sample of burn injury survivors. DESIGN AND PARTICIPANTS: Questionnaires assessing pain, depression, and physical functioning were completed by 64 (52% of original sample) adult burn survivors shortly after discharge from burn care and at 1- and 2-year follow-ups. RESULTS: Pain and physical functioning improved over the 2 years of the study, whereas depression levels were stable. Pain and depression were associated with poorer physical functioning over time, but associations varied according to the time span under consideration. Also, the association between pain and physical functioning was strongest among persons with higher depression scores. CONCLUSIONS: Pain and depression may contribute independently to compromises in physical functioning. The co-occurrence of pain and depression represents even greater risk for reduced physical functioning over time among burn survivors.

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FAU - Ullrich, Philip M

AU - Ullrich PM

AD - Department of Rehabilitation Medicine, University of Washington.

pullrich@u.washington.edu

FAU - Askay, Shelley Wiechman

AU - Askay SW

FAU - Patterson, David R

AU - Patterson DR

LA - eng

GR - R01 GM042725-06/GM/NIGMS NIH HHS/United States

GR - R01 GM042725/GM/NIGMS NIH HHS/United States

GR - H133A020103/PHS HHS/United States

GR - R01 GM42725-09A1/GM/NIGMS NIH HHS/United States

GR - R01 AR054115/AR/NIAMS NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - Rehabil Psychol

JT - Rehabilitation psychology

JID - 0365337
SB - IM
MH - Activities of Daily Living/*psychology
MH - Adult
MH - Burns/*psychology/*rehabilitation
MH - Depressive Disorder/diagnosis/*psychology/rehabilitation
MH - *Disability Evaluation
MH - Female
MH - Humans
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Pain/*psychology/*rehabilitation
MH - Pain Measurement/statistics & numerical data
MH - Personality Inventory/statistics & numerical data
MH - Prospective Studies
MH - Psychometrics/statistics & numerical data
MH - Quality of Life/psychology
MH - Reproducibility of Results
MH - Sick Role
MH - Young Adult
PMC - PMC2872144
MID - NIHMS199957
EDAT- 2009/05/28 09:00
MHDA- 2009/07/14 09:00
CRDT- 2009/05/28 09:00
PHST- 2009/05/28 09:00 [entrez]
PHST- 2009/05/28 09:00 [pubmed]
PHST- 2009/07/14 09:00 [medline]
AID - 2009-07289-012 [pii]
AID - 10.1037/a0015613 [doi]
PST - ppublish
SO - Rehabil Psychol. 2009 May;54(2):211-6. doi: 10.1037/a0015613.

PMID- 22439227
OWN - NLM
STAT- MEDLINE
DCOM- 20120504
LR - 20191112
IS - 2163-0763 (Electronic)
IS - 2163-0755 (Linking)
VI - 72
IP - 2
DP - 2012 Feb
TI - Health-related quality of life after burns: a prospective multicenter cohort study with 18 months follow-up.
PG - 513-20
AB - **BACKGROUND:** Health-related quality of life (HRQOL) is an important parameter after medical treatments. Knowledge of (predictors of) diminished quality of life can help improve medical outcome. The aim of this study was to quantify health loss in patients with burns and to assess the contribution of injury extent, age, gender, and psychologic factors to HRQOL and speed of recovery. A multicenter prospective cohort design was used to address these aims. **METHODS:** Data were obtained from 260 adults with burns. Patients completed the EQ-5D at 3 weeks, 3, 6, 9, and 18 months after burn and psychologic questionnaires during hospitalization. Patients' scores were compared with an age- and gender-weighted normpopulation. **RESULTS:** Patients suffered from substantial health losses at short term, but after 18 months the majority reached a HRQOL comparable with the norm population with the exception of patients requiring two or more surgeries.

The best predictor of long-term HRQOL and the speed of recovery was the number of surgeries, followed by psychologic problems. Both predicted baseline and trajectories of improvement. Symptoms of traumatic stress were most debilitating over time. CONCLUSIONS: Both injury severity and psychologic problems play a pivotal role in reduced HRQOL and the speed of recovery. The number of surgeries seems to give a practically useful indication of the expected recovery speed that could aid in decision making and provides adequate information for patients in the aftermath of their initial surgical treatment. Screening for traumatic stress is recommended.

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FAU - van Loey, Nancy E

AU - van Loey NE

AD - Department of Psychosocial and Behavioural Research, Association of Dutch Burns Centres, Beverwijk, The Netherlands. nvanloey@burns.nl

FAU - van Beeck, Ed F

AU - van Beeck EF

FAU - Faber, Bertus W

AU - Faber BW

FAU - van de Schoot, Rens

AU - van de Schoot R

FAU - Bremer, Marco

AU - Bremer M

LA - eng

PT - Journal Article

PT - Multicenter Study

PL - United States

TA - J Trauma Acute Care Surg

JT - The journal of trauma and acute care surgery

JID - 101570622

SB - AIM

SB - IM

MH - Adult

MH - Belgium

MH - Burns/*physiopathology/*psychology/surgery

MH - Chi-Square Distribution

MH - Female

MH - Follow-Up Studies

MH - Humans

MH - Injury Severity Score

MH - Length of Stay/statistics & numerical data

MH - Male

MH - Netherlands

MH - Prospective Studies

MH - *Quality of Life

MH - Surveys and Questionnaires

MH - Survivors/*psychology

EDAT- 2012/03/24 06:00

MHDA- 2012/05/05 06:00

CRDT- 2012/03/24 06:00

PHST- 2012/03/24 06:00 [entrez]

PHST- 2012/03/24 06:00 [pubmed]

PHST- 2012/05/05 06:00 [medline]

AID - 10.1097/ta.0b013e3182199072 [doi]

PST - ppublish

SO - J Trauma Acute Care Surg. 2012 Feb;72(2):513-20. doi: 10.1097/ta.0b013e3182199072.

PMID- 24698152

OWN - NLM

STAT- MEDLINE

DCOM- 20150514

LR - 20191210

IS - 1879-0267 (Electronic)

IS - 0020-1383 (Linking)

VI - 45

IP - 9

DP - 2014 Sep

TI - Patterns of recovery over 12 months following a burn injury in Australia.

PG - 1459-64

LID - 10.1016/j.injury.2014.02.018 [doi]

LID - S0020-1383(14)00089-8 [pii]

AB - OBJECTIVE: To describe patients' generic health status and health-related quality of life (HRQoL) 12-months following admission to a state-wide burns service.

METHODS: A total of 114 injured adults with >10% total body surface area burned (TBSA) or burns less than 10% TBSA to smaller anatomical areas such as the hands and feet participated in this study. Retrospective assessment of pre-burn injury status and prospective assessment of generic health and HRQoL were followed up at 3, 6 and 12-months after injury using the 36-item Short Form Health Survey (SF-36 v.2) and Burns Specific Health Scale-Brief (BSHS-B). The SF-36 v.2 was administered retrospectively during the initial hospital stay to assess pre-injury HRQoL. Changes in instruments scores were assessed using multilevel mixed effects regression models. Mean scores were compared over time and between severity groups as defined by <10%, 10-30% and >30% TBSA. RESULTS: For the overall sample, the SF-36 v.2 physical component scale (PCS) score between 3 and 12-months post-burn injury were significantly lower than pre-injury scores ($p<0.01$), with no significant change over time for the mental component scale (MCS) ($p=0.36$). Significant %TBSA-burden by time interactions highlighted changes from pre-burn injury in overall PCS ($p=0.02$), physical functioning ($p<0.001$) and role-physical ($p=0.03$), with subscales worse for the TBSA >30% group. With respect to the BSHS-B, significant improvement from 3 to 12-months post-burn injury was seen for the entire sample in simple abilities ($p<0.001$), hand function ($p=0.001$), work ($p=0.01$), and treatment regime ($p=0.004$) subscales. The TBSA >30% group showed a greater rate of improvement in simple abilities ($p=0.01$) and hand function ($p=0.005$) between 3 and 12 months post-burn injury.

CONCLUSIONS: Whilst certain HRQoL measures improve over the 12-months, in most cases they do not reach pre-morbid levels. Patients face ongoing challenges regarding their physical and psychosocial recovery 12-months post-burn injury with respect to generic health and burn-specific health. These challenges vary at different time periods over the 12-month post-burn period, and may provide windows of opportunity in which to address ongoing issues.

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FAU - Wasiak, J

AU - Wasiak J

AD - Victorian Adult Burns Service and School of Public Health and Preventive Medicine, Monash University, The Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia. Electronic address: J.Wasiak@alfred.org.au.

FAU - Paul, E

AU - Paul E

AD - Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, The Alfred Centre, Commercial Road, Melbourne, Australia.

FAU - Lee, S J

AU - Lee SJ

AD - Monash Alfred Psychiatry Research Centre, The Alfred and Monash University Central Clinical School, Commercial Road, Melbourne, Australia.

FAU - Mahar, P

AU - Mahar P

AD - Victorian Adult Burns Service, The Alfred Hospital, Commercial Road, Melbourne,

Victoria, Australia.
FAU - Pfitzer, B
AU - Pfitzer B
AD - Victorian Adult Burns Service, The Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia.
FAU - Spinks, A
AU - Spinks A
AD - CSIRO Ecosystem Sciences, Queensland, Australia.
FAU - Cleland, H
AU - Cleland H
AD - Victorian Adult Burns Service, Department of Surgery, Monash University, The Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia.
FAU - Gabbe, B
AU - Gabbe B
AD - Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, The Alfred Centre, Commercial Road, Melbourne, Australia.
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20140220
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - Adult
MH - Australia/epidemiology
MH - Burns/epidemiology/physiopathology/psychology/*rehabilitation
MH - Disability Evaluation
MH - Female
MH - Humans
MH - Male
MH - Outcome Assessment, Health Care
MH - Prospective Studies
MH - Quality of Life/*psychology
MH - Retrospective Studies
MH - Severity of Illness Index
MH - Surveys and Questionnaires
MH - Survivors/psychology/*statistics & numerical data
MH - Time Factors
OTO - NOTNLM
OT - Burns
OT - Health related quality of life
EDAT- 2014/04/05 06:00
MHDA- 2015/05/15 06:00
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PHST- 2015/05/15 06:00 [medline]
AID - S0020-1383(14)00089-8 [pii]
AID - 10.1016/j.injury.2014.02.018 [doi]
PST - ppublish
SO - Injury. 2014 Sep;45(9):1459-64. doi: 10.1016/j.injury.2014.02.018. Epub 2014 Feb 20.

PMID- 24582756

OWN - NLM

STAT- MEDLINE

DCOM- 20150105

LR - 20151119

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 40

IP - 4

DP - 2014 Jun

TI - Predictors of health status and health-related quality of life 12 months after severe burn.

PG - 568-74

LID - 10.1016/j.burns.2014.01.021 [doi]

LID - S0305-4179(14)00035-7 [pii]

AB - INTRODUCTION: Sustaining a moderate to severe burn injury is associated with the potential for substantial impairments to long-term physical and psychosocial health, including health related quality of life (HRQoL). The objective of this study was to identify clinical and patient characteristics which predict HRQoL 12-months after injury. METHODS: A total of 125 patients were recruited over the study period, although only 99 were included in the final analysis representing all those who completed both the pre-burn and 12-months after burn injury Short Form 36 Medical Outcomes Survey (SF-36v2). These patients also completed the Burn Specific Health Scale-Brief (BSHS-B). Patient demographics and burn injury characteristics and treatment factors were collected to identify which factors predict 12-month health status outcomes. Multiple linear regression analyses were conducted to identify important predictors of outcomes. The SF36v2 models were adjusted for pre-injury measurements. RESULTS: Older age (regression coefficient -0.26, 95% confidence interval (95% CI) -0.38, -0.13), female gender (-8.08, 95% CI -12.8, -3.34) and increased percentage of full-thickness burns per body surface area (-0.51; 95% CI -0.88, -0.13) were important predictors of poorer physical health status at 12 months. Older age (-0.15, 95% CI -0.26, -0.04) and increased percentage of full-thickness burns per body surface area (-0.36, 95% CI -0.69, -0.03) were important predictors of poorer mental health status at 12 months. Older age (-0.38; 95%CI -0.66, -0.11) and female gender (-12.17; 95% CI -22.76, -1.57) were important predictors of poorer BSHS-B total score at 12 months after injury. CONCLUSIONS: Given the complexity of burn care rehabilitation, physical and psychosocial screening and assessment within the first weeks after a burn injury along with adequate monitoring after discharge should be undertaken in burn injured patients. In this context, patients of specific demographics, such as female patients and older patients, and patients with a higher percentage of full thickness surface area burns are of greater risk for poorer physical and psychological outcomes and may benefit from additional monitoring and rehabilitation.

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FAU - Wasiak, J

AU - Wasiak J

AD - Victorian Adult Burns Service and School of Public Health and Preventive Medicine, Monash University, The Alfred Hospital, Commercial Rd, Melbourne, Victoria, Australia. Electronic address: J.Wasiak@alfred.org.au.

FAU - Lee, S J

AU - Lee SJ

AD - Monash Alfred Psychiatry Research Centre, The Alfred and Central Clinical School Monash University, Melbourne, Victoria, Australia.

FAU - Paul, E

AU - Paul E

AD - Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, The Alfred Centre, 99 Commercial Road, Melbourne, Australia.

FAU - Mahar, P
AU - Mahar P
AD - Victorian Adult Burns Service, The Alfred Hospital, Commercial Rd, Melbourne, Victoria, Australia.
FAU - Pfitzer, B
AU - Pfitzer B
AD - Victorian Adult Burns Service, The Alfred Hospital, Commercial Rd, Melbourne, Victoria, Australia.
FAU - Spinks, A
AU - Spinks A
AD - CSIRO Ecosystem Sciences, Queensland, Australia.
FAU - Cleland, H
AU - Cleland H
AD - Victorian Adult Burns Service and Department of Surgery, Monash University, The Alfred Hospital, Commercial Rd, Melbourne, Victoria, Australia.
FAU - Gabbe, B
AU - Gabbe B
AD - Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, The Alfred Centre, 99 Commercial Road, Melbourne, Australia.
LA - eng
PT - Journal Article
DEP - 20140228
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Age Factors
MH - Burns/psychology/*rehabilitation
MH - Cohort Studies
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MH - Humans
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OT - Health-related quality of life
EDAT- 2014/03/04 06:00
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AID - S0305-4179(14)00035-7 [pii]
AID - 10.1016/j.burns.2014.01.021 [doi]

PST - ppublish
SO - Burns. 2014 Jun;40(4):568-74. doi: 10.1016/j.burns.2014.01.021. Epub 2014 Feb 28.

PMID- 23021367

OWN - NLM

STAT- MEDLINE

DCOM- 20141009

LR - 20151119

IS - 1879-0267 (Electronic)

IS - 0020-1383 (Linking)

VI - 44

IP - 11

DP - 2013 Nov

TI - 12-month generic health status and psychological distress outcomes following an Australian natural disaster experience: 2009 Black Saturday Wildfires.

PG - 1443-7

LID - 10.1016/j.injury.2012.08.060 [doi]

LID - S0020-1383(12)00371-3 [pii]

AB - OBJECTIVE: To describe the generic health status, health-related quality of life and psychological distress over a 12-month period of burns patients affected by the 2009 Black Saturday Wildfires. DESIGN SETTING AND PARTICIPANTS: Cohort study with retrospective assessment of pre-injury status and prospective assessment of physical and psychosocial functioning in the Black Saturday Wildfires burns patients across time. Generic health status and burn specific quality of life using the 36-item Short Form Health Survey (SF-36) and Burn Specific Health Scale (BSHS) were collected at three, six and twelve months post-burn injury. In addition, similar time points were used to measure level of psychological distress and the presence of pain using the Kessler-10 questionnaire (K-10) and the McGill Pain Questionnaire. RESULTS: At 12 months post-injury, patients reported a mean 16.4 (standard error, SE: 3.2) reduction in physical health and a 5.3 (SE 2.5) reduction in mental health scores of the SF-36 as compared to their pre-injury scores, with significant decreases observed in the "bodily pain", "physical functioning", "role physical" and "vitality" subscales. High levels of psychological distress and persistent pain were experienced, with no significant changes during the study period to the overall burns specific quality of life. CONCLUSIONS: Even 12 months post-burn injury, patients affected by the 2009 Victorian Wildfires still experienced a significant reduction in generic health, increased psychological distress and persistent pain. The need for early and ongoing identification of physical and psychosocial impairments during hospital admission and upon discharge could be helpful to establish systematic interdisciplinary goals for long-term rehabilitation after severe burn injury.

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FAU - Wasiak, J

AU - Wasiak J

AD - Victorian Adult Burns Service and School of Public Health and Preventive Medicine, Monash University, The Alfred Hospital, Commercial Road, Melbourne, Victoria, Australia. Electronic address: J.Wasiak@alfred.org.au.

FAU - Mahar, P

AU - Mahar P

FAU - Lee, S

AU - Lee S

FAU - Paul, E

AU - Paul E

FAU - Spinks, A

AU - Spinks A

FAU - Pfitzer, B

AU - Pfitzer B

FAU - Cleland, H

AU - Cleland H

FAU - Gabbe, B
AU - Gabbe B
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20120925
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - Adult
MH - Australia
MH - Burns/*psychology
MH - Clinical Audit
MH - *Disasters/statistics & numerical data
MH - Female
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MH - Patient Outcome Assessment
MH - *Quality of Life
MH - Retrospective Studies
MH - Seasons
MH - *Stress, Psychological
MH - Surveys and Questionnaires
MH - *Survivors/psychology
OTO - NOTNLM
OT - Natural disaster
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OT - Severe burn injury
OT - Wildfires
EDAT- 2012/10/02 06:00
MHDA- 2014/10/10 06:00
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PHST- 2014/10/10 06:00 [medline]
AID - S0020-1383(12)00371-3 [pii]
AID - 10.1016/j.injury.2012.08.060 [doi]
PST - ppublish
SO - Injury. 2013 Nov;44(11):1443-7. doi: 10.1016/j.injury.2012.08.060. Epub 2012 Sep 25.

PMID- 29258837
OWN - NLM
STAT- MEDLINE
DCOM- 20190410
LR - 20191210
IS - 1532-821X (Electronic)
IS - 0003-9993 (Linking)
VI - 99
IP - 7
DP - 2018 Jul

TI - Reasons for Distress Among Burn Survivors at 6, 12, and 24 Months Postdischarge:
A Burn Injury Model System Investigation.

PG - 1311-1317

LID - S0003-9993(17)31402-8 [pii]

LID - 10.1016/j.apmr.2017.11.007 [doi]

AB - OBJECTIVE: To identify important sources of distress among burn survivors at discharge and 6, 12, and 24 months postinjury, and to examine if the distress related to these sources changed over time. DESIGN: Exploratory. SETTING: Outpatient burn clinics in 4 sites across the country. PARTICIPANTS: Participants who met preestablished criteria for having a major burn injury (N=1009) were enrolled in this multisite study. INTERVENTIONS: Participants were given a previously developed list of 12 sources of distress among burn survivors and asked to rate on a 10-point Likert-type scale (0=no distress to 10=high distress) how much distress each of the 12 issues was causing them at the time of each follow-up. MAIN OUTCOMES MEASURES: The Medical Outcomes Study 12-Item Short-Form Health Survey was administered at each time point as a measure of health-related quality of life. The Satisfaction With Appearance Scale was used to understand the relation between sources of distress and body image. Finally, whether a person returned to work was used to determine the effect of sources of distress on returning to employment. RESULTS: It was encouraging that no symptoms were worsening at 2 years. However, financial concerns and long recovery time are 2 of the highest means at all time points. Pain and sleep disturbance had the biggest effect on ability to return to work. CONCLUSIONS: These findings can be used to inform burn-specific interventions and to give survivors an understanding of the temporal trajectory for various causes of distress. In particular, it appears that interventions targeted at sleep disturbance and high pain levels can potentially effect distress over financial concerns by allowing a person to return to work more quickly.

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FAU - Wiechman, Shelley A

AU - Wiechman SA

AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.
Electronic address: wiechman@u.washington.edu.

FAU - McMullen, Kara

AU - McMullen K

AD - Department of Rehabilitation Medicine, University of Washington, Seattle, WA.

FAU - Carrougher, Gretchen J

AU - Carrougher GJ

AD - Department of Surgery, University of Washington, Seattle, WA.

FAU - Fauerbach, Jame A

AU - Fauerbach JA

AD - Department of Psychiatry and Behavioral Sciences, Johns Hopkins University, Baltimore, MD.

FAU - Ryan, Colleen M

AU - Ryan CM

AD - Surgical Services, Massachusetts General Hospital, Harvard Medical School, Shriners Hospital for Children-Boston, Boston, MA.

FAU - Herndon, David N

AU - Herndon DN

AD - Department of Surgery, Shriners Hospital for Children, Galveston, TX.

FAU - Holavanahalli, Radha

AU - Holavanahalli R

AD - Department of Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX.

FAU - Gibran, Nicole S

AU - Gibran NS

AD - Department of Surgery, University of Washington, Seattle, WA.

FAU - Roaten, Kimberly

AU - Roaten K
AD - Department of Psychiatry, University of Texas Southwestern Medical Center,
Dallas, TX.
LA - eng
PT - Journal Article
PT - Multicenter Study
PT - Research Support, U.S. Gov't, Non-P.H.S.
DEP - 20171216
PL - United States
TA - Arch Phys Med Rehabil
JT - Archives of physical medicine and rehabilitation
JID - 2985158R
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Body Image/psychology
MH - Burns/complications/*psychology
MH - Female
MH - Follow-Up Studies
MH - Health Surveys
MH - Humans
MH - Male
MH - Middle Aged
MH - Outcome Assessment, Health Care
MH - Pain/etiology/psychology
MH - Patient Discharge
MH - Quality of Life
MH - Return to Work/*psychology
MH - Sleep Wake Disorders/etiology/psychology
MH - Stress, Psychological/*etiology
MH - Survivors/*psychology
MH - Time Factors
MH - Young Adult
OTO - NOTNLM
OT - *Rehabilitation
EDAT- 2017/12/21 06:00
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AID - S0003-9993(17)31402-8 [pii]
AID - 10.1016/j.apmr.2017.11.007 [doi]
PST - ppublish
SO - Arch Phys Med Rehabil. 2018 Jul;99(7):1311-1317. doi: 10.1016/j.apmr.2017.11.007.
Epub 2017 Dec 16.

PMID- 22040931
OWN - NLM
STAT- MEDLINE
DCOM- 20120523
LR - 20191210
IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 38

IP - 3

DP - 2012 May

TI - Evaluation of long term health-related quality of life in extensive burns: a 12-year experience in a burn center.

PG - 348-55

LID - 10.1016/j.burns.2011.09.003 [doi]

AB - OBJECTIVES: We sought to evaluate the long term health-related quality of life (HRQOL) in patients survived severely extensive burn and identify their clinical predicting factors correlated with HRQOL. METHODS: A cross-sectional study was conducted in 20 patients survived more than 2 years with extensive burn involving $\geq 70\%$ total body surface area (TBSA) between 1997 and 2009 in a burn center in Shanghai. Short Form-36 Medical Outcomes Survey (SF-36), Brief Version of Burn Specific Health Scale (BSHS-B) and Michigan Hand Outcome Questionnaire (MHQ) were used for the present evaluation. SF-36 scores were compared with a healthy Chinese population, and linear correlation analysis was performed to screen the clinical relating factors predicting physical and mental component summary (PCS and MCS) scores from SF-36. RESULTS: HRQOL scores from SF-36 were significantly lower in the domains of physical functioning, role limitations due to physical problems, pain, social functioning and role limitations due to emotional problems compared with population norms. Multiple linear regression analysis demonstrated that only return to work (RTW) predicted improved PCS. While age at injury, facial burns, skin grafting and length of hospital stay were correlated with MCS. Work, body image and heat sensitivity obtained the lowest BSHS-B scores in all 9 domains. Improvements of HRQOL could still be seen in BSHS-B scores in domains of simple abilities, hand function, work and affect even after a quite long interval between burns and testing. Hand function of extensive burn patients obtained relatively poor MHQ scores, especially in those without RTW. CONCLUSIONS: Patients with extensive burns have a poorer quality of life compared with that of general population. Relatively poor physical and psychological problems still exist even after a long period. Meanwhile, a trend of gradual improvements was noted. This information will aid clinicians in decision-making of comprehensive systematic regimens for long term rehabilitation and psychosocial treatment.

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FAU - Xie, Bing

AU - Xie B

AD - Department of Burn Surgery, Changhai Hospital, The Second Military Medical University, Shanghai 200433, People's Republic of China.

FAU - Xiao, Shi-chu

AU - Xiao SC

FAU - Zhu, Shi-hui

AU - Zhu SH

FAU - Xia, Zhao-fan

AU - Xia ZF

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20111029

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries

JID - 8913178

SB - IM

MH - Adult

MH - Burns/physiopathology/*psychology/therapy

MH - China

MH - Cross-Sectional Studies

MH - Disability Evaluation

MH - Female
MH - Hand Injuries/physiopathology
MH - *Health Status
MH - Humans
MH - Male
MH - Middle Aged
MH - Outcome Assessment, Health Care
MH - *Quality of Life
MH - Regression Analysis
MH - Severity of Illness Index
MH - Surveys and Questionnaires
MH - Survivors/psychology
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AID - S0305-4179(11)00266-X [pii]
AID - 10.1016/j.burns.2011.09.003 [doi]
PST - ppublish
SO - Burns. 2012 May;38(3):348-55. doi: 10.1016/j.burns.2011.09.003. Epub 2011 Oct 29.

PMID- 26188893

OWN - NLM

STAT- MEDLINE

DCOM- 20160715

LR - 20151020

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 41

IP - 7

DP - 2015 Nov

TI - Is sexuality a problem? A follow-up of patients with severe burns 6 months to 7 years after injury.

PG - 1572-8

LID - 10.1016/j.burns.2015.04.017 [doi]

LID - S0305-4179(15)00128-X [pii]

AB - PURPOSE AND AIMS: This is the first study investigating sexuality from 6 months up to 7 years after burn. The aim was to examine sexuality in females and males by using the BSHS-B sexuality subscale and to examine possible contributing factors with regard to sociodemographics, burn characteristics, personality traits, and previous psychiatric disorders. METHODS: A cohort of 107 patients consecutively admitted to a Swedish national burn center was followed up at 6, 12, and 24 months after burn, and 67 individuals were followed up at 2-7 years after burn. The present study utilized the BSHS-B sexuality subscale, and multiple regression analyses were used to examine possible contributing factors. RESULTS: Women were less satisfied than men, and sexuality mean scores improved over time, even up to 7 years after-burn, in both men and women. The strongest contributing factors for worse outcome regarding sexuality were a history of psychiatric morbidity, neuroticism and burn severity. CONCLUSIONS: As some patients experience sexual problems after burns, even many years later, it is important to identify these individuals. The BSHS-B sexuality subscale may be used as a screening tool, but more in-depth assessment might be needed to address all aspects of sexuality.

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FAU - Oster, C
AU - Oster C
AD - Department of Neuroscience, Psychiatry, Uppsala University, SE-751 85 Uppsala, Sweden.
FAU - Sveen, J
AU - Sveen J
AD - Department of Neuroscience, Psychiatry, Uppsala University, SE-751 85 Uppsala, Sweden. Electronic address: Josefin.Sveen@neuro.uu.se.
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20150715
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adult
MH - Burn Units
MH - Burns/*psychology/rehabilitation
MH - Female
MH - Follow-Up Studies
MH - Health Status
MH - Health Status Indicators
MH - Humans
MH - Male
MH - Middle Aged
MH - Prospective Studies
MH - Quality of Life/psychology
MH - Sex Factors
MH - *Sexuality/psychology
MH - Surveys and Questionnaires
MH - Survivors/psychology
MH - Sweden
MH - Time Factors
MH - Young Adult
OTO - NOTNLM
OT - Burn
OT - Burn Specific Health Scale-Brief
OT - Mental disorders
OT - Neuroticism
OT - Sexuality
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AID - S0305-4179(15)00128-X [pii]
AID - 10.1016/j.burns.2015.04.017 [doi]
PST - ppublish
SO - Burns. 2015 Nov;41(7):1572-8. doi: 10.1016/j.burns.2015.04.017. Epub 2015 Jul 15.

PMID- 29581998
OWN - NLM
STAT- PubMed-not-MEDLINE

LR - 20191120

IS - 2352-4642 (Print)

IS - 2352-4642 (Linking)

VI - 1

IP - 4

DP - 2017 Dec

TI - Long-term effect of critical illness after severe paediatric burn injury on cardiac function in adolescent survivors: an observational study.

PG - 293-301

LID - 10.1016/S2352-4642(17)30122-0 [doi]

AB - Background: Sepsis, trauma, and burn injury acutely depress systolic and diastolic cardiac function; data on long-term cardiac sequelae of pediatric critical illness are sparse. This study evaluated long-term systolic and diastolic function, myocardial fibrosis, and exercise tolerance in survivors of severe pediatric burn injury. Methods: Subjects at least 5 years after severe burn (post-burn:PB) and age-matched healthy controls (HC) underwent echocardiography to quantify systolic function (ejection fraction[EF%]), diastolic function (E/e'), and myocardial fibrosis (calibrated integrated backscatter) of the left ventricle. Exercise tolerance was quantified by oxygen consumption (VO_2) and heart rate at rest and peak exercise. Demographic information, clinical data, and biomarker expression were used to predict long-term cardiac dysfunction and fibrosis. Findings: Sixty-five subjects (PB:40;HC:25) were evaluated. At study date, PB subjects were 19 ± 5 years, were at 12 ± 4 years postburn, and had burns over $59\pm 19\%$ of total body surface area, sustained at 8 ± 5 years of age. The PB group had lower EF% (PB: $52\pm 9\%$;HC: $61\pm 6\%$; $p=0.004$), E/e' (PB: 9.8 ± 2.9 ;HC: 5.4 ± 0.9 ; $p<0.0001$), VO_{2peak} (PB: 37.9 ± 12 ;HC: 46 ± 8.32 ml/min/kg; $p=0.029$), and peak heart rate (PB: 161 ± 26 ;HC: 182 ± 13 bpm; $p=0.007$). The PB group had moderate (28%) or severe (15%) systolic dysfunction, moderate (50%) or severe diastolic dysfunction (21%), and myocardial fibrosis (18%). Biomarkers and clinical parameters predicted myocardial fibrosis, systolic dysfunction, and diastolic dysfunction. Interpretation: Severe pediatric burn injury may have lasting impact on cardiac function into young adulthood and is associated with myocardial fibrosis and reduced exercise tolerance. Given the strong predictive value of systolic and diastolic dysfunction, these patients might be at increased risk for early heart failure, associated morbidity, and mortality. Funding: Conflicts of Interest and Sources of Funding: The authors do not have any conflicts of interest to declare. This work was supported by NIH (P50 GM060338, R01 GM056687, R01 HD049471, R01 GM112936, R01-GM56687 and T32 GM008256), NIDILRR (H133A120091, 90DP00430100), Shriners Hospitals for Children (84080, 79141, 79135, 71009, 80100, 71008, 87300 and 71000), FAER (MRTG CON14876), and the Department of Defense (W81XWH-14-2-0162 and W81XWH1420162). It was also made possible with the support of UTMB's Institute for Translational Sciences, supported in part by a Clinical and Translational Science Award (UL1TR000071) from the National Center for Advancing Translational Sciences (NIH).

FAU - Hundeshagen, Gabriel

AU - Hundeshagen G

AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd, Galveston, TX 77555.

AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.

AD - Department of Hand, Plastic and Reconstructive Surgery, Burn Trauma Center, BG Trauma Center Ludwigshafen; University of Heidelberg, Ludwig-Guttman-Str. 13, 67071 Ludwigshafen, Germany.

FAU - Herndon, David N

AU - Herndon DN

AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd, Galveston, TX 77555.

AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.

FAU - Clayton, Robert P

AU - Clayton RP
AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd,
Galveston, TX 77555.
AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.
FAU - Wurzer, Paul
AU - Wurzer P
AD - Division of Plastic, Aesthetic and Reconstructive Surgery, Department of Surgery,
Medical University of Graz, Austria.
FAU - McQuitty, Alexis
AU - McQuitty A
AD - Department of Anesthesiology, University of Texas Medical Branch, 301 University
Blvd, Galveston, TX 77555.
FAU - Jennings, Kristofer
AU - Jennings K
AD - Office of Biostatistics, Department of Preventive Medicine and Community Health,
University of Texas Medical Branch, 301 University Blvd, Galveston, TX 77555.
FAU - Branski, Ludwik
AU - Branski L
AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd,
Galveston, TX 77555.
AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.
AD - Division of Plastic, Aesthetic and Reconstructive Surgery, Department of Surgery,
Medical University of Graz, Austria.
FAU - Collins, Vanessa N
AU - Collins VN
AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.
FAU - Marques, Nicole Ribeiro
AU - Marques NR
AD - Department of Anesthesiology, University of Texas Medical Branch, 301 University
Blvd, Galveston, TX 77555.
FAU - Finnerty, Celeste C
AU - Finnerty CC
AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd,
Galveston, TX 77555.
AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.
FAU - Suman, Oscar E
AU - Suman OE
AD - Department of Surgery, University of Texas Medical Branch, 301 University Blvd,
Galveston, TX 77555.
AD - Shriners Hospitals for Children, Galveston, 815 Market St, Galveston, TX 77555.
FAU - Kinsky, Michael P
AU - Kinsky MP
AD - Division of Plastic, Aesthetic and Reconstructive Surgery, Department of Surgery,
Medical University of Graz, Austria.
LA - eng
GR - P50 GM060338/GM/NIGMS NIH HHS/United States
GR - R01 GM056687/GM/NIGMS NIH HHS/United States
PT - Journal Article
DEP - 20171020
PL - England
TA - Lancet Child Adolesc Health
JT - The Lancet. Child & adolescent health
JID - 101712925
PMC - PMC5865217
MID - NIHMS917690
COIS- Declaration of Interests: None
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AID - 10.1016/S2352-4642(17)30122-0 [doi]
PST - ppublish
SO - Lancet Child Adolesc Health. 2017 Dec;1(4):293-301. doi:
10.1016/S2352-4642(17)30122-0. Epub 2017 Oct 20.

PMID- 26056761
OWN - NLM
STAT- MEDLINE
DCOM- 20180301
LR - 20181202
IS - 1559-0488 (Electronic)
IS - 1559-047X (Linking)
VI - 37
IP - 4
DP - 2016 Jul-Aug
TI - Long-Term Outcomes in Patients Surviving Large Burns: The Musculoskeletal System.
PG - 243-54
LID - 10.1097/BCR.0000000000000257 [doi]
AB - The authors have previously described long-term outcomes related to the skin in patients surviving large burns. The objective of this study was to describe the long-term musculoskeletal complications following major burn injury. This is a cross-sectional descriptive study that includes a one-time evaluation of 98 burn survivors (mean age = 47 years; mean TBSA = 57%; and mean time from injury = 17 years), who consented to participate in the study. A comprehensive history and physical examination was conducted by a senior and experienced Physical Medicine and Rehabilitation physician. In addition to completing a Medical Problem Checklist, subjects also completed the Burn-Specific Health Scale (Abbreviated 80 item), a self-report measure used to review the level of functional adaptation. Joint pain, joint stiffness, problems walking or running, fatigue, and weak arms and hands are conditions that continue to be reported at an average of 17 years from the time of burn injury. Seventy-three percent (68 of 93) of the study sample were found to have a limitation of motion and areas most affected were the neck (47%), hands (45%), and axilla (38%). The global (Burn-Specific Health Scale-total) score for the overall sample was 0.78. Subjects with limitation of motion had significant difficulty in areas of mobility, self-care, hand function, and role activities. This study underscores the importance of long-term follow-up care and therapeutic interventions for survivors of major burn injury, as they continue to have significant and persistent burn-related impairments even several years following injury.
FAU - Holavanahalli, Radha K
AU - Holavanahalli RK
AD - From The Department of Physical Medicine and Rehabilitation, University of Texas Southwestern Medical Center, Dallas.
FAU - Helm, Phala A
AU - Helm PA
FAU - Kowalske, Karen J
AU - Kowalske KJ
LA - eng
PT - Journal Article
PL - England
TA - J Burn Care Res
JT - Journal of burn care & research : official publication of the American Burn Association
JID - 101262774
SB - IM
MH - Adult

MH - Aged
MH - Burns/*physiopathology/therapy
MH - Cross-Sectional Studies
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Mobility Limitation
MH - Musculoskeletal System/*physiopathology
MH - Quality of Life
MH - Range of Motion, Articular
MH - Surveys and Questionnaires
MH - Survivors
MH - Treatment Outcome
MH - Young Adult
EDAT- 2015/06/10 06:00
MHDA- 2018/03/02 06:00
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PHST- 2015/06/10 06:00 [pubmed]
PHST- 2018/03/02 06:00 [medline]
AID - 10.1097/BCR.0000000000000257 [doi]
PST - ppublish
SO - J Burn Care Res. 2016 Jul-Aug;37(4):243-54. doi: 10.1097/BCR.0000000000000257.

PMID- 26240461

OWN - NLM

STAT- MEDLINE

DCOM- 20170119

LR - 20181113

IS - 1564-0604 (Electronic)

IS - 0042-9686 (Linking)

VI - 93

IP - 6

DP - 2015 Jun 1

TI - Long-term mortality among older adults with burn injury: a population-based study in Australia.

PG - 400-6

LID - 10.2471/BLT.14.149146 [doi]

AB - OBJECTIVE: To assess if burn injury in older adults is associated with changes in long-term all-cause mortality and to estimate the increased risk of death attributable to burn injury. METHODS: We conducted a population-based matched longitudinal study - based on administrative data from Western Australia's hospital morbidity data system and death register. A cohort of 6014 individuals who were aged at least 45 years when hospitalized for a first burn injury in 1980-2012 was identified. A non-injury comparison cohort, randomly selected from Western Australia's electoral roll (n = 25 759), was matched to the patients. We used Kaplan-Meier plots and Cox proportional hazards regression to analyse the data and generated mortality rate ratios and attributable risk percentages. FINDINGS: For those hospitalized with burns, 180 (3%) died in hospital and 2498 (42%) died after discharge. Individuals with burn injury had a 1.4-fold greater mortality rate than those with no injury (95% confidence interval, CI: 1.3-1.5). In this cohort, the long-term mortality attributable to burn injury was 29%. Mortality risk was increased by both severe and minor burns, with adjusted mortality rate ratios of 1.3 (95% CI: 1.1-1.9) and 2.1 (95% CI: 1.9-2.3), respectively. CONCLUSION: Burn injury is associated with increased long-term mortality. In our study population, sole reliance on data on in-hospital deaths would lead to an underestimate of the true mortality burden associated with burn injury.

FAU - Duke, Janine M
AU - Duke JM
AD - Burn Injury Research Unit, School of Surgery, Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia, M318 35 Stirling Highway, Crawley, 6009, Perth, Western Australia, Australia .
FAU - Boyd, James H
AU - Boyd JH
AD - Centre for Data Linkage, Curtin University, Perth, Australia .
FAU - Rea, Suzanne
AU - Rea S
AD - Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Australia .
FAU - Randall, Sean M
AU - Randall SM
AD - Centre for Data Linkage, Curtin University, Perth, Australia .
FAU - Wood, Fiona M
AU - Wood FM
AD - Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Australia .
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20150420
PL - Switzerland
TA - Bull World Health Organ
JT - Bulletin of the World Health Organization
JID - 7507052
SB - IM
MH - Aged
MH - Burns/*mortality/pathology
MH - Female
MH - Hospital Mortality
MH - Humans
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Oceanic Ancestry Group/statistics & numerical data
MH - Proportional Hazards Models
MH - Registries
MH - Risk Factors
MH - Severity of Illness Index
MH - Sex Distribution
MH - Western Australia/epidemiology
PMC - PMC4450710
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AID - 10.2471/BLT.14.149146 [doi]
AID - BLT.14.149146 [pii]
PST - ppublish
SO - Bull World Health Organ. 2015 Jun 1;93(6):400-6. doi: 10.2471/BLT.14.149146. Epub 2015 Apr 20.

PMID- 25802351
OWN - NLM
STAT- MEDLINE
DCOM- 20150611
LR - 20150402
IS - 1098-4275 (Electronic)
IS - 0031-4005 (Linking)
VI - 135
IP - 4
DP - 2015 Apr
TI - Mortality after burn injury in children: a 33-year population-based study.
PG - e903-10
LID - 10.1542/peds.2014-3140 [doi]
AB - OBJECTIVE: To assess the impact of burn injury sustained during childhood on long-term mortality and to quantify any increased risk of death attributable to burn injury. METHODS: A population-based cohort study of children younger than 15 years hospitalized for burn injury in Western Australia (1980-2012) and a matched noninjured comparison group. Deidentified extraction of linked hospital morbidity and death records for the period 1980-2012 were provided by the Western Australian Data Linkage System. An inception cohort (1980-2012) of burn cases younger than 15 years of age when hospitalized for a first burn injury (n = 10,426) and a frequency matched noninjured comparison cohort (n = 40,818) were identified. Survival analysis was conducted by using the Kaplan-Meier method and Cox proportional hazards regression. Mortality rate ratios and attributable risk percent adjusted for sociodemographic and preexisting health factors were generated. RESULTS: The median follow-up time for the pediatric burn cohort was 18.1 years after discharge. The adjusted all-cause mortality rate ratios for burn injury was 1.6 (95% confidence interval: 1.3-2.0); children with burn injury had a 1.6 times greater rate of mortality than those with no injury. The index burn injury was estimated to account for 38% (attributable risk percent) of all recorded deaths in the burn injury cohort during the study period. CONCLUSIONS: Burn injury sustained by children is associated with an increased risk of long-term all-cause mortality. Estimates of the total mortality burden based on in-hospital deaths alone underestimates the true burden from burn injury.
CI - Copyright (c) 2015 by the American Academy of Pediatrics.
FAU - Duke, Janine M
AU - Duke JM
AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Australia; janine.duke@uwa.edu.au.
FAU - Rea, Suzanne
AU - Rea S
AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Australia; Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Australia; and.
FAU - Boyd, James H
AU - Boyd JH
AD - Population Health Research Network Centre for Data Linkage, Curtin University, Perth, Australia.
FAU - Randall, Sean M
AU - Randall SM
AD - Population Health Research Network Centre for Data Linkage, Curtin University, Perth, Australia.
FAU - Wood, Fiona M
AU - Wood FM
AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Australia; Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Australia; and.
LA - eng
PT - Journal Article

PT - Research Support, Non-U.S. Gov't
PL - United States
TA - Pediatrics
JT - Pediatrics
JID - 0376422
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Burns/*mortality
MH - Case-Control Studies
MH - *Cause of Death
MH - Child
MH - Child, Preschool
MH - Cohort Studies
MH - Female
MH - Follow-Up Studies
MH - Health Surveys
MH - Humans
MH - Infant
MH - Infant, Newborn
MH - Kaplan-Meier Estimate
MH - Male
MH - Middle Aged
MH - Population Surveillance
MH - Proportional Hazards Models
MH - Retrospective Studies
MH - Risk Assessment
MH - Western Australia
MH - Young Adult
OTO - NOTNLM
OT - Outcomes
OT - burden of disease
OT - burns
OT - epidemiology
OT - mortality
OT - record linkage
EDAT- 2015/03/25 06:00
MHDA- 2015/06/13 06:00
CRDT- 2015/03/25 06:00
PHST- 2015/03/25 06:00 [entrez]
PHST- 2015/03/25 06:00 [pubmed]
PHST- 2015/06/13 06:00 [medline]
AID - peds.2014-3140 [pii]
AID - 10.1542/peds.2014-3140 [doi]
PST - ppublish
SO - Pediatrics. 2015 Apr;135(4):e903-10. doi: 10.1542/peds.2014-3140.

PMID- 26362668
OWN - NLM
STAT- MEDLINE
DCOM- 20160623
LR - 20190202
IS - 2044-6055 (Electronic)
IS - 2044-6055 (Linking)
VI - 5
IP - 9
DP - 2015 Sep 11
TI - Long-term musculoskeletal morbidity after adult burn injury: a population-based

cohort study.

PG - e009395

LID - 10.1136/bmjopen-2015-009395 [doi]

AB - OBJECTIVE: To investigate if adults who are hospitalised for a burn injury have increased long-term hospital use for musculoskeletal diseases. DESIGN: A population-based retrospective cohort study using linked administrative health data from the Western Australian Data Linkage System. SUBJECTS: Records of 17,753 persons aged at least 20 years when hospitalised for a first burn injury in Western Australia during the period 1980-2012, and 70,758 persons who were age and gender-frequency matched with no injury admissions randomly selected from Western Australia's electoral roll. MAIN OUTCOME MEASURES: Admission rates and cumulative length of stay for musculoskeletal diseases. Negative binomial and Cox proportional hazards regression modelling were used to generate incidence rate ratios (IRR) and HRs with 95% CIs, respectively. RESULTS: After adjustment for pre-existing health status and demographic characteristics, the burn cohort had almost twice the hospitalisation rate for a musculoskeletal condition (IRR, 95% CI 1.98, 1.86 to 2.10), and spent 3.70 times as long in hospital with a musculoskeletal diagnosis (95% CI 3.10 to 4.42) over the 33-year period, than the uninjured comparison cohort. Adjusted survival analyses of incident post-burn musculoskeletal disease admissions found significant increases for the 15-year post burn discharge period (0-6 months: HR, 95% CI 2.51, 2.04 to 3.11; 6 months-2 years: HR, 95% CI 1.77, 1.53 to 2.05; 2-15 years: HR, 95% CI 1.32, 1.23 to 1.42). Incident admission rates were significantly elevated for 20 years post-burn for minor and severe burn injury for a range of musculoskeletal diseases that included arthropathies, dorsopathies, osteopathies and soft tissue disorders. CONCLUSIONS: Minor and severe burn injuries were associated with significantly increased post-burn incident admission rates, long-term hospital use and prolonged length of stay for a range of musculoskeletal diseases. Further research is required that facilitates identification of at-risk patients and appropriate treatment pathways, to reduce the long-term morbidity associated with burns.

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FAU - Randall, Sean M

AU - Randall SM

AD - Centre for Data Linkage, Curtin University, Perth, Western Australia, Australia.

FAU - Fear, Mark W

AU - Fear MW

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia.

FAU - Wood, Fiona M

AU - Wood FM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Western Australia, Australia.

FAU - Rea, Suzanne

AU - Rea S

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia Burns Service of Western Australia, Royal Perth Hospital and Princess Margaret Hospital, Perth, Western Australia, Australia.

FAU - Boyd, James H

AU - Boyd JH

AD - Centre for Data Linkage, Curtin University, Perth, Western Australia, Australia.

FAU - Duke, Janine M

AU - Duke JM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia,

Perth, Western Australia, Australia.

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

DEP - 20150911

PL - England

TA - BMJ Open

JT - BMJ open

JID - 101552874

SB - IM

MH - Adult

MH - Aged

MH - Burns/*complications

MH - Female

MH - Hospitalization/statistics & numerical data

MH - Humans

MH - Incidence

MH - Length of Stay/statistics & numerical data

MH - Male

MH - Middle Aged

MH - Musculoskeletal Diseases/*epidemiology/etiology

MH - Proportional Hazards Models

MH - Retrospective Studies

MH - Risk Assessment

MH - Sex Distribution

MH - Survival Analysis

MH - Western Australia/epidemiology

MH - Young Adult

PMC - PMC4567662

OTO - NOTNLM

OT - EPIDEMIOLOGY

OT - SURGERY

EDAT- 2015/09/13 06:00

MHDA- 2016/06/24 06:00

CRDT- 2015/09/13 06:00

PHST- 2015/09/13 06:00 [entrez]

PHST- 2015/09/13 06:00 [pubmed]

PHST- 2016/06/24 06:00 [medline]

AID - bmjopen-2015-009395 [pii]

AID - 10.1136/bmjopen-2015-009395 [doi]

PST - epublish

SO - BMJ Open. 2015 Sep 11;5(9):e009395. doi: 10.1136/bmjopen-2015-009395.

PMID- 28041752

OWN - NLM

STAT- MEDLINE

DCOM- 20170314

LR - 20191210

IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 43

IP - 2

DP - 2017 Mar

TI - Burns and long-term infectious disease morbidity: A population-based study.

PG - 273-281

LID - S0305-4179(16)30449-1 [pii]

LID - 10.1016/j.burns.2016.10.020 [doi]

AB - BACKGROUND: There is a growing volume of data that indicates that serious injury suppresses immune function, predisposing individuals to infectious complications.

With recent evidence showing long-term immune dysfunction after less severe burn, this study aimed to investigate post-burn infectious disease morbidity and assess if burn patients have increased long-term hospital use for infectious diseases. METHODS: A population-based longitudinal study using linked hospital morbidity and death data from Western Australia for all persons hospitalised for a first burn (n=30,997) in 1980-2012. A frequency matched non-injury comparison cohort was randomly selected from Western Australia's birth registrations and electoral roll (n=123,399). Direct standardisation was used to assess temporal trends in infectious disease admissions. Crude annual admission rates and length of stay for infectious diseases were calculated. Multivariate negative binomial and Cox proportional hazards regression modeling were used to generate adjusted incidence rate ratios (IRR) and hazard ratios (HR), respectively. RESULTS: After adjustment for demographic factors and pre-existing health status, the burn cohort had twice (IRR, 95% confidence interval (CI): 2.04, 1.98-2.22) as many admissions and 3.5 times the number of days in hospital (IRR, 95%CI: 3.46, 3.05-3.92) than the uninjured cohort for infectious diseases. Higher rates of infectious disease admissions were found for severe (IRR, 95%CI: 2.37, 1.89-2.97) and minor burns (IRR, 95%CI: 2.22, 2.11-2.33). Burns were associated with significantly increased incident admissions: 0-30days (HR, 95%CI: 5.18, 4.15-6.48); 30days-1year (HR, 95%CI: 1.69, 1.53-1.87); 1-10 years (HR, 95%CI: 1.40:1.33-1.47); >10years (HR, 95%CI: 1.16, 1.08-1.24). Respiratory, skin and soft tissue and gastrointestinal infections were the most common. The burn cohort had a 1.75 (95%CI: 1.37-2.25) times greater rate of mortality caused by infectious diseases during the 5-year period after discharge than the uninjured cohort. CONCLUSIONS: These findings suggest that burn has long-lasting effects on the immune system and its function. The increase in infectious disease in three different epithelial tissues in the burn cohort suggests there may be common underlying pathophysiology. Further research to understand the underlying mechanisms are required to inform clinical interventions to mitigate infectious disease after burn and improve patient outcomes.

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FAU - Duke, Janine M

AU - Duke JM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Western Australia, Perth, Australia. Electronic address: janine.duke@uwa.edu.au.

FAU - Randall, Sean M

AU - Randall SM

AD - Centre for Data Linkage, Curtin University, Western Australia, Perth, Australia. Electronic address: Sean.Randall@curtin.edu.au.

FAU - Wood, Fiona M

AU - Wood FM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Western Australia, Perth, Australia; Burns Service of Western Australia, Fiona Stanley Hospital and Princess Margaret Hospital, Western Australia, Perth, Australia. Electronic address: Fiona.Wood@health.wa.gov.au.

FAU - Boyd, James H

AU - Boyd JH

AD - Centre for Data Linkage, Curtin University, Western Australia, Perth, Australia. Electronic address: j.boyd@curtin.edu.au.

FAU - Fear, Mark W

AU - Fear MW

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Western Australia, Perth, Australia. Electronic address: mark@fionawoodfoundation.com.

LA - eng

PT - Journal Article

DEP - 20161230

PL - Netherlands

TA - Burns

JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - Burns/*epidemiology
MH - Case-Control Studies
MH - Child
MH - Female
MH - Gastroenteritis/epidemiology/mortality
MH - Hospitalization/*statistics & numerical data
MH - Humans
MH - Incidence
MH - Infections/*epidemiology/mortality
MH - Information Storage and Retrieval
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Multivariate Analysis
MH - Oceanic Ancestry Group
MH - Proportional Hazards Models
MH - Respiratory Tract Infections/epidemiology/mortality
MH - Retrospective Studies
MH - Skin Diseases, Infectious/epidemiology/mortality
MH - Soft Tissue Infections/epidemiology/mortality
MH - Western Australia
MH - Young Adult
OTO - NOTNLM
OT - Burns
OT - Cohort
OT - Infections
OT - Long-term health
OT - Population-based
EDAT- 2017/01/04 06:00
MHDA- 2017/03/16 06:00
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PHST- 2016/09/06 00:00 [received]
PHST- 2016/10/19 00:00 [revised]
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PHST- 2017/01/04 06:00 [pubmed]
PHST- 2017/03/16 06:00 [medline]
PHST- 2017/01/03 06:00 [entrez]
AID - S0305-4179(16)30449-1 [pii]
AID - 10.1016/j.burns.2016.10.020 [doi]
PST - ppublish
SO - Burns. 2017 Mar;43(2):273-281. doi: 10.1016/j.burns.2016.10.020. Epub 2016 Dec 30.

PMID- 29032972
OWN - NLM
STAT- MEDLINE
DCOM- 20180713
LR - 20180713
IS - 1879-1409 (Electronic)
IS - 0305-4179 (Linking)
VI - 43
IP - 8
DP - 2017 Dec
TI - Long term cardiovascular impacts after burn and non-burn trauma: A comparative

population-based study.

PG - 1662-1672

LID - S0305-4179(17)30422-9 [pii]

LID - 10.1016/j.burns.2017.08.001 [doi]

AB - OBJECTIVE: To compare post-injury cardiovascular disease (CVD) hospital admissions experienced by burn patients with non-burn trauma patients and people with no record of injury, adjusting for socio-demographic, health and injury factors. METHODS: Linked hospital and death data were analysed for a cohort of burn patients (n=30,997) hospitalised in Western Australia during the period 1980-2012 and age and gender frequency matched comparison cohorts (non-burn trauma: n=28,647; non-injured: n=123,399). The number and length of hospital stay for CVD admissions were used as outcome measures. Multivariate negative binomial regression was used to derive adjusted incidence rate ratios (IRR) and 95% confidence intervals (95%CI). Multivariate Cox regression models and hazard ratios (HR) were used to examine first time post-injury CVD admissions. RESULTS: The burn cohort had a higher rate of CVD (combined) admissions (IRR, 95%CI: 1.16: 1.08-1.24) and spent longer in hospital (IRR, 95%CI: 1.37, 1.13-1.66) than the non-burn trauma cohort. Both the burn cohort (IRR, 95%CI: 1.50, 1.40-1.60) and the non-burn trauma cohort (IRR, 95%CI: 1.29, 1.21-1.37) had higher adjusted rates of post-injury CVD admissions compared with the non-injured cohort. The burn cohort (HR, 95%CI: 2.27, 1.70-3.02) and non-burn trauma cohort (HR, 95%CI: 2.19, 1.66-2.87) experienced significantly elevated first time CVD admissions during the first 6 months after injury, decreasing in magnitude from 6 months to 5 years after injury (HR, 95%CI: burn vs. non-injured; 1.31, 1.16-1.48; non-burn trauma vs. non-injured; 1.16, 1.03-1.31); no significant difference in incident admission rates was found beyond 5 years (HR, 95%CI: burn vs. non-injured; 0.99, 0.92-1.07; non-burn trauma vs. non-injured; 1.00, 0.93-1.07). CONCLUSIONS: Burn and non-burn trauma patients experience elevated rates of post-injury CVD admissions for a prolonged period after the initial injury and are particularly at increased risk of incident CVD admissions during the first 5-years after the injury event. Detailed clinical data are required to help understand the underlying pathogenic pathways triggered by burn and non-burn trauma. This study identified treatment needs for injury patients, burn and non-burn, for a prolonged period after discharge.

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FAU - Duke, Janine M

AU - Duke JM

AD - Burn Injury Research Unit, University of Western Australia, Western Australia, Australia. Electronic address: janine.duke@uwa.edu.au.

FAU - Randall, Sean M

AU - Randall SM

AD - Centre for Data Linkage, Curtin University, Western Australia, Australia.

FAU - Fear, Mark W

AU - Fear MW

AD - Burn Injury Research Unit, University of Western Australia, Western Australia, Australia.

FAU - O'Halloran, Emily

AU - O'Halloran E

AD - Burn Injury Research Unit, University of Western Australia, Western Australia, Australia.

FAU - Boyd, James H

AU - Boyd JH

AD - Centre for Data Linkage, Curtin University, Western Australia, Australia.

FAU - Rea, Suzanne

AU - Rea S

AD - Burn Injury Research Unit, University of Western Australia, Western Australia, Australia; Burns Service of Western Australia, Fiona Stanley Hospital and Princess Margaret Hospital, Western Australia, Australia.

FAU - Wood, Fiona M

AU - Wood FM
AD - Burn Injury Research Unit, University of Western Australia, Western Australia, Australia; Burns Service of Western Australia, Fiona Stanley Hospital and Princess Margaret Hospital, Western Australia, Australia.
LA - eng
PT - Comparative Study
PT - Journal Article
DEP - 20171009
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - Burns/*complications
MH - Cardiovascular Diseases/*epidemiology
MH - Child
MH - Child, Preschool
MH - Female
MH - Hospitalization/statistics & numerical data
MH - Humans
MH - Incidence
MH - Infant
MH - Length of Stay/statistics & numerical data
MH - Male
MH - Proportional Hazards Models
MH - Retrospective Studies
MH - Western Australia/epidemiology
MH - Wounds and Injuries/*complications
MH - Young Adult
OTO - NOTNLM
OT - Admissions
OT - Burn
OT - Cardiovascular disease
OT - Cohort
OT - Linked data
OT - Non-burn trauma
EDAT- 2017/10/17 06:00
MHDA- 2018/07/14 06:00
CRDT- 2017/10/17 06:00
PHST- 2017/06/26 00:00 [received]
PHST- 2017/08/07 00:00 [revised]
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PHST- 2017/10/17 06:00 [pubmed]
PHST- 2018/07/14 06:00 [medline]
PHST- 2017/10/17 06:00 [entrez]
AID - S0305-4179(17)30422-9 [pii]
AID - 10.1016/j.burns.2017.08.001 [doi]
PST - ppublish
SO - Burns. 2017 Dec;43(8):1662-1672. doi: 10.1016/j.burns.2017.08.001. Epub 2017 Oct 9.

PMID- 27720266
OWN - NLM
STAT- MEDLINE
DCOM- 20171023
LR - 20171023
IS - 1879-1409 (Electronic)

IS - 0305-4179 (Linking)

VI - 43

IP - 3

DP - 2017 May

TI - Burn leads to long-term elevated admissions to hospital for gastrointestinal disease in a West Australian population based study.

PG - 665-673

LID - S0305-4179(16)30359-X [pii]

LID - 10.1016/j.burns.2016.09.009 [doi]

AB - BACKGROUND: While the most obvious impact of burn is on the skin, systemic responses also occur after burn, including intestinal inflammation. The objective of this study was to assess if burns are associated with increased long-term admissions for gastrointestinal diseases. METHODS: A population-based longitudinal study using linked hospital morbidity and death data from Western Australia was undertaken of adults aged at least 15 years when hospitalized for a first burn (n=20,561) in 1980-2012. A frequency matched non-injury comparison cohort was randomly selected from Western Australia's birth registrations and electoral roll (n=80,960). Crude admission rates and summed days in hospital for digestive diseases were calculated. Negative binomial and Cox proportional hazards regression modeling were used to generate incidence rate ratios (IRR) and hazard ratios (HR), respectively. RESULTS: After adjustment for demographic factors and pre-existing health status, the burn cohort had 1.54 times (95% confidence interval (CI): 1.47-1.62) as many admissions and almost three times the number of days in hospital with a digestive system diagnosis (IRR, 95% CI: 2.90, 2.60-3.25) than the uninjured cohort. Significantly elevated adjusted post-burn incident rates were identified, with the risk decreasing with increasing time: in the first month (HR, 95% CI: 3.02, 1.89-4.82), from one month to five years (HR, 95% CI: 1.42, 1.31-1.54), and from five to twenty years after burn (HR, 95% CI: 1.13, 1.06-1.20). CONCLUSIONS: Findings of increased hospital admission rates and prolonged length of hospital stay for gastrointestinal diseases in the burn cohort provide evidence to support that burns have effects that persist long after the initial injury.

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FAU - Stevenson, Andrew W

AU - Stevenson AW

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia. Electronic address: andrew.stephenson@uwa.edu.au.

FAU - Randall, Sean M

AU - Randall SM

AD - Centre for Data Linkage, Curtin University, Perth, Western Australia, Australia. Electronic address: Sean.Randall@curtin.edu.au.

FAU - Boyd, James H

AU - Boyd JH

AD - Centre for Data Linkage, Curtin University, Perth, Western Australia, Australia. Electronic address: j.boyd@curtin.edu.au.

FAU - Wood, Fiona M

AU - Wood FM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia; Burns Service of Western Australia, Fiona Stanley Hospital and Princess Margaret Hospital, Perth, Western Australia, Australia. Electronic address: Fiona.Wood@health.wa.gov.au.

FAU - Fear, Mark W

AU - Fear MW

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia, Perth, Western Australia, Australia. Electronic address: mark.fear@uwa.edu.au.

FAU - Duke, Janine M

AU - Duke JM

AD - Burn Injury Research Unit, School of Surgery, University of Western Australia,

Perth, Western Australia, Australia. Electronic address: janine.duke@uwa.edu.au.

LA - eng
PT - Journal Article
DEP - 20161005
PL - Netherlands
TA - Burns
JT - Burns : journal of the International Society for Burn Injuries
JID - 8913178
SB - IM
MH - Adolescent
MH - Adult
MH - Biliary Tract Diseases/*epidemiology
MH - Burns/*epidemiology
MH - Female
MH - Gastrointestinal Diseases/*epidemiology
MH - Hospitalization/*statistics & numerical data
MH - Humans
MH - Incidence
MH - Length of Stay
MH - Liver Diseases/*epidemiology
MH - Liver Diseases, Alcoholic/epidemiology
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - Pancreatic Diseases/*epidemiology
MH - Proportional Hazards Models
MH - Western Australia/epidemiology
MH - Young Adult
OTO - NOTNLM
OT - Adults
OT - Burns
OT - Gastrointestinal disease
OT - Long-term health
OT - Population-based cohort
EDAT- 2016/10/11 06:00
MHDA- 2017/10/24 06:00
CRDT- 2016/10/11 06:00
PHST- 2016/06/29 00:00 [received]
PHST- 2016/09/08 00:00 [revised]
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PHST- 2016/10/11 06:00 [pubmed]
PHST- 2017/10/24 06:00 [medline]
PHST- 2016/10/11 06:00 [entrez]
AID - S0305-4179(16)30359-X [pii]
AID - 10.1016/j.burns.2016.09.009 [doi]
PST - ppublish
SO - Burns. 2017 May;43(3):665-673. doi: 10.1016/j.burns.2016.09.009. Epub 2016 Oct 5.

Sepsis

PMID- 29742586

OWN - NLM

STAT- MEDLINE

DCOM- 20190924

LR - 20190925

IS - 1530-0293 (Electronic)

IS - 0090-3493 (Linking)

VI - 46

IP - 8

DP - 2018 Aug

TI - Long-Term Survival of Young Patients Surviving ICU Admission With Severe Sepsis.

PG - 1269-1275

LID - 10.1097/CCM.0000000000003205 [doi]

AB - OBJECTIVES: Sepsis remains a disease with a high mortality rate. The study goal was to assess long-term survival of severe sepsis in young patients. DESIGN: Retrospective cohort study. SETTING: Patients admitted with sepsis to ICUs in seven tertiary hospitals between 2003 and 2011. PATIENTS: A total of 409 patients less than 45 years who survived to hospital discharge were age and sex matched with 818 patients with infectious disease without sepsis selected from internal medicine or surgical department admissions. INTERVENTIONS: None. MEASUREMENTS AND

MAIN RESULTS: The median age in sepsis patients and the comparison group was 31 and 32 years, respectively. The proportions of patients surviving after hospital discharge were significantly lower in the sepsis group compared with the control group; among survivors, 6-month, 1-year, and 3-year mortality rates were 0.7% versus 0%, 4.5% versus 0.7%, 7.9% versus 1.2%, and 10.8% versus 1.8%, respectively ($p < 0.001$ for all). In a multivariate Cox proportional hazards regression model, sepsis was associated with an increased risk of mortality (hazard ratio, 3.79; 95% CI, 2.27-6.32), while controlling for age, Charlson Comorbidity Index, history of stroke, and congestive heart failure. Past the 24-month landmark, sepsis was not found to be an independent risk for mortality (hazard ratio, 1.79; 95% CI, 0.67-4.79). Based on cause of death analysis, chronic underlying comorbidities might explain the excess mortality in patients with sepsis. CONCLUSIONS: Young patients experiencing an episode of severe sepsis continue to be at higher risk of long-term mortality. The highest mortality rates were observed during the first 24 months following discharge.

FAU - Abu-Kaf, Heba

AU - Abu-Kaf H

AD - Department of Internal Medicine 'D', Division of Internal Medicine, Soroka University Medical Center, Beer Sheva, Israel.

AD - Clinical Research Center, University Soroka Medical Center, Beer Sheva, Israel.

FAU - Mizrakli, Yuval

AU - Mizrakli Y

AD - Clinical Research Center, University Soroka Medical Center, Beer Sheva, Israel.

FAU - Novack, Victor

AU - Novack V

FAU - Dreier, Jacob

AU - Dreier J

LA - eng

PT - Journal Article

PL - United States

TA - Crit Care Med

JT - Critical care medicine

JID - 0355501

SB - AIM

SB - IM
CIN - Crit Care Med. 2018 Aug;46(8):1378-1380. PMID: 30004971
CIN - Crit Care Med. 2019 Jan;47(1):e71. PMID: 30557263
MH - Adult
MH - Comorbidity
MH - Female
MH - Hospital Mortality
MH - Humans
MH - Intensive Care Units
MH - Kaplan-Meier Estimate
MH - Male
MH - Middle Aged
MH - Proportional Hazards Models
MH - Retrospective Studies
MH - Risk Factors
MH - Sepsis/*mortality
MH - Severity of Illness Index
MH - Time Factors
EDAT- 2018/05/10 06:00
MHDA- 2019/09/26 06:00
CRDT- 2018/05/10 06:00
PHST- 2018/05/10 06:00 [pubmed]
PHST- 2019/09/26 06:00 [medline]
PHST- 2018/05/10 06:00 [entrez]
AID - 10.1097/CCM.00000000000003205 [doi]
PST - ppublish
SO - Crit Care Med. 2018 Aug;46(8):1269-1275. doi: 10.1097/CCM.00000000000003205.

PMID- 23632902
OWN - NLM
STAT- MEDLINE
DCOM- 20130708
LR - 20191210
IS - 1931-3543 (Electronic)
IS - 0012-3692 (Linking)
VI - 143
IP - 4
DP - 2013 Apr
TI - A prognostic model for 6-month mortality in elderly survivors of critical illness.
PG - 910-919
LID - S0012-3692(13)60199-3 [pii]
LID - 10.1378/chest.12-1668 [doi]
AB - BACKGROUND: Although 1.4 million elderly Americans survive hospitalization involving intensive care annually, many are at risk for early mortality following discharge. No models that predict the likelihood of death after discharge exist explicitly for this population. Therefore, we derived and externally validated a 6-month postdischarge mortality prediction model for elderly ICU survivors. METHODS: We derived the model from medical record and claims data for 1,526 consecutive patients aged ≥ 65 years who had their first medical ICU admission in 2006 to 2009 at a tertiary-care hospital and survived to discharge (excluding those patients discharged to hospice). We then validated the model in 1,010 patients from a different tertiary-care hospital. RESULTS: Six-month mortality was 27.3% and 30.2% in the derivation and validation cohorts, respectively. Independent predictors of mortality (in descending order of contribution to the model's predictive power) were a do-not-resuscitate order, older age, burden of comorbidity, admission from or discharge to a skilled-care facility, hospital length of stay, principal diagnoses of sepsis and hematologic malignancy, and male sex. For the derivation and external validation cohorts, the area under the

receiver operating characteristic curve was 0.80 (SE, 0.01) and 0.71 (SE, 0.02), respectively, with good calibration for both ($P = 0.31$ and 0.43). CONCLUSIONS: Clinical variables available at hospital discharge can help predict 6-month mortality for elderly ICU survivors. Variables that capture elements of frailty, disability, the burden of comorbidity, and patient preferences regarding resuscitation during the hospitalization contribute most to this model's predictive power. The model could aid providers in counseling elderly ICU survivors at high risk of death and their families.

FAU - Baldwin, Matthew R

AU - Baldwin MR

AD - Division of Pulmonary, Allergy, and Critical Care, Columbia University, New York, NY. Electronic address: mrb45@columbia.edu.

FAU - Narain, Wazim R

AU - Narain WR

AD - Data Analytics Group, New York-Presbyterian Hospital, New York, NY.

FAU - Wunsch, Hannah

AU - Wunsch H

AD - Department of Anesthesiology, College of Physicians and Surgeons, Columbia University, New York, NY; Department of Epidemiology, New York, NY.

FAU - Schluger, Neil W

AU - Schluger NW

AD - Division of Pulmonary, Allergy, and Critical Care, Columbia University, New York, NY; Department of Epidemiology, New York, NY.

FAU - Cooke, Joseph T

AU - Cooke JT

AD - Division of Pulmonary and Critical Care, Weill Cornell Medical College, New York, NY.

FAU - Maurer, Mathew S

AU - Maurer MS

AD - Division of Cardiology, College of Physicians and Surgeons, Columbia University, New York, NY.

FAU - Rowe, John W

AU - Rowe JW

AD - Department of Health Policy and Management, Mailman School of Public Health, Columbia University, New York, NY.

FAU - Lederer, David J

AU - Lederer DJ

AD - Division of Pulmonary, Allergy, and Critical Care, Columbia University, New York, NY; Department of Epidemiology, New York, NY.

FAU - Bach, Peter B

AU - Bach PB

AD - Center for Health Policy and Outcomes, Memorial Sloan-Kettering Cancer Center, New York, NY.

LA - eng

GR - K24 AG036778/AG/NIA NIH HHS/United States

GR - P30 CA008748/CA/NCI NIH HHS/United States

GR - UL1 RR024156/RR/NCRR NIH HHS/United States

GR - 3P30AG022845-078/AG/NIA NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Validation Study

PL - United States

TA - Chest

JT - Chest

JID - 0231335

SB - AIM

SB - IM

MH - Age Factors

MH - Aged

MH - Aged, 80 and over
MH - Comorbidity
MH - Critical Illness/*mortality
MH - Female
MH - Humans
MH - Intensive Care Units/*statistics & numerical data
MH - Length of Stay/statistics & numerical data
MH - Male
MH - *Models, Statistical
MH - Patient Discharge/*statistics & numerical data
MH - Prognosis
MH - Resuscitation Orders
MH - Retrospective Studies
MH - Risk Factors
MH - Sex Factors
MH - Time Factors
PMC - PMC3616685
EDAT- 2013/05/02 06:00
MHDA- 2013/07/09 06:00
CRDT- 2013/05/02 06:00
PHST- 2013/05/02 06:00 [entrez]
PHST- 2013/05/02 06:00 [pubmed]
PHST- 2013/07/09 06:00 [medline]
AID - S0012-3692(13)60199-3 [pii]
AID - 10.1378/chest.12-1668 [doi]
PST - ppublish
SO - Chest. 2013 Apr;143(4):910-919. doi: 10.1378/chest.12-1668.

PMID- 28328653

OWN - NLM

STAT- MEDLINE

DCOM- 20170807

LR - 20170807

IS - 1530-0293 (Electronic)

IS - 0090-3493 (Linking)

VI - 45

IP - 6

DP - 2017 Jun

TI - Somatosensory Functions in Survivors of Critical Illness.

PG - e567-e574

LID - 10.1097/CCM.0000000000002309 [doi]

AB - OBJECTIVES: There is growing evidence for increased levels of pain and reduced health-related quality of life in survivors of critical illness. Recent studies showed marked small nerve fiber pathology in critically ill patients, which may contribute to chronic pain states and reduced physical recovery after ICU discharge. Primary objective of this study was the comparison of somatosensory functions between survivors of critical illness 6 months after ICU discharge and controls. In post hoc analyses, we aimed to identify associations between small fiber deficits, pain, health-related quality of life, and clinical data. DESIGN: Cross-sectional study. SETTING: Study in critical illness survivors. PATIENTS: Critical illness survivors (n = 84) and controls (n = 44). INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Somatosensory functions were assessed with validated quantitative sensory testing. Pain and pain-related disability were assessed with the chronic pain grade questionnaire. Health-related quality of life was assessed by means of the Short Form-36. Compared with controls, former patients showed significantly increased thermal detection thresholds and more abnormal values in thermal testing, indicating reduced small fiber functioning. In addition, compared to patients without significant small fiber deficits (n = 46, 54.8%), patients with significant small fiber deficits (n = 38, 45.2%)

reported higher average pain intensity, pain-related disability, and reduced physical health-related quality of life in the SF-36. CONCLUSIONS: A large portion of former critically ill patients show small fiber deficits which seem to be associated with increased pain and reduced physical health-related quality of life. Screening of somatosensory functions in the (post-) acute setting could possibly help to identify patients at risk of long-term impairments.

FAU - Baumbach, Philipp

AU - Baumbach P

AD - 1Integrated Research and Treatment Center, Center for Sepsis Control and Care (CSCC), Jena University Hospital, Jena, Germany. 2Department of Anesthesiology and Intensive Care Medicine, Jena University Hospital, Jena, Germany.

3Biomagnetic Center, Hans-Berger-Klinik for Neurology, Jena University Hospital, Jena, Germany. 4Department of Biological and Clinical Psychology, Friedrich Schiller University of Jena, Jena, Germany.

FAU - Gotz, Theresa

AU - Gotz T

FAU - Gunther, Albrecht

AU - Gunther A

FAU - Weiss, Thomas

AU - Weiss T

FAU - Meissner, Winfried

AU - Meissner W

LA - eng

PT - Journal Article

PL - United States

TA - Crit Care Med

JT - Critical care medicine

JID - 0355501

SB - AIM

SB - IM

MH - APACHE

MH - Aged

MH - Chronic Pain/epidemiology

MH - Critical Illness/*epidemiology

MH - Cross-Sectional Studies

MH - Disability Evaluation

MH - Female

MH - *Health Status

MH - Humans

MH - Intensive Care Units/*statistics & numerical data

MH - Male

MH - Middle Aged

MH - Quality of Life

MH - Sensory Thresholds

MH - Somatosensory Disorders/*epidemiology

MH - Survivors

EDAT- 2017/03/23 06:00

MHDA- 2017/08/08 06:00

CRDT- 2017/03/23 06:00

PHST- 2017/03/23 06:00 [pubmed]

PHST- 2017/08/08 06:00 [medline]

PHST- 2017/03/23 06:00 [entrez]

AID - 10.1097/CCM.0000000000002309 [doi]

PST - ppublish

SO - Crit Care Med. 2017 Jun;45(6):e567-e574. doi: 10.1097/CCM.0000000000002309.

PMID- 19581821

OWN - NLM

STAT- MEDLINE

DCOM- 20100126

LR - 20091109

IS - 1529-7535 (Print)

IS - 1529-7535 (Linking)

VI - 10

IP - 6

DP - 2009 Nov

TI - An explorative study on quality of life and psychological and cognitive function in pediatric survivors of septic shock.

PG - 636-42

LID - 10.1097/PCC.0b013e3181ae5c1a [doi]

AB - OBJECTIVE: To evaluate self-reported health-related quality of life, anxiety, depression, and cognitive function in pediatric septic shock survivors. DESIGN: A retrospective cohort study. SETTING: A 14-bed tertiary pediatric intensive care unit. PATIENTS: Children aged ≥ 8 yrs at the time of the follow-up who were admitted between 1995 and 2004 for septic shock. Inotropic and or vasoconstrictive agents were administered to these patients for ≥ 24 hrs. INTERVENTION: Health-related quality of life was assessed with the KIDSCREEN-52, anxiety with the State Trait Anxiety Inventory for Children, depression with the Children's Depression Inventory, and cognitive function with the cognitive scale of the TNO-AZL Children's Quality of Life Questionnaire Child Form. MEASUREMENTS AND MAIN RESULTS: Fifty of 82 eligible pediatric septic shock survivors were evaluated. The median age of the children at pediatric intensive care unit admission was 4.2 yrs (range, 0.0-17.0 yrs); the median age at follow-up was 10.7 yrs (range, 8.0-20.4 yrs). Health-related quality of life and anxiety scores were comparable to the age-related Dutch norm population. Depression scores were significantly better than the norm population, whereas cognitive function was significantly lower than the norm population. We found that 44% of the children had cognitive scores $< 25\%$ of the norm population. Young age at the time of pediatric intensive care unit admission was predictive of cognitive problems, and cognitive problems were associated with lower emotional function. CONCLUSIONS: In this group of septic shock survivors, health-related quality of life, anxiety, and depression are equal to or slightly better than the age-related Dutch norm population. Cognitive function is decreased, especially in children admitted at younger ages. Follow-up studies with adequate neuropsychological testing are warranted to evaluate the association between septic shock, cognitive function, and risk factors for cognitive problems.

FAU - Bronner, Madelon B

AU - Bronner MB

AD - Psychosocial Department, Pediatric Intensive Care Unit, Emma Children's Hospital, Academic Medical Center, Amsterdam, Netherlands.

FAU - Knoester, Hendrika

AU - Knoester H

FAU - Sol, Jeanine J

AU - Sol JJ

FAU - Bos, Albert P

AU - Bos AP

FAU - Heymans, Hugo S A

AU - Heymans HS

FAU - Grootenhuis, Martha A

AU - Grootenhuis MA

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - Pediatr Crit Care Med

JT - Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies

JID - 100954653
SB - IM
MH - *Adaptation, Psychological
MH - Adolescent
MH - Age Factors
MH - Anxiety/epidemiology/etiology
MH - Case-Control Studies
MH - Child
MH - Child, Preschool
MH - *Cognition
MH - Cognition Disorders/epidemiology/etiology
MH - Depression/epidemiology/etiology
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Infant
MH - Infant, Newborn
MH - Male
MH - Netherlands/epidemiology
MH - *Quality of Life
MH - Retrospective Studies
MH - Risk Factors
MH - Shock, Septic/complications/*psychology
MH - Survivors/*psychology
EDAT- 2009/07/08 09:00
MHDA- 2010/01/27 06:00
CRDT- 2009/07/08 09:00
PHST- 2009/07/08 09:00 [entrez]
PHST- 2009/07/08 09:00 [pubmed]
PHST- 2010/01/27 06:00 [medline]
AID - 10.1097/PCC.0b013e3181ae5c1a [doi]
PST - ppublish
SO - Pediatr Crit Care Med. 2009 Nov;10(6):636-42. doi: 10.1097/PCC.0b013e3181ae5c1a.

PMID- 17952627

OWN - NLM

STAT- MEDLINE

DCOM- 20080111

LR - 20181113

IS - 0962-9343 (Print)

IS - 0962-9343 (Linking)

VI - 16

IP - 10

DP - 2007 Dec

TI - Long-term health-related quality of life in survivors of meningococcal septic shock in childhood and their parents.

PG - 1567-76

AB - OBJECTIVE: To assess long-term health-related quality of life (HR-QoL) in patients who survived meningococcal septic shock in childhood, and their parents. PATIENTS AND METHODS: All consecutive patients with meningococcal septic shock requiring intensive care treatment between 1988 and 2001, and their parents. HR-QoL was assessed by the Child Health Questionnaire and the SF-36. Scores were compared with reference data of Dutch general population samples. Lower scores indicated poorer HR-QoL, higher scores more favourable HR-QoL. RESULTS: One hundred and forty-five patients (response rate 82%) agreed to participate (age PICU admission 3.5 years; follow-up interval 10 years; age follow-up 14.6 years (all medians)). In patients, regardless of age and of patient- versus parent-report, significantly lower scores were found mainly on physical (physical functioning, general health perception) domains and/or physical summary score. In

patients <18 years, according to parent-reports, significantly lower scores were also found on psychosocial HR-QoL domains, whereas in patients > or =12 years, according to patients themselves, significantly higher scores were found on psychosocial domains. As to parents themselves, we found significantly higher scores on the majority of HR-QoL scales (both physical and psychosocial).
CONCLUSIONS: In patients who survived meningococcal septic shock in childhood significantly lower HR-QoL scores were found on the physical domains. This could indicate that the patient's disease episode and present health status had a negative impact on their present physical HR-QoL. Overall long-term HR-QoL in parents was significantly higher.

FAU - Buysse, Corinne M P

AU - Buysse CM

AD - Department of Paediatrics, Division of Paediatric Intensive Care, Erasmus MC-Sophia Children's Hospital, Dr Molewaterplein 60, 3015, GJ, Rotterdam, The Netherlands. c.buysse@erasmusmc.nl

FAU - Raat, Hein

AU - Raat H

FAU - Hazelzet, Jan A

AU - Hazelzet JA

FAU - Vermunt, Lindy C A C

AU - Vermunt LC

FAU - Utens, Elisabeth M W J

AU - Utens EM

FAU - Hop, Wim C J

AU - Hop WC

FAU - Joosten, Koen F M

AU - Joosten KF

LA - eng

PT - Journal Article

DEP - 20071019

PL - Netherlands

TA - Qual Life Res

JT - Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation

JID - 9210257

SB - IM

MH - Adolescent

MH - Adult

MH - Child

MH - Female

MH - Health Status

MH - Humans

MH - Male

MH - Meningococcal Infections/*complications

MH - *Quality of Life

MH - Shock, Septic/*etiology

MH - Surveys and Questionnaires

MH - *Survivors

MH - United States

EDAT- 2007/10/24 09:00

MHDA- 2008/01/12 09:00

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PHST- 2007/10/24 09:00 [pubmed]

PHST- 2008/01/12 09:00 [medline]

PHST- 2007/10/24 09:00 [entrez]

AID - 10.1007/s11136-007-9271-8 [doi]

PST - ppublish

SO - Qual Life Res. 2007 Dec;16(10):1567-76. doi: 10.1007/s11136-007-9271-8. Epub 2007 Oct 19.

PMID- 25210792

OWN - NLM

STAT- MEDLINE

DCOM- 20141229

LR - 20150923

IS - 1535-4970 (Electronic)

IS - 1073-449X (Linking)

VI - 190

IP - 9

DP - 2014 Nov 1

TI - Association of postdischarge rehabilitation with mortality in intensive care unit survivors of sepsis.

PG - 1003-11

LID - 10.1164/rccm.201406-1170OC [doi]

AB - RATIONALE: Intensive care unit (ICU)-acquired weakness is a common issue for sepsis survivors that is characterized by impaired muscle strength and causes functional disability. Although inpatient rehabilitation has not been found to reduce in-hospital mortality, the impact of postdischarge rehabilitation on sepsis survivors is uncertain. OBJECTIVES: To investigate the benefit of postdischarge rehabilitation to long-term mortality in sepsis survivors. METHODS: We conducted a nationwide, population-based, high-dimensional propensity score-matched cohort study using Taiwan's National Health Insurance Research Database. The rehabilitation cohort comprised 15,535 ICU patients who survived sepsis and received rehabilitation within 3 months after discharge between 2000 and 2010. The control cohort consisted of 15,535 high-dimensional propensity score-matched subjects who did not receive rehabilitation within 3 months after discharge. The endpoint was mortality during the 10-year follow-up period. MEASUREMENTS AND MAIN RESULTS: Compared with the control cohort, the rehabilitation cohort had a significantly lower risk of 10-year mortality (adjusted hazard ratio, 0.94; 95% confidence interval, 0.92-0.97; $P < 0.001$), with an absolute risk reduction of 1.4 per 100 person-years. The frequency of rehabilitation was inversely associated with 10-year mortality (≥ 3 vs. 1 course: adjusted hazard ratio, 0.82; $P < 0.001$). Compared with the control cohort, improved survival was observed in the rehabilitation cohort among ill patients who had more comorbidities, required more prolonged mechanical ventilation, and had longer ICU or hospital stays, but not among those with the opposite conditions (i.e., less ill patients). CONCLUSIONS: Postdischarge rehabilitation may be associated with a reduced risk of 10-year mortality in the subset of patients with particularly long ICU courses.

FAU - Chao, Pei-wen

AU - Chao PW

AD - 1 Department of Anesthesiology, Wan Fang Hospital, and.

FAU - Shih, Chia-Jen

AU - Shih CJ

FAU - Lee, Yi-Jung

AU - Lee YJ

FAU - Tseng, Ching-Min

AU - Tseng CM

FAU - Kuo, Shu-Chen

AU - Kuo SC

FAU - Shih, Yu-Ning

AU - Shih YN

FAU - Chou, Kun-Ta

AU - Chou KT

FAU - Tarng, Der-Cherng

AU - Tarng DC

FAU - Li, Szu-Yuan
AU - Li SY
FAU - Ou, Shuo-Ming
AU - Ou SM
FAU - Chen, Yung-Tai
AU - Chen YT
LA - eng
PT - Journal Article
PT - Observational Study
PL - United States
TA - Am J Respir Crit Care Med
JT - American journal of respiratory and critical care medicine
JID - 9421642
SB - AIM
SB - IM
CIN - Am J Respir Crit Care Med. 2014 Nov 1;190(9):970-1. PMID: 25360724
CIN - Am J Respir Crit Care Med. 2015 Jul 15;192(2):263. PMID: 26177179
CIN - Am J Respir Crit Care Med. 2015 Jul 15;192(2):263. PMID: 26177180
MH - Aged
MH - Cohort Studies
MH - Female
MH - Humans
MH - Intensive Care Units
MH - Male
MH - Muscle Weakness/etiology/*rehabilitation
MH - Patient Discharge
MH - Propensity Score
MH - Risk Assessment
MH - Sepsis/complications/*mortality
MH - Survivors
OTO - NOTNLM
OT - epidemiology
OT - mortality
OT - rehabilitation
OT - sepsis
EDAT- 2014/09/12 06:00
MHDA- 2014/12/30 06:00
CRDT- 2014/09/12 06:00
PHST- 2014/09/12 06:00 [entrez]
PHST- 2014/09/12 06:00 [pubmed]
PHST- 2014/12/30 06:00 [medline]
AID - 10.1164/rccm.201406-1170OC [doi]
PST - ppublish
SO - Am J Respir Crit Care Med. 2014 Nov 1;190(9):1003-11. doi:
10.1164/rccm.201406-1170OC.

PMID- 28158768
OWN - NLM
STAT- MEDLINE
DCOM- 20180522
LR - 20180522
IS - 1460-2393 (Electronic)
IS - 1460-2393 (Linking)
VI - 110
IP - 7
DP - 2017 Jul 1
TI - New-onset atrial fibrillation-related ischemic stroke occurring after hospital
discharge in septicemia survivors.
PG - 453-457

LID - 10.1093/qjmed/hcx025 [doi]

AB - Background: Sepsis will induce stroke, new-onset atrial fibrillation (AF) increase ischemic stroke (IS) in in-hospitalization and long-term period after sepsis. Physicians must alert this condition and given suitable treatment. Aim: The associated of IS and new-onset AF in septicemia survivors after discharge have to be evaluated. Design: The inpatient data was used of the Taiwan National Health Insurance Database (NHIRD) in 2010. We identified patients suffered their first occurrence of septicemia (International Classification of Disease, Ninth Revision, Clinical Modification [ICD-9-CM] is 038, 003.1, 036.1) and excluded less than 18 years old. Patients had AF (ICD-9-CM to 427.3x) during the same admission or after septicemia hospitalization discharged were defined as new-onset AF. The outcome was IS happened after septicemia discharge (ICD-9-CM as 433-437). Methods: The factors related to IS after septicemia survival were established using multivariate logistic regression with forward stepwise selection. Results: There were 1286 new-onset AF and 1026 IS happened after septicemia discharge. The crude odds ratio (OR) were 3.88 (95% confidence interval [C.I.]: 1.69-8.89) and 1.62 (95% C.I.: 1.14-2.3) in middle-aged and elderly septicemia survivors with new-onset AF induced IS. The risk of IS after septicemia survivors was noticed adjusted OR 1.74 (95% C.I.: 1.26-2.41) for new-onset AF. Conclusion: The middle-aged and elderly septicemia survivors suffered from new-onset AF had increased incidence of IS within three months. New-onset AF was a mediator factor of IS in septicemia survivors of Asian population.

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FAU - Cheng, C-A

AU - Cheng CA

AD - Department of Neurology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

AD - Graduate Institute of Biomedical Informatics, Taipei Medical University, Taipei, Taiwan.

FAU - Cheng, C-G

AU - Cheng CG

AD - Department of Emergency, Armed Taoyuan General Hospital, Taoyuan, Taiwan.

AD - Department of Emergency and Critical Medicine, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan.

FAU - Lin, H-C

AU - Lin HC

AD - Department of Otolaryngology-Head and Neck Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

FAU - Lee, J-T

AU - Lee JT

AD - Department of Neurology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

FAU - Lin, H-C

AU - Lin HC

AD - Department of Neurology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

FAU - Cheng, C-C

AU - Cheng CC

AD - Department of Cardiology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

FAU - Chien, W-C

AU - Chien WC

AD - Department of Medical Research, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan.

AD - School of Public Health, National Defense Medical Center, Taipei, Taiwan.

FAU - Chiu, H-W

AU - Chiu HW
AD - Graduate Institute of Biomedical Informatics, Taipei Medical University, Taipei, Taiwan.
LA - eng
PT - Journal Article
PL - England
TA - QJM
JT - QJM : monthly journal of the Association of Physicians
JID - 9438285
SB - IM
MH - Aged
MH - Aged, 80 and over
MH - Atrial Fibrillation/*complications/*epidemiology
MH - Comorbidity
MH - Databases, Factual
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Incidence
MH - Logistic Models
MH - Male
MH - Middle Aged
MH - Multivariate Analysis
MH - *Patient Discharge
MH - Risk Factors
MH - Sepsis/*complications
MH - Stroke/*epidemiology/etiology
MH - Survivors/statistics & numerical data
MH - Taiwan/epidemiology
EDAT- 2017/02/06 06:00
MHDA- 2018/05/23 06:00
CRDT- 2017/02/04 06:00
PHST- 2016/09/08 00:00 [received]
PHST- 2017/02/06 06:00 [pubmed]
PHST- 2018/05/23 06:00 [medline]
PHST- 2017/02/04 06:00 [entrez]
AID - 2966145 [pii]
AID - 10.1093/qjmed/hcx025 [doi]
PST - ppublish
SO - QJM. 2017 Jul 1;110(7):453-457. doi: 10.1093/qjmed/hcx025.

PMID- 23587132
OWN - NLM
STAT- MEDLINE
DCOM- 20150917
LR - 20181113
IS - 1466-609X (Electronic)
IS - 1364-8535 (Linking)
VI - 17
IP - 2
DP - 2013 Apr 16
TI - Mortality and quality of life in the five years after severe sepsis.
PG - R70
LID - 10.1186/cc12616 [doi]
AB - INTRODUCTION: Severe sepsis is associated with high levels of morbidity and mortality, placing a high burden on healthcare resources. We aimed to study outcomes in the five years after severe sepsis. METHODS: This was a cohort study using data from a prospective audit in 26 adult ICUs in Scotland. Mortality was measured using clinical databases and quality of life using Short Form 36 (SF-36)

at 3.5 and 5 years after severe sepsis. RESULTS: A total of 439 patients were recruited with a 58% mortality at 3.5 years and 61% mortality at 5 years. A total of 85 and 67 patients responded at 3.5 and 5 years follow-up, respectively. SF-36 physical component score (PCS) was low compared to population controls at 3.5 years (mean 41.8 (SD 11.8)) and at 5 years (mean 44.8 (SD 12.7)). SF-36 mental component score (MCS) was slightly lower than population controls at 3.5 years (mean 47.7 (SD 14.6)) and at 5 years after severe sepsis (mean 48.8 (SD 12.6)). The majority of patients were satisfied with their current quality of life (QOL) (80%) and all patients would be willing to be treated in an ICU again if they become critically ill despite many having unpleasant memories (19%) and recall (29%) of ICU events. CONCLUSIONS: Patients with severe sepsis have a high ongoing mortality after severe sepsis. They also have a significantly lower physical QOL compared to population norms but mental QOL scores were only slightly below population norms up to five years after severe sepsis. All survivors would be willing to be treated in an ICU again if critically ill. Mortality and QOL outcomes were broadly similar to other critically ill cohorts throughout the five years of follow-up.

FAU - Cuthbertson, Brian H
AU - Cuthbertson BH
FAU - Elders, Andrew
AU - Elders A
FAU - Hall, Sally
AU - Hall S
FAU - Taylor, Jane
AU - Taylor J
FAU - MacLennan, Graeme
AU - MacLennan G
FAU - Mackirdy, Fiona
AU - Mackirdy F
FAU - Mackenzie, Simon J
AU - Mackenzie SJ
CN - Scottish Critical Care Trials Group
CN - Scottish Intensive Care Society Audit Group
LA - eng
GR - Chief Scientist Office/United Kingdom
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20130416
PL - England
TA - Crit Care
JT - Critical care (London, England)
JID - 9801902
SB - IM
CIN - Crit Care. 2013;17(3):148. PMID: 23759024
CIN - Crit Care. 2013;17(5):191. PMID: 24073631
MH - Aged
MH - Cohort Studies
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Male
MH - Middle Aged
MH - Mortality/trends
MH - Prospective Studies
MH - *Quality of Life/psychology
MH - Sepsis/*diagnosis/*mortality/psychology
MH - Time Factors
PMC - PMC4057306
IR - Cuthbertson B

FIR - Cuthbertson, Brian
EDAT- 2013/04/17 06:00
MHDA- 2015/09/18 06:00
CRDT- 2013/04/17 06:00
PHST- 2012/10/03 00:00 [received]
PHST- 2013/04/16 00:00 [accepted]
PHST- 2013/04/17 06:00 [entrez]
PHST- 2013/04/17 06:00 [pubmed]
PHST- 2015/09/18 06:00 [medline]
AID - cc12616 [pii]
AID - 10.1186/cc12616 [doi]
PST - epublish
SO - Crit Care. 2013 Apr 16;17(2):R70. doi: 10.1186/cc12616.

PMID- 19255013
OWN - NLM
STAT- MEDLINE
DCOM- 20090330
LR - 20090303
IS - 1098-4275 (Electronic)
IS - 0031-4005 (Linking)
VI - 123
IP - 3
DP - 2009 Mar
TI - Readmission and late mortality after pediatric severe sepsis.
PG - 849-57
LID - 10.1542/peds.2008-0856 [doi]

AB - OBJECTIVE: Pediatric severe sepsis remains a significant health problem with hospital mortality up to 10%. However, there is little information about later health outcomes or needs of survivors. Therefore, our goal was to evaluate the rates of and risk factors for rehospitalization and late mortality among survivors of pediatric severe sepsis. PATIENTS AND METHODS: This was a population-based retrospective cohort study of survivors of pediatric severe sepsis (age 1 month to 18 years) in Washington State over the years 1990-2004. The sentinel admission was linked to subsequent death or episodes of hospitalization. The main outcome measures were readmission and/or late death after surviving an initial hospitalization with severe sepsis. Risk factors for readmission or death were identified by using a multivariate extended Cox model. RESULTS: Overall, 7183 children were admitted with severe sepsis, 6.8% of whom died during the sentinel admission or within 28 days of discharge, whereas an additional 6.5% died subsequently. Almost half (47%) of the survivors were readmitted at least once (median: 3) after a median of 3 months, and the majority of these readmissions were emergent. Sentinel admission factors independently associated with both adverse outcomes were neurologic or hematologic organ dysfunction, government-based insurance, as well as several coexisting health conditions. In addition, age less than 1 year at the time of sepsis and bloodstream and cardiovascular infections were highly associated with subsequent readmission. CONCLUSIONS: Late death occurred with similar frequency as early death associated with hospitalization with severe sepsis. Almost half of the pediatric patients suffering from an episode of severe sepsis had at least 1 subsequent hospitalization, two thirds of which were emergent or urgent. These data suggest that late outcomes after an episode of severe sepsis are poor and call for the evaluation of interventions designed to reduce later morbidity and mortality.

FAU - Czaja, Angela S
AU - Czaja AS
AD - Children's Hospital, Critical Care, Mail Stop 8414, Ed-2 South, Room 4126, 13121 E 17th Ave, PO Box 6508, Aurora, CO 80045, USA. czaja.angela@tchden.org
FAU - Zimmerman, Jerry J

AU - Zimmerman JJ
FAU - Nathens, Avery B
AU - Nathens AB
LA - eng
GR - 5 U10 HD0049945/HD/NICHD NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PL - United States
TA - Pediatrics
JT - Pediatrics
JID - 0376422
SB - AIM
SB - IM
MH - Adolescent
MH - Cause of Death
MH - Child
MH - Child, Preschool
MH - Cohort Studies
MH - Comorbidity
MH - Cross-Sectional Studies
MH - *Emergencies
MH - Female
MH - Hospital Mortality
MH - Humans
MH - Infant
MH - Male
MH - Multivariate Analysis
MH - Patient Readmission/*statistics & numerical data
MH - Proportional Hazards Models
MH - Retrospective Studies
MH - Risk Factors
MH - Sepsis/diagnosis/*mortality
MH - Washington
EDAT- 2009/03/04 09:00
MHDA- 2009/03/31 09:00
CRDT- 2009/03/04 09:00
PHST- 2009/03/04 09:00 [entrez]
PHST- 2009/03/04 09:00 [pubmed]
PHST- 2009/03/31 09:00 [medline]
AID - 123/3/849 [pii]
AID - 10.1542/peds.2008-0856 [doi]
PST - ppublish
SO - Pediatrics. 2009 Mar;123(3):849-57. doi: 10.1542/peds.2008-0856.

PMID- 25051284
OWN - NLM
STAT- MEDLINE
DCOM- 20150609
LR - 20181113
IS - 1540-0514 (Electronic)
IS - 1073-2322 (Linking)
VI - 42
IP - 5
DP - 2014 Nov
TI - Persistent lymphopenia after diagnosis of sepsis predicts mortality.
PG - 383-91
LID - 10.1097/SHK.000000000000234 [doi]
AB - OBJECTIVE: The objective of this study was to determine whether persistent lymphopenia on the fourth day following the diagnosis of sepsis predicts

mortality. **METHODS:** This was a single-center, retrospective cohort study of 335 adult patients with bacteremia and sepsis admitted to a large university-affiliated tertiary care hospital between January 1, 2010, and July 31, 2012. All complete blood cell count profiles during the first 4 days following the diagnosis of sepsis were recorded. The primary outcome was 28-day mortality. Secondary outcomes included development of secondary infections, 1-year mortality, and hospital and intensive care unit lengths of stay. **RESULTS:** Seventy-six patients (22.7%) died within 28 days. Lymphopenia was present in 28-day survivors (median, 0.7×10^6 cells/ μL ; interquartile range [IQR], $0.4\text{-}1.1 \times 10^6$ cells/ μL) and nonsurvivors (median, 0.6×10^6 cells/ μL ; IQR, $0.4\text{-}1.1 \times 10^6$ cells/ μL) at the onset of sepsis and was not significantly different between the groups ($P = 0.35$). By day 4, the median absolute lymphocyte count was significantly higher in survivors compared with nonsurvivors (1.1×10^6 cells/ μL [IQR, $0.7\text{-}1.5 \times 10^6$ cells/ μL] vs. 0.7×10^6 cells/ μL [IQR, $0.5\text{-}1.0 \times 10^6$ cells/ μL]; $P < 0.0001$). Using logistic regression to account for potentially confounding factors (including age, Acute Physiology and Chronic Health Evaluation II score, comorbidities, surgical procedure during the study period, and time until appropriate antibiotic administration), day 4 absolute lymphocyte count was found to be independently associated with 28-day survival (adjusted odds ratio, 0.68 [95% confidence interval, 0.51-0.91]) and 1-year survival (adjusted odds ratio, 0.74 [95% confidence interval, 0.59-0.93]). Severe persistent lymphopenia (defined as an absolute lymphocyte count of 0.6×10^6 cells/ μL or less on the fourth day after sepsis diagnosis) was associated with increased development of secondary infections ($P = 0.04$). **CONCLUSIONS:** Persistent lymphopenia on the fourth day following the diagnosis of sepsis predicts early and late mortality and may serve as a biomarker for sepsis-induced immunosuppression.

FAU - Drewry, Anne M

AU - Drewry AM

AD - Departments of *Anesthesiology and daggerSurgery, Washington University School of Medicine; double daggerDepartment of Pharmacy, Barnes-Jewish Hospital; and section signDepartment of Emergency Medicine, Washington University School of Medicine, St Louis, Missouri.

FAU - Samra, Navdeep

AU - Samra N

FAU - Skrupky, Lee P

AU - Skrupky LP

FAU - Fuller, Brian M

AU - Fuller BM

FAU - Compton, Stephanie M

AU - Compton SM

FAU - Hotchkiss, Richard S

AU - Hotchkiss RS

LA - eng

GR - R01 GM044118/GM/NIGMS NIH HHS/United States

GR - R01 GM055194/GM/NIGMS NIH HHS/United States

GR - UL1 TR000448/TR/NCATS NIH HHS/United States

GR - GM 44118/GM/NIGMS NIH HHS/United States

GR - R37 GM044118/GM/NIGMS NIH HHS/United States

GR - GM 55194/GM/NIGMS NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - Shock

JT - Shock (Augusta, Ga.)

JID - 9421564

SB - IM

MH - APACHE

MH - Adult
MH - Aged
MH - Bacteremia/complications/immunology/mortality
MH - Female
MH - Humans
MH - Immune Tolerance
MH - Kaplan-Meier Estimate
MH - Length of Stay/statistics & numerical data
MH - Leukocyte Count
MH - Lymphopenia/*etiology/immunology/mortality
MH - Male
MH - Middle Aged
MH - Missouri/epidemiology
MH - Opportunistic Infections/complications/immunology/mortality
MH - Prognosis
MH - Retrospective Studies
MH - Sepsis/*complications/immunology/mortality
PMC - PMC4362626
MID - NIHMS611234
EDAT- 2014/07/23 06:00
MHDA- 2015/06/10 06:00
CRDT- 2014/07/23 06:00
PHST- 2014/07/23 06:00 [entrez]
PHST- 2014/07/23 06:00 [pubmed]
PHST- 2015/06/10 06:00 [medline]
AID - 10.1097/SHK.0000000000000234 [doi]
PST - ppublish
SO - Shock. 2014 Nov;42(5):383-91. doi: 10.1097/SHK.0000000000000234.

PMID- 30664526

OWN - NLM

STAT- MEDLINE

DCOM- 20200120

LR - 20200120

IS - 1530-0293 (Electronic)

IS - 0090-3493 (Linking)

VI - 47

IP - 4

DP - 2019 Apr

TI - The Development of Chronic Critical Illness Determines Physical Function, Quality of Life, and Long-Term Survival Among Early Survivors of Sepsis in Surgical ICUs.

PG - 566-573

LID - 10.1097/CCM.0000000000003655 [doi]

AB - OBJECTIVES: This study sought to examine mortality, health-related quality of life, and physical function among sepsis survivors who developed chronic critical illness. DESIGN: Single-institution, prospective, longitudinal, observational cohort study assessing 12-month outcomes. SETTING: Two surgical/trauma ICUs at an academic tertiary medical and level 1 trauma center. PATIENTS: Adult critically ill patients that survived 14 days or longer after sepsis onset. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Baseline patient characteristics and function, sepsis severity, and clinical outcomes of the index hospitalization were collected. Follow-up physical function (short physical performance battery; Zubrod; hand grip strength) and health-related quality of life (EuroQol-5D-3L, Short Form-36) were measured at 3, 6, and 12 months. Hospital-free days and mortality were determined at 12 months. We compared differences in long-term outcomes between subjects who developed chronic critical illness (≥ 14 ICU days with persistent organ dysfunction) versus those with rapid recovery. The cohort consisted of 173 sepsis patients; 63 (36%) developed chronic critical illness and 110 (64%) exhibited rapid recovery. Baseline physical function and health-related

quality of life did not differ between groups. Those who developed chronic critical illness had significantly fewer hospital-free days (196 +/- 148 vs 321 +/- 65; $p < 0.0001$) and reduced survival at 12-months compared with rapid recovery subjects (54% vs 92%; $p < 0.0001$). At 3- and 6-month follow-up, chronic critical illness patients had significantly lower physical function (3 mo: short physical performance battery, Zubrod, and hand grip; 6 mo: short physical performance battery, Zubrod) and health-related quality of life (3- and 6-mo: EuroQol-5D-3L) compared with patients who rapidly recovered. By 12-month follow-up, chronic critical illness patients had significantly lower physical function and health-related quality of life on all measures. CONCLUSIONS: Surgical patients who develop chronic critical illness after sepsis exhibit high healthcare resource utilization and ultimately suffer dismal long-term clinical, functional, and health-related quality of life outcomes. Further understanding of the mechanisms driving the development and persistence of chronic critical illness will be necessary to improve long-term outcomes after sepsis.

FAU - Gardner, Anna K

AU - Gardner AK

AD - Department of Surgery, University of Florida, Gainesville, FL.

AD - Department of Aging & Geriatric Research, University of Florida, Gainesville, FL.

FAU - Ghita, Gabriela L

AU - Ghita GL

AD - Department of Biostatistics, University of Florida, Gainesville, FL.

FAU - Wang, Zhongkai

AU - Wang Z

AD - Department of Biostatistics, University of Florida, Gainesville, FL.

FAU - Ozrazgat-Baslanti, Tezcan

AU - Ozrazgat-Baslanti T

AD - Department of Medicine, University of Florida, Gainesville, FL.

FAU - Raymond, Steven L

AU - Raymond SL

AD - Department of Aging & Geriatric Research, University of Florida, Gainesville, FL.

FAU - Mankowski, Robert T

AU - Mankowski RT

AD - Department of Surgery, University of Florida, Gainesville, FL.

FAU - Brumback, Babette A

AU - Brumback BA

AD - Department of Biostatistics, University of Florida, Gainesville, FL.

FAU - Efron, Philip A

AU - Efron PA

AD - Department of Aging & Geriatric Research, University of Florida, Gainesville, FL.

FAU - Bihorac, Azra

AU - Bihorac A

AD - Department of Medicine, University of Florida, Gainesville, FL.

FAU - Moore, Frederick A

AU - Moore FA

AD - Department of Aging & Geriatric Research, University of Florida, Gainesville, FL.

FAU - Anton, Stephen D

AU - Anton SD

AD - Department of Surgery, University of Florida, Gainesville, FL.

FAU - Brakenridge, Scott C

AU - Brakenridge SC

AD - Department of Aging & Geriatric Research, University of Florida, Gainesville, FL.

LA - eng

SI - ClinicalTrials.gov/NCT02276417

GR - R01 GM113945/GM/NIGMS NIH HHS/United States

GR - R03 AG056444/AG/NIA NIH HHS/United States

GR - T32 GM008721/GM/NIGMS NIH HHS/United States

GR - P30 AG028740/AG/NIA NIH HHS/United States

GR - P50 GM111152/GM/NIGMS NIH HHS/United States

GR - R01 GM081923/GM/NIGMS NIH HHS/United States
PT - Journal Article
PT - Observational Study
PT - Research Support, N.I.H., Extramural
PL - United States
TA - Crit Care Med
JT - Critical care medicine
JID - 0355501
SB - AIM
SB - IM
CIN - Crit Care Med. 2019 Apr;47(4):610-611. PMID: 30882433
MH - Adult
MH - Aged
MH - Cohort Studies
MH - Critical Illness/*epidemiology/therapy
MH - Female
MH - Health Status
MH - *Health Status Indicators
MH - Humans
MH - Intensive Care Units
MH - Male
MH - Middle Aged
MH - Prospective Studies
MH - *Quality of Life
MH - Sepsis/*epidemiology/psychology/therapy
MH - Survivors/psychology/*statistics & numerical data
PMC - PMC6422682
MID - NIHMS1516625
EDAT- 2019/01/22 06:00
MHDA- 2020/01/21 06:00
CRDT- 2019/01/22 06:00
PMCR- 2020/04/01 00:00
PHST- 2020/04/01 00:00 [pmc-release]
PHST- 2019/01/22 06:00 [pubmed]
PHST- 2020/01/21 06:00 [medline]
PHST- 2019/01/22 06:00 [entrez]
AID - 10.1097/CCM.0000000000003655 [doi]
PST - ppublish
SO - Crit Care Med. 2019 Apr;47(4):566-573. doi: 10.1097/CCM.0000000000003655.

PMID- 30237689
OWN - NLM
STAT- PubMed-not-MEDLINE
LR - 20191120
IS - 1068-0640 (Print)
VI - 25
IP - 3
DP - 2018 May
TI - Readmissions Among Sepsis Survivors: Risk Factors and Prevention.
PG - 79-83
LID - 10.1097/CPM.0000000000000254 [doi]
AB - Hospital readmissions are common and result in increased mortality and cost while reducing quality of life. Readmission rates have been subjected to increasing scrutiny in recent years as part of a larger effort to improve the quality and value of healthcare in the United States. Emerging evidence suggests that sepsis survivors are at high risk for hospital readmission and experience readmission rates comparable to survivors of congestive heart failure, acute myocardial infarction, pneumonia, and chronic obstructive pulmonary disease, diseases whose readmission rates determine reimbursement penalties from the federal government.

In this article, we review the unique challenges that sepsis survivors face as well as the patient-level and hospital-level risk factors that are known to be associated with hospital readmission after sepsis survival. Additionally, we identify the causes and outcomes of readmissions in this population before concluding with a discussion of readmission prevention strategies and future directions.

FAU - Goodwin, Andrew J

AU - Goodwin AJ

AD - Division of Pulmonary, Critical Care, Allergy and Sleep Medicine, Medical University of South Carolina.

FAU - Ford, Dee W

AU - Ford DW

AD - Division of Pulmonary, Critical Care, Allergy and Sleep Medicine, Medical University of South Carolina.

LA - eng

GR - K23 HL135263/HL/NHLBI NIH HHS/United States

GR - R01 AG050698/AG/NIA NIH HHS/United States

GR - R01 GM113995/GM/NIGMS NIH HHS/United States

PT - Journal Article

PL - United States

TA - Clin Pulm Med

JT - Clinical pulmonary medicine

JID - 9421562

PMC - PMC6141202

MID - NIHMS936314

OTO - NOTNLM

OT - Comorbidities

OT - Prevention

OT - Readmission

OT - Sepsis

COIS- The authors report no conflicts of interest.

EDAT- 2018/09/22 06:00

MHDA- 2018/09/22 06:01

CRDT- 2018/09/22 06:00

PHST- 2018/09/22 06:00 [entrez]

PHST- 2018/09/22 06:00 [pubmed]

PHST- 2018/09/22 06:01 [medline]

AID - 10.1097/CPM.0000000000000254 [doi]

PST - ppublish

SO - Clin Pulm Med. 2018 May;25(3):79-83. doi: 10.1097/CPM.0000000000000254.

PMID- 15025783

OWN - NLM

STAT- MEDLINE

DCOM- 20051013

LR - 20181130

IS - 1466-609X (Electronic)

IS - 1364-8535 (Linking)

VI - 8

IP - 2

DP - 2004 Apr

TI - Quality of life of survivors from severe sepsis and septic shock may be similar to that of others who survive critical illness.

PG - R91-8

AB - INTRODUCTION: The objective of the present study was to compare the health-related quality of life (HR-QoL) of survivors from severe sepsis and septic shock with HR-QoL in others who survived critical illness not involving sepsis. METHODS: From March 1997 to March 2001, adult patients in an eight-bed medical/surgical intensive care unit (ICU) of a tertiary care hospital admitted

with severe sepsis or septic shock (sepsis group; n = 305) were enrolled and compared with patients admitted without sepsis (control group; n = 392). Patients younger than 18 years (n = 48) and those whose ICU stay was 1 day or less (n = 453) were excluded. In addition, patients exhibiting nonsevere sepsis on admission were excluded (n = 87). Finally, patients who developed nonsevere sepsis or severe sepsis/septic shock after admission were also excluded (n = 88). RESULTS: In-hospital mortality rates were 34% in the sepsis group and 26% in the control group. There were no differences in sex, age, main activity (work status), and previous health state between groups. Survivors in the sepsis group had a significantly higher Acute Physiology and Chronic Health Evaluation II score on admission (17 versus 12) and stayed significantly longer in the ICU. A follow-up appointment was held 6 months after ICU discharge, and an EQ-5D (EuroQol five-dimension) questionnaire was administered. A total of 104 sepsis survivors and 133 survivors in the control group answered the EQ-5D questionnaire. Sepsis survivors reported significantly fewer problems only in the anxiety/depression dimension. Although there were no significant differences in the other dimensions of the EQ-5D, there was a trend towards fewer problems being reported by sepsis survivors. CONCLUSION: Evaluation using the EQ-5D at 6 months after ICU discharge indicated that survivors from severe sepsis and septic shock have a similar HR-QoL to that of survivors from critical illness admitted without sepsis.

FAU - Granja, Cristina

AU - Granja C

AD - Department of Intensive Care, Hospital Pedro Hispano, Matosinhos, Portugal.
cristinagranja@oninet.pt

FAU - Dias, Claudia

AU - Dias C

FAU - Costa-Pereira, Altamiro

AU - Costa-Pereira A

FAU - Sarmiento, Antonio

AU - Sarmiento A

LA - eng

PT - Comparative Study

PT - Journal Article

DEP - 20040220

PL - England

TA - Crit Care

JT - Critical care (London, England)

JID - 9801902

SB - IM

CIN - Crit Care. 2004 Apr;8(2):103-4. PMID: 15025769

CIN - Crit Care Med. 2005 Jun;33(6):1464; author reply 1464-5. PMID: 15942395

MH - APACHE

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Case-Control Studies

MH - Critical Illness/psychology

MH - Female

MH - *Health Status Indicators

MH - Hospital Mortality

MH - Humans

MH - Intensive Care Units/*statistics & numerical data

MH - Male

MH - Middle Aged

MH - *Quality of Life

MH - Sepsis/mortality/*psychology/therapy

MH - Shock, Septic/mortality/psychology/therapy

MH - Surveys and Questionnaires

MH - Survivors/*psychology
PMC - PMC420036
EDAT- 2004/03/18 05:00
MHDA- 2005/10/14 09:00
CRDT- 2004/03/18 05:00
PHST- 2003/12/29 00:00 [received]
PHST- 2004/01/27 00:00 [accepted]
PHST- 2004/03/18 05:00 [pubmed]
PHST- 2005/10/14 09:00 [medline]
PHST- 2004/03/18 05:00 [entrez]
AID - 10.1186/cc2818 [doi]
AID - cc2818 [pii]
PST - ppublish
SO - Crit Care. 2004 Apr;8(2):R91-8. doi: 10.1186/cc2818. Epub 2004 Feb 20.

PMID- 11098960
OWN - NLM
STAT- MEDLINE
DCOM- 20001211
LR - 20190706
IS - 0090-3493 (Print)
IS - 0090-3493 (Linking)
VI - 28
IP - 11
DP - 2000 Nov

TI - Long-term health-related quality of life in survivors of sepsis. Short Form 36: a valid and reliable measure of health-related quality of life.

PG - 3599-605

AB - OBJECTIVE: To describe the long-term health-related quality of life (HRQL) of survivors of sepsis and to evaluate the reliability and validity of the medical outcomes study Short Form-36 (SF-36) in this population. STUDY DESIGN: Cross-sectional survey. SETTING: University intensive care unit. PATIENTS: Surviving patients over the age of 17 yrs who met the criteria for the Society of Critical Care Medicine/American College of Chest Physicians definition of sepsis identified through a review of patients admitted to the intensive care unit from 1994 to 1998. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Baseline demographics and clinical characteristics were abstracted from the medical chart. After hospital discharge, the SF-36 and Patrick's Perceived Quality of Life scale were administered by telephone. The SF-36 was readministered 2 wks later. We screened the charts of 109 patients; 78 had a diagnosis of sepsis. Of these, 31 had died, 3 had severe communication problems, 9 refused to participate, and 5 patients could not be located. A total of 30 patients completed the first interview; 26 completed the second. Compared with established norms for the U.S. general population, survivors of sepsis scored significantly lower on the physical functioning, role physical, general health, vitality, and social functioning domains, as well as on the Physical Health Summary Scale. Mean scores on the Mental Health Summary Scale were very similar between the survivors of sepsis and U.S. norms. The SF-36 demonstrated high internal consistency (Cronbach's alpha ranged from 0.65 to 0.94) and excellent test-retest stability (intraclass correlation coefficient ranged from 0.75 to 0.97). Both the Physical Health Summary Scale and the Mental Health Summary Scale correlated well with overall Perceived Quality of Life scores (Pearson correlation coefficients 0.45 and 0.56, respectively). CONCLUSIONS: The long-term HRQL of survivors of sepsis is significantly lower than that of the general U.S. population. The SF-36 demonstrated good reliability and validity when used to measure HRQL in survivors of sepsis.

FAU - Heyland, D K

AU - Heyland DK

AD - Department of Medicine, Queen's University, Kingston, ON. dkh2@post.queensu.ca

FAU - Hopman, W
AU - Hopman W
FAU - Coo, H
AU - Coo H
FAU - Tranmer, J
AU - Tranmer J
FAU - McColl, M A
AU - McColl MA
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - Crit Care Med
JT - Critical care medicine
JID - 0355501
SB - AIM
SB - IM
CIN - Crit Care Med. 2000 Nov;28(11):3755-6. PMID: 11098988
MH - Activities of Daily Living/psychology
MH - Adult
MH - Aged
MH - Critical Care/psychology
MH - Cross-Sectional Studies
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Psychometrics
MH - *Quality of Life
MH - Reproducibility of Results
MH - Shock, Septic/*psychology
MH - Sickness Impact Profile
MH - Survivors/*psychology
EDAT- 2000/12/01 11:00
MHDA- 2001/02/28 10:01
CRDT- 2000/12/01 11:00
PHST- 2000/12/01 11:00 [pubmed]
PHST- 2001/02/28 10:01 [medline]
PHST- 2000/12/01 11:00 [entrez]
AID - 10.1097/00003246-200011000-00006 [doi]
PST - ppublish
SO - Crit Care Med. 2000 Nov;28(11):3599-605. doi: 10.1097/00003246-200011000-00006.

PMID- 19020144
OWN - NLM
STAT- MEDLINE
DCOM- 20081230
LR - 20081121
IS - 1526-7598 (Electronic)
IS - 0003-2999 (Linking)
VI - 107
IP - 6
DP - 2008 Dec
TI - The impact of severe sepsis on health-related quality of life: a long-term follow-up study.
PG - 1957-64
LID - 10.1213/ane.0b013e318187bbd8 [doi]
AB - BACKGROUND: Severe sepsis is frequently complicated by organ failure and accompanied by high mortality. Patients surviving severe sepsis can have impaired

health-related quality of life (HRQOL). The time course of changes in HRQOL in severe sepsis survivors after discharge from the intensive care unit (ICU) and during a general ward stay have not been studied. **METHODS:** We performed a long-term prospective study in a medical-surgical ICU. Patients with severe sepsis (n = 170) admitted for >48 h were included in the study. We used the Short-form 36 to evaluate the HRQOL of severe sepsis patients before ICU and hospital stay and at 3 and 6 mo after ICU discharge. Furthermore, we compared the results for ICU admission and 6 mo after ICU discharge with those of an age-matched general Dutch population. **RESULTS:** At 6 mo after ICU discharge, 95 patients could be evaluated (eight patients were lost to follow-up, 67 died). HRQOL showed a multidimensional decline during the ICU stay and gradual improvement over the 6 mo after ICU discharge for the social functioning, vitality, role-emotional, and mental health dimensions. However, 6 mo after ICU discharge, scores for the physical functioning, role-physical, and general health dimensions were still significantly lower than preadmission values. Physical and Mental Component Scores changed significantly over time. In particular, the Mental Component Score showed a small decline at ICU discharge but recovered rapidly, and at 6 mo after ICU discharge had improved to near normal values. In addition, Short-form 36 scores were lower than those in a matched general population in six of the eight dimensions, with the exception of social functioning and bodily pain. Interestingly, the preadmission HRQOL in surviving patients was already lower in three of the eight dimensions (role-physical, mental health, and vitality) when compared with the general population. **CONCLUSIONS:** Severe sepsis patients demonstrate a sharp decline of HRQOL during ICU stay and a gradual improvement during the 6 mo after ICU discharge. Recovery begins after ICU discharge to the general ward. Nevertheless, recovery is incomplete in the physical functioning, role-physical, and general health dimensions at 6 mo after ICU discharge compared with preadmission status.

FAU - Hofhuis, Jose G M

AU - Hofhuis JG

AD - Department of Intensive Care, Gelre Hospital, Location Lukas, Apeldoorn, The Netherlands. j.hofhuis@gelre.nl

FAU - Spronk, Peter E

AU - Spronk PE

FAU - van Stel, Henk F

AU - van Stel HF

FAU - Schrijvers, Augustinus J P

AU - Schrijvers AJ

FAU - Rommes, Johannes H

AU - Rommes JH

FAU - Bakker, Jan

AU - Bakker J

LA - eng

PT - Journal Article

PL - United States

TA - Anesth Analg

JT - Anesthesia and analgesia

JID - 1310650

SB - AIM

SB - IM

MH - Adult

MH - Aged

MH - Female

MH - Follow-Up Studies

MH - Humans

MH - Intensive Care Units

MH - Male

MH - Middle Aged

MH - Patient Discharge

MH - Prospective Studies
MH - *Quality of Life
MH - Sepsis/mortality/*psychology
EDAT- 2008/11/21 09:00
MHDA- 2008/12/31 09:00
CRDT- 2008/11/21 09:00
PHST- 2008/11/21 09:00 [pubmed]
PHST- 2008/12/31 09:00 [medline]
PHST- 2008/11/21 09:00 [entrez]
AID - 107/6/1957 [pii]
AID - 10.1213/ane.0b013e318187bbd8 [doi]
PST - ppublish
SO - Anesth Analg. 2008 Dec;107(6):1957-64. doi: 10.1213/ane.0b013e318187bbd8.

PMID- 31079522

OWN - NLM

STAT- In-Process

LR - 20191122

IS - 1525-1489 (Electronic)

IS - 0885-0666 (Linking)

VI - 35

IP - 1

DP - 2020 Jan

TI - Risk Factors for Myocardial Infarction and Stroke Among Sepsis Survivors: A Competing Risks Analysis.

PG - 34-41

LID - 10.1177/0885066619844936 [doi]

AB - OBJECTIVES: Predictors for post-sepsis myocardial infarction (MI) and stroke are yet to be identified due to the competing risk of death. METHODS: This study included all hospitalized patients with sepsis from National Health Insurance Research Database of Taiwan between 2000 and 2011. The primary outcome was the first occurrence of MI and stroke requiring hospitalization within 180 days following hospital discharge from the index sepsis episode. The association between predictors and post-sepsis MI and stroke were analyzed using cumulative incidence competing risk model that controlled for the competing risk of death. RESULTS: Among 42 316 patients with sepsis, 1012 (2.4%) patients developed MI and stroke within 180 days of hospital discharge. The leading 5 predictors for post-sepsis MI and stroke are prior cerebrovascular diseases (hazard ratio [HR]: 2.02, 95% confidence interval [CI]: 1.74-2.32), intra-abdominal infection (HR: 1.94, 95% CI: 1.71-2.20), previous MI (HR: 1.81, 95% CI: 1.53-2.15), lower respiratory tract infection (HR: 1.62, 95% CI: 1.43-1.85), and septic encephalopathy (HR: 1.61, 95% CI: 1.26-2.06). CONCLUSIONS: Baseline comorbidities and sources of infection were associated with an increased risk of post-sepsis MI and stroke. The identified risk factors may help physicians select a group of patients with sepsis who may benefit from preventive measures, antiplatelet treatment, and other preventive measures for post-sepsis MI and stroke.

FAU - Hsieh, Yueh-Che

AU - Hsieh YC

AD - Department of Emergency Medicine, Chang Gung Memorial Hospital, Keelung, Taiwan and Chang Gung University College of Medicine, Taoyuan, Taiwan.

FAU - Tsou, Po-Yang

AU - Tsou PY

AD - Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA.

FAU - Wang, Yu-Hsun

AU - Wang YH

AD - Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA.

FAU - Chao, Christin Chih-Ting

AU - Chao CC
AD - Canberra Hospital, ACT Health, ACT, Australia.
FAU - Lee, Wan-Chien
AU - Lee WC
AD - Department of Emergency Medicine, National Taiwan University Hospital, Taipei, Taiwan.
FAU - Lee, Meng-Tse Gabriel
AU - Lee MG
AD - Department of Emergency Medicine, National Taiwan University Hospital, Taipei, Taiwan.
FAU - Wu, Jiunn-Yih
AU - Wu JY
AD - Department of Emergency Medicine, Chang Gung Memorial Hospital, Keelung, Taiwan and Chang Gung University College of Medicine, Taoyuan, Taiwan.
FAU - Chang, Shy-Shin
AU - Chang SS
AD - Department of Family Medicine, Taipei Medical University Hospital and School of Medicine, Taipei Medical University, Taipei, Taiwan.
FAU - Chen, Po-Yen
AU - Chen PY
AD - Department of Urology, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kaohsiung, Taiwan.
FAU - Lee, Chien-Chang
AU - Lee CC
AUID- ORCID: <https://orcid.org/0000-0002-1243-2463>
AD - Department of Emergency Medicine, National Taiwan University Hospital, Taipei, Taiwan.
LA - eng
PT - Journal Article
DEP - 20190512
PL - United States
TA - J Intensive Care Med
JT - Journal of intensive care medicine
JID - 8610344
SB - IM
OTO - NOTNLM
OT - cardiovascular complications
OT - sepsis
EDAT- 2019/05/14 06:00
MHDA- 2019/05/14 06:00
CRDT- 2019/05/14 06:00
PHST- 2019/05/14 06:00 [pubmed]
PHST- 2019/05/14 06:00 [medline]
PHST- 2019/05/14 06:00 [entrez]
AID - 10.1177/0885066619844936 [doi]
PST - ppublish
SO - J Intensive Care Med. 2020 Jan;35(1):34-41. doi: 10.1177/0885066619844936. Epub 2019 May 12.

PMID- 19242321
OWN - NLM
STAT- MEDLINE
DCOM- 20090505
LR - 20090325
IS - 1530-0293 (Electronic)
IS - 0090-3493 (Linking)
VI - 37
IP - 4
DP - 2009 Apr

TI - Long-term outcome and quality-adjusted life years after severe sepsis.

PG - 1268-74

LID - 10.1097/CCM.0b013e31819c13ac [doi]

AB - OBJECTIVE: To study long-term mortality, quality of life (QOL), quality-adjusted life years (QALYs), and costs per QALY in an unselected intensive care unit (ICU) patient population with severe sepsis. DESIGN: Prospective observational cohort study. SETTING: Twenty-four ICUs in Finland. PATIENTS: A total of 470 adult patients with severe sepsis who were treated in ICUs between November 1, 2004 and February 28, 2005. The QOL before critical illness was assessed in 252 patients and QOL after severe sepsis in 156 patients (58% of the patients surviving in April 30, 2006). Ninety-eight patients responded to both questionnaires. QOL was assessed by a generic EuroQol-5D (EQ-5D) measurement with summary index (EQsum) and visual analogue scale (VAS). MEASUREMENTS AND MAIN RESULTS: The 2-year mortality after severe sepsis was 44.9% (211 of 470). The median response time for QOL assessment after severe sepsis was 17 months (interquartile range [IQR] 16-18). The median EQsum (75, IQR 56-92) and EQ VAS (66, IQR 50-80) were lower after severe sepsis than age- and sex-adjusted reference values ($p < 0.001$ and $p < 0.001$). The decrease between the mean EQsum reference value and that of severe sepsis patients was 12 (95% confidence interval [CI], 9-16). The difference between the mean EQ VAS reference values and the mean EQ VAS was 8 (95% CI, 5-11). The mean calculated QALYs after severe sepsis were 10.9 (95% CI, 9.7-12.1) and the calculated cost for one QALY was only 2139 [Euro sign] for all survivors and nonsurvivors. CONCLUSIONS: Two-year mortality after severe sepsis was high (44.9%) and the QOL was lower after severe sepsis than before critical illness as assessed by EQ-5D. However, the mean QALYs for the surviving patients were reasonable and the cost for one QALY was reasonably low, which makes intensive care in patients with severe sepsis cost effective.

FAU - Karlsson, Sari

AU - Karlsson S

AD - Department of Intensive Care Medicine, Tampere University Hospital, Tampere, Finland. sari.karlsson@pshp.fi

FAU - Ruokonen, Esko

AU - Ruokonen E

FAU - Varpula, Tero

AU - Varpula T

FAU - Ala-Kokko, Tero I

AU - Ala-Kokko TI

FAU - Pettila, Ville

AU - Pettila V

CN - Finnsepsis Study Group

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - Crit Care Med

JT - Critical care medicine

JID - 0355501

SB - AIM

SB - IM

CIN - Crit Care Med. 2009 Apr;37(4):1495-6. PMID: 19318834

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Prospective Studies

MH - *Quality of Life

MH - Sepsis/*mortality

MH - Severity of Illness Index

MH - Survival Rate

MH - Time Factors
EDAT- 2009/02/27 09:00
MHDA- 2009/05/06 09:00
CRDT- 2009/02/27 09:00
PHST- 2009/02/27 09:00 [entrez]
PHST- 2009/02/27 09:00 [pubmed]
PHST- 2009/05/06 09:00 [medline]
AID - 10.1097/CCM.0b013e31819c13ac [doi]
PST - ppublish
SO - Crit Care Med. 2009 Apr;37(4):1268-74. doi: 10.1097/CCM.0b013e31819c13ac.

PMID- 23689053

OWN - NLM

STAT- MEDLINE

DCOM- 20140512

LR - 20181113

IS - 1538-2990 (Electronic)

IS - 0002-9629 (Linking)

VI - 347

IP - 4

DP - 2014 Apr

TI - Predictors of long-term mortality after severe sepsis in the elderly.

PG - 282-8

LID - 10.1097/MAJ.0b013e318295a147 [doi]

AB - BACKGROUND: Mortality rates after severe sepsis are extremely high, and the main focus of most research is short-term mortality, which may not be associated with long-term outcomes. The purpose of this study was to examine long-term mortality after a severe sepsis and identify factors associated with this mortality.

METHODS: The authors performed a population-based study using Veterans' Affairs administrative data of patients aged 65 years and older. The outcome of interest was mortality > 90 days following hospitalization. Our primary analyses were Cox proportional hazard models to examine specific risk factors for long-term mortality. RESULTS: There were 2,727 patients that met the inclusion criteria. Overall mortality was 55%, and 1- and 2-year mortality rates were 31% and 43%, respectively. Factors significantly associated with long-term mortality included congestive heart failure, peripheral vascular disease, dementia, diabetes with complications and use of mechanical ventilation. Smoking cessation and cardiac medications were associated with decreased long-term mortality rates.

CONCLUSIONS: The authors identified several factors, including receipt of mechanical ventilation, which were significantly associated with increased long-term mortality for survivors of severe sepsis. This information will help clinicians discuss prognosis with patients and their families.

FAU - Lemay, Allyson C

AU - Lemay AC

AD - VERDICT research program, and South Texas Veterans Health Care System, Audie L. Murphy Division (MIR, EMM), University of Texas Health Science Center at San Antonio, San Antonio, Texas; and Divisions of Hospital Medicine (ACL, EMM) and Pulmonary/Critical Care Medicine (MIR, AA), Department of Medicine, University of Texas Health Science Center at San Antonio, San Antonio, Texas.

FAU - Anzueto, Antonio

AU - Anzueto A

FAU - Restrepo, Marcos I

AU - Restrepo MI

FAU - Mortensen, Eric M

AU - Mortensen EM

LA - eng

GR - K23 HL096054/HL/NHLBI NIH HHS/United States

GR - R01 NR010828/NR/NINR NIH HHS/United States

GR - UL1 TR001120/TR/NCATS NIH HHS/United States

GR - R01NR010828/NR/NINR NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PL - United States
TA - Am J Med Sci
JT - The American journal of the medical sciences
JID - 0370506
SB - AIM
SB - IM
MH - Aged
MH - Aged, 80 and over
MH - Comorbidity
MH - Databases, Factual
MH - Dementia/complications
MH - Female
MH - Heart Failure/complications
MH - Hospitalization
MH - Humans
MH - Male
MH - Respiration, Artificial/adverse effects
MH - Risk Factors
MH - Sepsis/complications/*mortality
MH - Time Factors
MH - United States/epidemiology
MH - United States Department of Veterans Affairs
PMC - PMC4047671
MID - NIHMS476558
EDAT- 2013/05/22 06:00
MHDA- 2014/05/13 06:00
CRDT- 2013/05/22 06:00
PHST- 2013/05/22 06:00 [entrez]
PHST- 2013/05/22 06:00 [pubmed]
PHST- 2014/05/13 06:00 [medline]
AID - 10.1097/MAJ.0b013e318295a147 [doi]
AID - S0002-9629(15)30360-8 [pii]
PST - ppublish
SO - Am J Med Sci. 2014 Apr;347(4):282-8. doi: 10.1097/MAJ.0b013e318295a147.

PMID- 27428136
OWN - NLM
STAT- MEDLINE
DCOM- 20170530
LR - 20180827
IS - 1530-0293 (Electronic)
IS - 0090-3493 (Linking)
VI - 44
IP - 8
DP - 2016 Aug
TI - Short-Term Organ Dysfunction Is Associated With Long-Term (10-Yr) Mortality of Septic Shock.
PG - e728-36
LID - 10.1097/CCM.0000000000001843 [doi]
AB - OBJECTIVES: As mortality of septic shock decreases, new therapies focus on improving short-term organ dysfunction. However, it is not known whether short-term organ dysfunction is associated with long-term mortality of septic shock. DESIGN: Retrospective single-center. SETTING: Mixed medical-surgical ICU. PATIENTS: One thousand three hundred and thirty-one patients with septic shock were included from 2000-2004. To remove the bias of 28-day nonsurvivors' obvious association with long-term mortality, we determined the associations of days

alive and free of ventilation, vasopressors and renal replacement therapy in 28-day and 1-year survivors with 1-, 5- and 10-year mortality in unadjusted analyses and analyses adjusted for age, gender, Acute Physiology and Chronic Health Evaluation II and presence of chronic comorbidities. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Days alive and free of ventilation, vasopressors, and renal replacement therapy were highly significantly associated with 1-, 5-, and 10-year mortality ($p < 0.0001$). In 28-day survivors, using Bonferroni-corrected multiple logistic regression, days alive and free of ventilation ($p < 0.0001$, $p = 0.0002$, and $p = 0.001$), vasopressors ($p < 0.0001$, $p < 0.0001$, and $p = 0.0004$), and renal replacement therapy ($p = 0.0008$, $p = 0.0008$, and $p = 0.0002$) were associated with increased 1-, 5-, and 10-year mortality, respectively. In 1-year survivors, none of the acute organ support and dysfunction measures were associated with 5- and 10-year mortality. CONCLUSIONS: Days alive and free of ventilation, vasopressors, and renal replacement therapy in septic shock in 28-day survivors was associated with 1-, 5-, and 10-year mortality. These associations are nullified in 1-year survivors in whom none of the acute organ support measures were associated with 5- and 10-year mortality. This suggests that therapies that decrease short-term organ dysfunction could also improve long-term outcomes of 28-day survivors of septic shock.

FAU - Linder, Adam

AU - Linder A

AD - 1Division of Infection Medicine, Department of Clinical Sciences, Lund University, Lund, Sweden. 2Centre for Health Evaluation and Outcome Science, St. Paul's Hospital, University of British Columbia, Vancouver, BC, Canada. 3Centre for Heart Lung Innovation and Division of Critical Care Medicine, St. Paul's Hospital, University of British Columbia, Vancouver, BC, Canada.

FAU - Lee, Terry

AU - Lee T

FAU - Fisher, Jane

AU - Fisher J

FAU - Singer, Joel

AU - Singer J

FAU - Boyd, John

AU - Boyd J

FAU - Walley, Keith R

AU - Walley KR

FAU - Russell, James A

AU - Russell JA

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - Crit Care Med

JT - Critical care medicine

JID - 0355501

RN - 0 (Vasoconstrictor Agents)

SB - AIM

SB - IM

MH - APACHE

MH - Comorbidity

MH - Female

MH - Humans

MH - Intensive Care Units/*statistics & numerical data

MH - Male

MH - Multiple Organ Failure/*mortality

MH - Renal Replacement Therapy/statistics & numerical data

MH - Respiration, Artificial/statistics & numerical data

MH - Retrospective Studies

MH - Shock, Septic/*mortality

MH - Vasoconstrictor Agents/administration & dosage
EDAT- 2016/07/20 06:00
MHDA- 2017/05/31 06:00
CRDT- 2016/07/19 06:00
PHST- 2016/07/19 06:00 [entrez]
PHST- 2016/07/20 06:00 [pubmed]
PHST- 2017/05/31 06:00 [medline]
AID - 10.1097/CCM.0000000000001843 [doi]
AID - 00003246-201608000-00046 [pii]
PST - ppublish
SO - Crit Care Med. 2016 Aug;44(8):e728-36. doi: 10.1097/CCM.0000000000001843.

PMID- 18072978

OWN - NLM

STAT- MEDLINE

DCOM- 20080414

LR - 20181113

IS - 1466-609X (Electronic)

IS - 1364-8535 (Linking)

VI - 11

IP - 6

DP - 2007

TI - A long-term follow-up study investigating health-related quality of life and resource use in survivors of severe sepsis: comparison of recombinant human activated protein C with standard care.

PG - R128

AB - INTRODUCTION: Recombinant human activated protein C (APC) therapy has been shown to reduce short-term mortality in patients with severe sepsis. However, survivors of sepsis may have long-term complications affecting health-related quality of life (HRQoL) and resource utilization. The objective of this study was to evaluate prospectively the effect of APC on long-term HRQoL and resource utilization compared with a nonrandomized control group that received standard care. METHODS: This was an observational cohort study at nine Canadian intensive care units. Patients with severe sepsis who survived to 28 days were recruited. Patients who received APC formed the treatment group and those that did not formed the standard care group. Patients who did not receive APC because of central nervous system bleeding risk were excluded from the standard care group. HRQoL (determined using the 36-item Short Form) and resource use were recorded at 28 days, and 3, 5 and 7 months. RESULTS: One hundred patients were enrolled (64 in the standard care group and 36 in the APC group), with 70 patients completing all follow-up visits. Over the 6 months of follow up, APC-treated patients exhibited statistically significantly better scores for the physical component score ($P = 0.04$) and trends toward improvements in physical functioning ($P = 0.12$), role physical ($P = 0.10$) and bodily pain ($P = 0.14$) as compared with standard care patients. Shorter hospital length of stay was observed for the APC group (36 days versus 48 days; $P = 0.05$). CONCLUSION: These findings challenge earlier assumptions suggesting equivalent HRQoL and resource use in APC-treated and standard care patients who survive severe sepsis.

FAU - Longo, Christopher J

AU - Longo CJ

AD - McMaster University, Main Street West, Hamilton, Ontario, Canada, L8S 4M4.

cjlongo@mcmaster.ca

FAU - Heyland, Daren K

AU - Heyland DK

FAU - Fisher, Harold N

AU - Fisher HN

FAU - Fowler, Robert A

AU - Fowler RA

FAU - Martin, Claudio M

AU - Martin CM
FAU - Day, Andrew G
AU - Day AG
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Multicenter Study
PT - Research Support, Non-U.S. Gov't
PL - England
TA - Crit Care
JT - Critical care (London, England)
JID - 9801902
RN - 0 (Protein C)
RN - 0 (Recombinant Proteins)
RN - JGH8MYC891 (drotrecogin alfa activated)
SB - IM
CIN - Crit Care. 2008;12(1):109. PMID: 18254930
EIN - Crit Care. 2008;12(5):429
MH - Adult
MH - Aged
MH - Cohort Studies
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Longitudinal Studies
MH - Male
MH - Middle Aged
MH - *Patient Acceptance of Health Care
MH - Protein C/*therapeutic use
MH - *Quality of Life
MH - Recombinant Proteins/*therapeutic use
MH - Sepsis/mortality/*therapy
MH - Survival Rate/trends
PMC - PMC2246225
EDAT- 2007/12/13 09:00
MHDA- 2008/04/15 09:00
CRDT- 2007/12/13 09:00
PHST- 2007/07/18 00:00 [received]
PHST- 2007/10/04 00:00 [revised]
PHST- 2007/12/11 00:00 [accepted]
PHST- 2007/12/13 09:00 [pubmed]
PHST- 2008/04/15 09:00 [medline]
PHST- 2007/12/13 09:00 [entrez]
AID - cc6195 [pii]
AID - 10.1186/cc6195 [doi]
PST - ppublish
SO - Crit Care. 2007;11(6):R128. doi: 10.1186/cc6195.

PMID- 23358541
OWN - NLM
STAT- MEDLINE
DCOM- 20131105
LR - 20181113
IS - 1432-1238 (Electronic)
IS - 0342-4642 (Linking)
VI - 39
IP - 5
DP - 2013 May
TI - Long-term mortality and quality of life after septic shock: a follow-up

observational study.

PG - 881-8

LID - 10.1007/s00134-013-2815-1 [doi]

AB - PURPOSE: In septic shock, short-term outcomes are frequently reported, while long-term outcomes are not. The aim of this study was to evaluate mortality and health-related quality of life (HRQOL) in survivors 6 months after an episode of septic shock. METHODS: This single-centre observational study was conducted in an intensive care unit in a university hospital. All patients with septic shock were included. Mortality was assessed 6 months after the onset of septic shock, and a comparison between patients who survived and those who died was performed. HRQOL was assessed using the MOS SF-36 questionnaire prior to hospital admission (baseline) and at 6 months in survivors. HRQOL at baseline and at 6 months were compared to the general French population, and HRQOL at baseline was compared to 6-month HRQOL. RESULTS: Ninety-six patients were included. Six-month mortality was 45%. Survivors were significantly younger, had significantly lower lactate levels and SAPS II scores, required less renal support, received less frequent administration of corticosteroids, and had a longer length of hospital stay. At baseline (n = 39) and 6 months (n = 46), all of the components of the SF-36 questionnaire were significantly lower than those in the general population. Compared to baseline (n = 23), the Physical Component Score (CS) improved significantly at 6 months, the Mental CS did not differ. CONCLUSIONS: Mortality 6 months after septic shock was high. HRQOL at baseline was impaired when compared to that of the general population. Although improvements were noted at 6 months, HRQOL remained lower than that in the general population.

FAU - Nessler, Nicolas

AU - Nessler N

AD - Departement d'Anesthesie-Reanimation 1, Inserm U991, Service de Reanimation Chirurgicale, Hopital Pontchaillou, Universite Rennes 1, Rennes, France.

nicolas.nessler@chu-rennes.fr

FAU - Defontaine, Anne

AU - Defontaine A

FAU - Launey, Yoann

AU - Launey Y

FAU - Morcet, Jeff

AU - Morcet J

FAU - Malledant, Yannick

AU - Malledant Y

FAU - Seguin, Philippe

AU - Seguin P

LA - eng

PT - Comparative Study

PT - Journal Article

DEP - 20130129

PL - United States

TA - Intensive Care Med

JT - Intensive care medicine

JID - 7704851

SB - IM

MH - Age Factors

MH - Aged

MH - Aged, 80 and over

MH - Chi-Square Distribution

MH - Female

MH - France/epidemiology

MH - Health Status Indicators

MH - Hospitals, University

MH - Humans

MH - Intensive Care Units

MH - Length of Stay/statistics & numerical data

MH - Logistic Models
MH - Male
MH - Middle Aged
MH - Prospective Studies
MH - *Quality of Life
MH - Risk Factors
MH - Shock, Septic/*mortality
MH - Statistics, Nonparametric
MH - Surveys and Questionnaires
EDAT- 2013/01/30 06:00
MHDA- 2013/11/06 06:00
CRDT- 2013/01/30 06:00
PHST- 2012/08/31 00:00 [received]
PHST- 2012/12/29 00:00 [accepted]
PHST- 2013/01/30 06:00 [entrez]
PHST- 2013/01/30 06:00 [pubmed]
PHST- 2013/11/06 06:00 [medline]
AID - 10.1007/s00134-013-2815-1 [doi]
PST - ppublish
SO - Intensive Care Med. 2013 May;39(5):881-8. doi: 10.1007/s00134-013-2815-1. Epub
2013 Jan 29.

PMID- 23895260

OWN - NLM

STAT- MEDLINE

DCOM- 20140411

LR - 20151119

IS - 1399-6576 (Electronic)

IS - 0001-5172 (Linking)

VI - 57

IP - 9

DP - 2013 Oct

TI - Sepsis patients do not differ in health-related quality of life compared with
other ICU patients.

PG - 1201-5

LID - 10.1111/aas.12164 [doi]

AB - INTRODUCTION: The aim of the present multicentre study is to assess
health-related quality of life in patients with community-acquired sepsis, severe
sepsis, or septic shock (CAS) 6 months after discharge from the intensive care
unit (ICU) and to compare the health-related quality of life of the ICU survivors
with CAS with ICU survivors with other ICU diagnoses. METHODS: Prospective,
multicentre study in nine combined medical and surgical ICUs in Portugal.
Health-related quality of life was assessed 6 months after ICU stay, using
EuroQol-5D (EQ-5D) mailed to patients. ICU-related factors were obtained from the
local ICU database and the local database for the SACiUCI follow-up study.
RESULTS: A total of 313 (52%) surviving patients answered the questionnaire, and
of these 91 (29%) were admitted for CAS. There were no significant differences in
health-related quality of life between the two study groups. CONCLUSION: Patients
admitted to ICU for CAS did not perceived different health-related quality of
life compared with ICU patients admitted for other diagnoses.

CI - (c) 2013 The Acta Anaesthesiologica Scandinavica Foundation. Published by John
Wiley & Sons Ltd.

FAU - Orwelius, L

AU - Orwelius L

AD - Department of Health Information and Decision Sciences, Faculty of Medicine of
Porto, CIDES, Porto, Portugal; Faculty of Medicine of Porto, CINTESIS - Center
for Research in Health Technologies and Health Systems, Porto, Portugal;
Department of Intensive Care, Linkoping University, Linkoping, Sweden; Department
of Clinical and Experimental Medicine, County Council of Ostergotland, Linkoping,

Sweden.
FAU - Lobo, C
AU - Lobo C
FAU - Teixeira Pinto, A
AU - Teixeira Pinto A
FAU - Carneiro, A
AU - Carneiro A
FAU - Costa-Pereira, A
AU - Costa-Pereira A
FAU - Granja, C
AU - Granja C
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Multicenter Study
PT - Research Support, Non-U.S. Gov't
DEP - 20130730
PL - England
TA - Acta Anaesthesiol Scand
JT - Acta anaesthesiologica Scandinavica
JID - 0370270
SB - IM
MH - Adult
MH - Aged
MH - Critical Care/*psychology
MH - Critical Illness/*psychology
MH - Databases, Factual
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Intensive Care Units
MH - Male
MH - Middle Aged
MH - Prospective Studies
MH - Quality of Life/*psychology
MH - Sepsis/*psychology
MH - Socioeconomic Factors
MH - Surveys and Questionnaires
MH - Survivors/psychology
EDAT- 2013/07/31 06:00
MHDA- 2014/04/12 06:00
CRDT- 2013/07/31 06:00
PHST- 2013/07/02 00:00 [accepted]
PHST- 2013/07/31 06:00 [entrez]
PHST- 2013/07/31 06:00 [pubmed]
PHST- 2014/04/12 06:00 [medline]
AID - 10.1111/aas.12164 [doi]
PST - ppublish
SO - Acta Anaesthesiol Scand. 2013 Oct;57(9):1201-5. doi: 10.1111/aas.12164. Epub 2013 Jul 30.

PMID- 7609265
OWN - NLM
STAT- MEDLINE
DCOM- 19950815
LR - 20161017
IS - 0098-7484 (Print)
IS - 0098-7484 (Linking)
VI - 274

IP - 4

DP - 1995 Jul 26

TI - Long-term survival and function after suspected gram-negative sepsis.

PG - 338-45

AB - OBJECTIVE: To determine the long-term (> 3 months) survival of septic patients, to develop mathematical models that predict patients likely to survive long-term, and to measure the health and functional status of surviving patients. SETTING: A large tertiary care university hospital and an associated Veterans Affairs Medical Center. DESIGN: From December 1986 to December 1990, a total of 103 patients with suspected gram-negative sepsis entered a double-blind, placebo-controlled efficacy trial of monoclonal antiendotoxin antibody. Of these, we followed up 100 patients for 7667 patient-months. Beginning in May 1992, we reviewed hospital records and contacted all known survivors. We measured the health status of all surviving patients. MAIN OUTCOME MEASURES: The determinants of long-term survival (up to 6 years) were identified through two Cox proportional hazard regression models: one that included patient characteristics identified at the time of sepsis (bedside model) and another that included bedside, infection-related, and treatment characteristics (overall model). RESULTS: Of the 60 patients in the cohort who died at a median interval of 30.5 days after sepsis, 32 died within the first month of the septic episode, seven died within 3 months, and four more died within 6 months. In the bedside multivariate model constructed to predict long-term survival, large hazard ratios (HRs) were associated with severity of underlying illness as classified by McCabe and Jackson criteria (for rapidly fatal disease, HR = 30.4, P < .001; for ultimately fatal disease, HR = 7.6, P < .001) and the use of vasopressors (HR = 2.5; P = .001). In the overall model for long-term survival, severity of underlying illness (rapidly fatal disease, HR = 23.7, P < .001; ultimately fatal disease, HR = 6.5, P < .001), number of active comorbid illnesses (HR = 1.3; P = .04), use of vasopressors at the time of sepsis (HR = 2.0; P = .02), and development of adult respiratory distress syndrome (HR = 2.3; P = .02) predicted patients most likely to die. The Acute Physiology and Chronic Health Evaluation II score was not a significant predictor of outcome when either model included the simpler McCabe and Jackson classification of underlying disease severity. We compared the health status scores with norms for the general population and found that patients with resolved sepsis reported more physical dysfunction (P < .001), including problems with work and activities of daily living (P = .02), and more poorly perceived general health (P < .01). In contrast, patients' scores for perceived emotional health were higher than those in the general population (P = .004). The mean Barthel score of our patients was 85 (100 = total independence) and the mean Eastern Cooperative Oncology Group score was 0.7 (0 = normal, 4 = 100% bedridden), suggesting that the patients' physical function was not normal. CONCLUSIONS: At the onset of suspected gram-negative sepsis, severity of underlying illness and in-hospital use of vasopressors are strong and consistent predictors of short- and long-term survival. Our data validate the McCabe and Jackson severity of illness scoring system for predicting long-term survival after sepsis. Physical dysfunction and more poorly perceived general health occur commonly after sepsis.

FAU - Perl, T M

AU - Perl TM

AD - Department of Internal Medicine, University of Iowa College of Medicine, Iowa City 52242, USA.

FAU - Dvorak, L

AU - Dvorak L

FAU - Hwang, T

AU - Hwang T

FAU - Wenzel, R P

AU - Wenzel RP

LA - eng

PT - Clinical Trial

PT - Controlled Clinical Trial
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - JAMA
JT - JAMA
JID - 7501160
RN - 0 (Antibodies, Monoclonal)
RN - 0 (Endotoxins)
SB - AIM
SB - IM
MH - Adult
MH - Aged
MH - Antibodies, Monoclonal/therapeutic use
MH - Cohort Studies
MH - Comorbidity
MH - Endotoxins/immunology
MH - Female
MH - Gram-Negative Bacterial Infections/*mortality/therapy
MH - Health Status
MH - Humans
MH - Male
MH - Middle Aged
MH - Models, Theoretical
MH - Multivariate Analysis
MH - Proportional Hazards Models
MH - Randomized Controlled Trials as Topic
MH - Sepsis/*mortality/therapy
MH - Severity of Illness Index
MH - Survival Analysis
MH - Survivors
EDAT- 1995/07/26 00:00
MHDA- 1995/07/26 00:01
CRDT- 1995/07/26 00:00
PHST- 1995/07/26 00:00 [pubmed]
PHST- 1995/07/26 00:01 [medline]
PHST- 1995/07/26 00:00 [entrez]
PST - ppublish
SO - JAMA. 1995 Jul 26;274(4):338-45.

PMID- 24717466
OWN - NLM
STAT- MEDLINE
DCOM- 20160412
LR - 20181202
IS - 1530-0293 (Electronic)
IS - 0090-3493 (Linking)
VI - 42
IP - 8
DP - 2014 Aug
TI - Obesity and 1-year outcomes in older Americans with severe sepsis.
PG - 1766-74
LID - 10.1097/CCM.0000000000000336 [doi]
AB - OBJECTIVES: Although critical care physicians view obesity as an independent poor prognostic marker, growing evidence suggests that obesity is, instead, associated with improved mortality following ICU admission. However, this prior empirical work may be biased by preferential admission of obese patients to ICUs, and little is known about other patient-centered outcomes following critical illness. We sought to determine whether 1-year mortality, healthcare utilization, and

functional outcomes following a severe sepsis hospitalization differ by body mass index. DESIGN: Observational cohort study. SETTING: U.S. hospitals. PATIENTS: We analyzed 1,404 severe sepsis hospitalizations (1999-2005) among Medicare beneficiaries enrolled in the nationally representative Health and Retirement Study, of which 597 (42.5%) were normal weight, 473 (33.7%) were overweight, and 334 (23.8%) were obese or severely obese, as assessed at their survey prior to acute illness. Underweight patients were excluded a priori. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: Using Medicare claims, we identified severe sepsis hospitalizations and measured inpatient healthcare facility use and calculated total and itemized Medicare spending in the year following hospital discharge. Using the National Death Index, we determined mortality. We ascertained pre- and postmorbidity functional status from survey data. Patients with greater body mass indexes experienced lower 1-year mortality compared with nonobese patients, and there was a dose-response relationship such that obese (odds ratio = 0.59; 95% CI, 0.39-0.88) and severely obese patients (odds ratio = 0.46; 95% CI, 0.26-0.80) had the lowest mortality. Total days in a healthcare facility and Medicare expenditures were greater for obese patients ($p < 0.01$ for both comparisons), but average daily utilization ($p = 0.44$) and Medicare spending were similar ($p = 0.65$) among normal, overweight, and obese survivors. Total function limitations following severe sepsis did not differ by body mass index category ($p = 0.64$). CONCLUSIONS: Obesity is associated with improved mortality among severe sepsis patients. Due to longer survival, obese sepsis survivors use more healthcare and result in higher Medicare spending in the year following hospitalization. Median daily healthcare utilization was similar across body mass index categories.

FAU - Prescott, Hallie C

AU - Prescott HC

AD - 1Department of Medicine, University of Michigan, Ann Arbor, MI. 2Steindhart School of Culture, Education, and Human Development, New York University, New York, NY. 3Riverside Methodist Hospital, Columbus, OH. 4VA Center for Clinical Management Research, HSR&D Center for Excellence, Ann Arbor, MI. 5Institute for Social Research, Ann Arbor, MI.

FAU - Chang, Virginia W

AU - Chang VW

FAU - O'Brien, James M Jr

AU - O'Brien JM Jr

FAU - Langa, Kenneth M

AU - Langa KM

FAU - Iwashyna, Theodore J

AU - Iwashyna TJ

LA - eng

GR - T32 HL007749/HL/NHLBI NIH HHS/United States

GR - U01 AG009740/AG/NIA NIH HHS/United States

GR - P30 DK092926/DK/NIDDK NIH HHS/United States

GR - R01 AG030155/AG/NIA NIH HHS/United States

GR - U01 AG09740/AG/NIA NIH HHS/United States

GR - K08 HL091249/HL/NHLBI NIH HHS/United States

PT - Journal Article

PT - Observational Study

PT - Research Support, N.I.H., Extramural

PT - Research Support, U.S. Gov't, Non-P.H.S.

PL - United States

TA - Crit Care Med

JT - Critical care medicine

JID - 0355501

SB - AIM

SB - IM

CIN - Crit Care Med. 2014 Aug;42(8):1935-6. PMID: 25029129

CIN - Crit Care Med. 2015 Jan;43(1):e30. PMID: 25514736

CIN - Crit Care Med. 2015 Jan;43(1):e30-1. PMID: 25514737

MH - Aged
MH - Aged, 80 and over
MH - Body Mass Index
MH - Cohort Studies
MH - Comorbidity
MH - Critical Illness
MH - Delivery of Health Care/*statistics & numerical data
MH - Female
MH - Health Expenditures/*statistics & numerical data
MH - Hospitalization/*statistics & numerical data
MH - Humans
MH - Male
MH - Medicare/*economics/statistics & numerical data
MH - Middle Aged
MH - Obesity/*epidemiology
MH - Sepsis/*mortality
MH - Survival Rate
MH - Survivors/statistics & numerical data
MH - United States
PMC - PMC4205159
MID - NIHMS634715
EDAT- 2014/04/11 06:00
MHDA- 2016/04/14 06:00
CRDT- 2014/04/11 06:00
PHST- 2014/04/11 06:00 [entrez]
PHST- 2014/04/11 06:00 [pubmed]
PHST- 2016/04/14 06:00 [medline]
AID - 10.1097/CCM.0000000000000336 [doi]
PST - ppublish
SO - Crit Care Med. 2014 Aug;42(8):1766-74. doi: 10.1097/CCM.0000000000000336.

PMID- 24872085
OWN - NLM
STAT- MEDLINE
DCOM- 20140902
LR - 20191210
IS - 1535-4970 (Electronic)
IS - 1073-449X (Linking)
VI - 190
IP - 1
DP - 2014 Jul 1
TI - Increased 1-year healthcare use in survivors of severe sepsis.
PG - 62-9
LID - 10.1164/rccm.201403-0471OC [doi]
AB - RATIONALE: Hospitalizations for severe sepsis are common, and a growing number of patients survive to hospital discharge. Nonetheless, little is known about survivors' post-discharge healthcare use. OBJECTIVES: To measure inpatient healthcare use of severe sepsis survivors compared with patients' own presepsis resource use and the resource use of survivors of otherwise similar nonsepsis hospitalizations. METHODS: This is an observational cohort study of survivors of severe sepsis and nonsepsis hospitalizations identified from participants in the Health and Retirement Study with linked Medicare claims, 1998-2005. We matched severe sepsis and nonsepsis hospitalizations by demographics, comorbidity burden, premorbid disability, hospitalization length, and intensive care use. MEASUREMENTS AND MAIN RESULTS: Using Medicare claims, we measured patients' use of inpatient facilities (hospitals, long-term acute care hospitals, and skilled nursing facilities) in the 2 years surrounding hospitalization. Severe sepsis survivors spent more days (median, 16 [interquartile range, 3-45] vs. 7 [0-29]; P < 0.001) and a higher proportion of days alive (median, 9.6% [interquartile

range, 1.4-33.8%] vs. 1.9% [0.0-7.9%]; $P < 0.001$) admitted to facilities in the year after hospitalization, compared with the year prior. The increase in facility-days was similar for nonsepsis hospitalizations. However, the severe sepsis cohort experienced greater post-discharge mortality (44.2% [95% confidence interval, 41.3-47.2%] vs. 31.4% [95% confidence interval, 28.6-34.2%] at 1 year), a steeper decline in days spent at home (difference-in-differences, -38.6 d [95% confidence interval, -50.9 to 26.3]; $P < 0.001$), and a greater increase in the proportion of days alive spent in a facility (difference-in-differences, 5.4% [95% confidence interval, 2.8-8.1%]; $P < 0.001$). CONCLUSIONS: Healthcare use is markedly elevated after severe sepsis, and post-discharge management may be an opportunity to reduce resource use.

FAU - Prescott, Hallie C

AU - Prescott HC

AD - 1 Department of Medicine, University of Michigan, Ann Arbor, Michigan.

FAU - Langa, Kenneth M

AU - Langa KM

FAU - Liu, Vincent

AU - Liu V

FAU - Escobar, Gabriel J

AU - Escobar GJ

FAU - Iwashyna, Theodore J

AU - Iwashyna TJ

LA - eng

GR - T32 HL007749/HL/NHLBI NIH HHS/United States

GR - U01 AG009740/AG/NIA NIH HHS/United States

GR - R01 AG030155/AG/NIA NIH HHS/United States

GR - U01 AG09740/AG/NIA NIH HHS/United States

GR - K08 HL091249/HL/NHLBI NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PT - Research Support, U.S. Gov't, Non-P.H.S.

PL - United States

TA - Am J Respir Crit Care Med

JT - American journal of respiratory and critical care medicine

JID - 9421642

SB - AIM

SB - IM

MH - Aged

MH - Female

MH - Health Facilities/*statistics & numerical data

MH - Humans

MH - Insurance Claim Review/statistics & numerical data

MH - Long-Term Care/statistics & numerical data

MH - Male

MH - Medical Record Linkage

MH - Medicare/statistics & numerical data

MH - Mortality/trends

MH - Outcome Assessment, Health Care/*statistics & numerical data

MH - Patient Readmission/statistics & numerical data

MH - Prospective Studies

MH - Sepsis/*complications/epidemiology

MH - Skilled Nursing Facilities/statistics & numerical data

MH - Survivors/*statistics & numerical data

MH - United States/epidemiology

PMC - PMC4226030

OTO - NOTNLM

OT - healthcare facilities

OT - hospitalization

OT - patient outcomes assessment

OT - patient readmission
OT - skilled nursing facility
EDAT- 2014/05/30 06:00
MHDA- 2014/09/03 06:00
CRDT- 2014/05/30 06:00
PHST- 2014/05/30 06:00 [entrez]
PHST- 2014/05/30 06:00 [pubmed]
PHST- 2014/09/03 06:00 [medline]
AID - 10.1164/rccm.201403-0471OC [doi]
PST - ppublish
SO - Am J Respir Crit Care Med. 2014 Jul 1;190(1):62-9. doi:
10.1164/rccm.201403-0471OC.

PMID- 9091694
OWN - NLM
STAT- MEDLINE
DCOM- 19970409
LR - 20161017
IS - 0098-7484 (Print)
IS - 0098-7484 (Linking)
VI - 277
IP - 13
DP - 1997 Apr 2

TI - Magnitude and duration of the effect of sepsis on survival. Department of
Veterans Affairs Systemic Sepsis Cooperative Studies Group.

PG - 1058-63

AB - OBJECTIVE: To determine the magnitude and duration of the effects of sepsis on survival. DESIGN: Cohort study. SETTING: The 10 Department of Veterans Affairs Medical Centers of the Systemic Sepsis Cooperative Studies Group, which from 1983 to 1986 conducted the Department of Veterans Affairs Cooperative Study of Corticosteroids in Systemic Sepsis. PATIENTS: The septic population consisted of 1505 patients with evaluable data from the screening log of the Cooperative Study of Corticosteroids in Systemic Sepsis. All 91830 nonpsychiatric, noninfected patients discharged from the participating medical centers between October 1, 1984, and September 30, 1985, were included in the control population. MAIN OUTCOME MEASURE: Death through 8 years after the index hospitalization. RESULTS: On the basis of a proportional hazards model constructed from the demographic and illness characteristics of the control population, the septic population was at significant risk of dying of nonseptic causes (26% predicted 1-year mortality). In the septic population, the daily risk of dying exceeded predictions from this model for 5 years, and the hazard rate rose with increasing severity of the septic episode throughout the first year ($P < .05$). Among 30-day survivors, sepsis reduced the remaining mean life span from a predicted 8.03 years to 4.08 years. CONCLUSIONS: Sepsis not only causes deaths acutely, but also increases the risk of death for up to 5 years after the septic episode even after comorbidities are accounted for. The risk of late death during the first year is associated with the severity of the septic episode.

FAU - Quartin, A A

AU - Quartin AA

AD - Miami Veterans Affairs Medical Center and the Division of Pulmonary and Critical Care Medicine, University of Miami, FL 33125, USA.

FAU - Schein, R M

AU - Schein RM

FAU - Kett, D H

AU - Kett DH

FAU - Peduzzi, P N

AU - Peduzzi PN

LA - eng

PT - Journal Article

PT - Research Support, U.S. Gov't, Non-P.H.S.
PL - United States
TA - JAMA
JT - JAMA
JID - 7501160
SB - AIM
SB - IM
MH - Aged
MH - Cause of Death
MH - Cohort Studies
MH - Comorbidity
MH - Female
MH - Hospitals, Veterans
MH - Humans
MH - Life Expectancy
MH - Male
MH - Middle Aged
MH - Multivariate Analysis
MH - Proportional Hazards Models
MH - Sepsis/*mortality
MH - Survival Analysis
MH - United States/epidemiology
MH - United States Department of Veterans Affairs
EDAT- 1997/04/02 00:00
MHDA- 1997/04/02 00:01
CRDT- 1997/04/02 00:00
PHST- 1997/04/02 00:00 [pubmed]
PHST- 1997/04/02 00:01 [medline]
PHST- 1997/04/02 00:00 [entrez]
PST - ppublish
SO - JAMA. 1997 Apr 2;277(13):1058-63.

PMID- 27646108
OWN - NLM
STAT- PubMed-not-MEDLINE
DCOM- 20160920
LR - 20181113
IS - 2110-5820 (Print)
IS - 2110-5820 (Linking)
VI - 6
IP - 1
DP - 2016 Dec
TI - Assessment and predictors of physical functioning post-hospital discharge in survivors of critical illness.
PG - 92
LID - 10.1186/s13613-016-0187-8 [doi]
AB - BACKGROUND: Prior studies of physical functioning after critical illness have been mostly limited to survivors of acute respiratory distress syndrome. The purpose of this study was to objectively assess muscle strength and physical functioning in survivors of critical illness from a general ICU and the associations of these measures to health-related quality of life (HRQL), mental health and critical illness variables. METHODS: This was a prospective cohort study of 56 patients admitted to a medical ICU (length of stay ≥ 4 days) from April 1, 2009, and March 31, 2010. Patients were assessed in clinic at 3 months post-hospital discharge. Muscle strength and physical functioning were measured using hand-held dynamometry and the 6-min walk test. HRQL was assessed using the short-form 36 (SF-36) and EuroQol-5D (EQ-5D) questionnaires. RESULTS: Three months post-hospital discharge, median age- and sex-matched muscle strength was reduced across all muscle groups. The median 6-min walk distance was 72 % of

predicted. Physical functioning was associated with reductions in self-reported HRQL (SF-36, EQ-5D) and increased anxiety. Univariate regression modeling showed that reduced muscle strength and 6-min walk distance were associated with sepsis but not ICU length of stay. Multivariate regression modeling showed that sepsis and corticosteroid use were associated with a reduced 6-min walk distance, but again ICU length of stay was not. CONCLUSIONS: Survivors of critical illness have reduced strength in multiple muscle groups and impaired exercise tolerance impacting both HRQL and mental health. These outcomes were worsened by sepsis and corticosteroid use in the ICU but not ICU length of stay. Interventions to minimizing the burden of sepsis in critically ill patients may improve long-term outcomes.

FAU - Solverson, Kevin J

AU - Solverson KJ

AD - Department of Critical Care Medicine, Cumming School of Medicine, University of Calgary, 3134 Hospital Drive NW, Calgary, AB, T2N 2T9, Canada.

FAU - Grant, Christopher

AU - Grant C

AD - Department of Critical Care Medicine, Cumming School of Medicine, University of Calgary, 3134 Hospital Drive NW, Calgary, AB, T2N 2T9, Canada.

AD - Division of Physical Medicine and Rehabilitation, Cumming School of Medicine, University of Calgary, 3134 Hospital Drive NW, Calgary, AB, T2N 2T9, Canada.

FAU - Doig, Christopher J

AU - Doig CJ

AD - Department of Critical Care Medicine, Cumming School of Medicine, University of Calgary, 3134 Hospital Drive NW, Calgary, AB, T2N 2T9, Canada. cdoig@ucalgary.ca.

AD - Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, 3134 Hospital Drive NW, Calgary, AB, T2N 2T9, Canada. cdoig@ucalgary.ca.

LA - eng

PT - Journal Article

DEP - 20160920

PL - Germany

TA - Ann Intensive Care

JT - Annals of intensive care

JID - 101562873

PMC - PMC5028364

OTO - NOTNLM

OT - Adult

OT - Critical care

OT - Muscle strength dynamometer

OT - Muscle weakness

OT - Recovery of function

OT - Sepsis

EDAT- 2016/09/21 06:00

MHDA- 2016/09/21 06:01

CRDT- 2016/09/21 06:00

PHST- 2016/03/09 00:00 [received]

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PHST- 2016/09/21 06:00 [entrez]

PHST- 2016/09/21 06:00 [pubmed]

PHST- 2016/09/21 06:01 [medline]

AID - 10.1186/s13613-016-0187-8 [doi]

AID - 10.1186/s13613-016-0187-8 [pii]

PST - ppublish

SO - Ann Intensive Care. 2016 Dec;6(1):92. doi: 10.1186/s13613-016-0187-8. Epub 2016 Sep 20.

PMID- 30017545

OWN - NLM

STAT- MEDLINE
DCOM- 20181127

LR - 20181127

IS - 1008-1275 (Print)

IS - 1008-1275 (Linking)

VI - 21

IP - 4

DP - 2018 Aug

TI - Long-term quality of life after sepsis and predictors of quality of life in survivors with sepsis.

PG - 216-223

LID - S1008-1275(18)30089-0 [pii]

LID - 10.1016/j.cjtee.2018.05.001 [doi]

AB - PURPOSE: To evaluate the quality of life among survivors after sepsis in 2 years, comparing with critical patients without sepsis and the general people, analyze the changes and the predictors of quality of life among septic survivors.

METHODS: This prospective case-control study screened the intensive care unit (ICU) patients in Tianjin Third Central Hospital from January 2014 to October 2017, and the Chinese general population in the previous studies was also included. According to inclusion criteria and exclusion criteria, 306 patients with sepsis were enrolled as the observation group, and another 306 patients without sepsis in ICU during the same period, whose ages, gender and Charlson Comorbidity Index matched with observation group, were enrolled as the control group. At 3 mo, 12 mo, and 24 mo after discharge, the Mos 36-item Short Form Health Survey (SF-36), the Euroqol-5 dimension (EQ-5D), and the activities of daily living (ADL) were evaluated in face-to-face for the quality of life among survivors. RESULTS: There were 210 (68.6%) septic patients and 236 (77.1%) non-septic critically ill patients surviving. At 3 months after discharge, the observation and control groups had the similar demographic characteristics (age: 58.8 +/- 18.1years vs. 57.5 +/- 17.6 years, $p = 0.542$; male: 52.0% vs. 51.4%, $p = 0.926$). However, the observation group had higher acute physiology and chronic health evaluation II (APACHEII) scores, higher sequential organ failure assessment (SOFA) scores, longer hospital stay, and longer ICU stay than the control group did ($p < 0.05$). There were no significant differences in the eight dimensions of the SF36 scale, the EQ-5D health utility scores, and the activities of daily life scores between septic survivors and non-septic survivors ($p > 0.05$). In addition, compared with the quality of life of the Chinese general population (aged 55-64 years), the quality of life of septic patients were significantly lower at 3 months after discharge ($p < 0.05$). Comparing the quality of life of the ill patients who had been discharged at 3 mo and 24 mo, the general health improved statistically ($p = 0.000$) and clinically (score improvement > 5 points). Older age (OR, 1.050; 95% CI, 1.022-1.078, $p = 0.000$), female (OR, 3.375; 95% CI, 1.434-7.941, $p = 0.005$) and longer mechanical ventilation time (OR, 3.412; 95% CI, 1.413, 8.244, $p = 0.006$) were the risk factors for the quality of life of septic survivors. CONCLUSION: The long-term quality of life of septic survivors was similar to that of non-sepsis critically ill survivors. After discharge, the general health of sepsis improved overtime. Age, female and mechanical ventilation time (>5 days) were the predictors of the quality of life after sepsis.

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FAU - Su, Ya-Xiao

AU - Su YX

AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China.

FAU - Xu, Lei

AU - Xu L
AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China. Electronic address: nokia007008@163.com.
FAU - Gao, Xin-Jing
AU - Gao XJ
AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China.
FAU - Wang, Zhi-Yong
AU - Wang ZY
AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China.
FAU - Lu, Xing
AU - Lu X
AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China.
FAU - Yin, Cheng-Fen
AU - Yin CF
AD - Department of Critical Care Medicine, The Third Central Hospital of Tianjin, Tianjin, 300170, China; Tianjin Key Laboratory of Artificial Cell, Artificial Cell Engineering Technology Research Center of Public Health Ministry, Tianjin, China; Tianjin Institute of Hepatobiliary Disease, Tianjin, China.
LA - eng
PT - Journal Article
DEP - 20180619
PL - China
TA - Chin J Traumatol
JT - Chinese journal of traumatology = Zhonghua chuang shang za zhi
JID - 100886162
SB - IM
MH - Adult
MH - Aged
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Prospective Studies
MH - *Quality of Life
MH - Risk Factors
MH - Sepsis/mortality/*psychology
MH - Survivors
PMC - PMC6085193
OTO - NOTNLM
OT - Long-term quality of life
OT - Risk factors
OT - Sepsis
OT - Survivors
EDAT- 2018/07/19 06:00
MHDA- 2018/11/28 06:00
CRDT- 2018/07/19 06:00
PHST- 2018/03/20 00:00 [received]

PHST- 2018/04/29 00:00 [revised]
PHST- 2018/05/07 00:00 [accepted]
PHST- 2018/07/19 06:00 [pubmed]
PHST- 2018/11/28 06:00 [medline]
PHST- 2018/07/19 06:00 [entrez]
AID - S1008-1275(18)30089-0 [pii]
AID - 10.1016/j.cjtee.2018.05.001 [doi]
PST - ppublish
SO - Chin J Traumatol. 2018 Aug;21(4):216-223. doi: 10.1016/j.cjtee.2018.05.001. Epub
2018 Jun 19.

PMID- 29951846

OWN - NLM

STAT- MEDLINE

DCOM- 20190213

LR - 20190215

IS - 1432-1238 (Electronic)

IS - 0342-4642 (Linking)

VI - 44

IP - 8

DP - 2018 Aug

TI - Health-related outcomes of critically ill patients with and without sepsis.

PG - 1249-1257

LID - 10.1007/s00134-018-5274-x [doi]

AB - PURPOSE: To determine differences in health-related quality of life (HRQoL), survival and healthcare resource use of critically ill adults with and without sepsis. METHODS: We conducted a primary propensity score matched analysis of patients with and without sepsis enrolled in a large multicentre clinical trial. Outcomes included HRQoL at 6 months, survival to 2 years, length of ICU and hospital admission and cost of ICU and hospital treatment to 2 years. RESULTS: We obtained linked data for 3442 (97.3%) of 3537 eligible patients and matched 806/905 (89.0%) patients with sepsis with 806/2537 (31.7%) without. After matching, there were no significant differences in the proportion of survivors with and without sepsis reporting problems with mobility (37.8% vs. 38.7%, $p = 0.86$), self-care (24.7% vs. 26.0%, $p = 0.44$), usual activities (44.5% vs. 46.8%, $p = 0.28$), pain/discomfort (42.4% vs. 41.6%, $p = 0.54$) and anxiety/depression (36.9% vs. 37.7%, $p = 0.68$). There was no significant difference in survival at 2 years: 482/792 (60.9%) vs. 485/799 (60.7%) (HR 1.01, 95% CI 0.86-1.18, $p = 0.94$). The initial ICU and hospital admission were longer for patients with sepsis: 10.1 +/- 11.9 vs. 8.0 +/- 9.8 days ($p < 0.0001$) and 22.8 +/- 21.2 vs. 19.1 +/- 19.0 days, ($p = 0.0003$) respectively. The cost of ICU admissions was higher for patients with sepsis: A\$43,345 +/- 46,263 (euro35,109 +/- 35,043) versus 34,844 +/- 38,281 (euro28,223 +/- 31,007), mean difference \$8501 (euro6885), 95% CI \$4342-12,660 (euro3517 +/- 10,254), $p < 0.001$ as was the total cost of hospital treatment to 2 years: A\$74,120 +/- 60,750 (euro60,037 +/- 49,207) versus A\$65,806 +/- 59,856 (euro53,302 +/- 48,483), $p = 0.005$. CONCLUSIONS: Critically ill patients with sepsis have higher healthcare resource use and costs but similar survival and HRQoL compared to matched patients without sepsis.

FAU - Thompson, Kelly

AU - Thompson K

AD - The George Institute for Global Health, Sydney, Australia.

kthompson@georgeinstitute.org.au.

AD - University of New South Wales, Sydney, Australia.

kthompson@georgeinstitute.org.au.

FAU - Taylor, Colman

AU - Taylor C

AD - The George Institute for Global Health, Sydney, Australia.

AD - University of New South Wales, Sydney, Australia.

FAU - Jan, Stephen

AU - Jan S
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
FAU - Li, Qiang
AU - Li Q
AD - The George Institute for Global Health, Sydney, Australia.
FAU - Hammond, Naomi
AU - Hammond N
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
AD - Sydney Medical School, University of Sydney, Sydney, Australia.
AD - Malcolm Fisher Department of Intensive Care Medicine, Royal North Shore Hospital, Sydney, Australia.
FAU - Myburgh, John
AU - Myburgh J
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
AD - St George Clinical School, University of New South Wales, Sydney, Australia.
FAU - Saxena, Manoj
AU - Saxena M
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
AD - St George Clinical School, University of New South Wales, Sydney, Australia.
FAU - Venkatesh, Balasubramanian
AU - Venkatesh B
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
AD - The Princess Alexandra Hospital, University of Queensland, Brisbane, Australia.
AD - The Wesley Hospital, Brisbane, Australia.
FAU - Finfer, Simon
AU - Finfer S
AD - The George Institute for Global Health, Sydney, Australia.
AD - University of New South Wales, Sydney, Australia.
AD - Sydney Medical School, University of Sydney, Sydney, Australia.
AD - Malcolm Fisher Department of Intensive Care Medicine, Royal North Shore Hospital, Sydney, Australia.
LA - eng
GR - PhD Scholarship/NSW Health/International
PT - Journal Article
DEP - 20180627
PL - United States
TA - Intensive Care Med
JT - Intensive care medicine
JID - 7704851
SB - IM
CIN - Intensive Care Med. 2018 Sep;44(9):1556-1557. PMID: 30022235
MH - Adult
MH - Australia
MH - *Critical Illness
MH - *Health Care Costs
MH - Humans
MH - Intensive Care Units
MH - Length of Stay
MH - New Zealand
MH - Prospective Studies
MH - *Quality of Life
MH - *Sepsis/complications/economics/therapy
OTO - NOTNLM
OT - *Long-term outcomes

OT - *Post-intensive care syndrome
OT - *Post-sepsis syndrome
OT - *Sepsis
EDAT- 2018/06/29 06:00
MHDA- 2019/02/14 06:00
CRDT- 2018/06/29 06:00
PHST- 2018/04/05 00:00 [received]
PHST- 2018/06/07 00:00 [accepted]
PHST- 2018/06/29 06:00 [pubmed]
PHST- 2019/02/14 06:00 [medline]
PHST- 2018/06/29 06:00 [entrez]
AID - 10.1007/s00134-018-5274-x [doi]
AID - 10.1007/s00134-018-5274-x [pii]
PST - ppublish
SO - Intensive Care Med. 2018 Aug;44(8):1249-1257. doi: 10.1007/s00134-018-5274-x.
Epub 2018 Jun 27.

PMID- 16484926

OWN - NLM

STAT- MEDLINE

DCOM- 20060523

LR - 20070702

IS - 0090-3493 (Print)

IS - 0090-3493 (Linking)

VI - 34

IP - 4

DP - 2006 Apr

TI - Statin use and mortality within 180 days after bacteremia: a population-based cohort study.

PG - 1080-6

AB - OBJECTIVE: To examine the association between preadmission statin use and mortality among patients with bacteremia in a population-based setting. DESIGN: Observational study based on prospective registration of bacteremia episodes and mortality over a 6-yr period. SETTING: North Jutland County, Denmark (population, 500,000). PATIENTS: A total of 5,353 adult patients hospitalized with bacteremia from 1997 to 2002. Individuals treated with statins (n = 176) were identified by record-linkage with the County Prescription Database. INTERVENTIONS: None. MEASUREMENTS AND MAIN RESULTS: We compared mortality rates 0-30 and 31-180 days after bacteremia in patients with and without preadmission statin use, adjusted for gender, age group, level of comorbidity, alcohol-related conditions, use of immunosuppressive drugs and systemic antibiotics, and focus on infection. The 30-day mortality in statin users vs. nonusers was similar (20.0% vs. 21.6%, adjusted mortality rate ratio 0.93, 95% confidence interval 0.66-1.30). Among survivors after 30 days, however, statin therapy was associated with a substantially decreased mortality up until 180 days after the bacteremia (8.4% vs. 17.5%, adjusted mortality rate ratio 0.44, 95% confidence interval 0.24-0.80). This tendency toward similar short-term and decreased longer term mortality associated with statin use was observed consistently in both community-acquired and nosocomial bacteremia episodes and when analyses were restricted to patients with previous cardiovascular discharge diagnoses or diabetes. CONCLUSIONS: This study provides evidence against the hypothesis that statin use has an effect on short-term mortality after bacteremia. Statin use was, however, associated with a substantially decreased mortality between 31 and 180 days after bacteremia.

FAU - Thomsen, Reimar W

AU - Thomsen RW

AD - Department of Clinical Epidemiology, Aarhus University Hospital, Aalborg, Denmark.

FAU - Hundborg, Heidi H

AU - Hundborg HH
FAU - Johnsen, Soren P
AU - Johnsen SP
FAU - Pedersen, Lars
AU - Pedersen L
FAU - Sorensen, Henrik T
AU - Sorensen HT
FAU - Schonheyder, Henrik C
AU - Schonheyder HC
FAU - Lervang, Hans-Henrik
AU - Lervang HH
LA - eng
PT - Comment
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - Crit Care Med
JT - Critical care medicine
JID - 0355501
RN - 0 (Hydroxymethylglutaryl-CoA Reductase Inhibitors)
SB - AIM
SB - IM
CON - Crit Care Med. 2006 Apr;34(4):1270-2. PMID: 16550088
CIN - Crit Care Med. 2007 Jun;35(6):1635-6; author reply 1636. PMID: 17522552
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Bacteremia/*drug therapy/*mortality
MH - Cohort Studies
MH - Female
MH - Humans
MH - Hydroxymethylglutaryl-CoA Reductase Inhibitors/*therapeutic use
MH - Male
MH - Middle Aged
MH - Time Factors
EDAT- 2006/02/18 09:00
MHDA- 2006/05/24 09:00
CRDT- 2006/02/18 09:00
PHST- 2006/02/18 09:00 [pubmed]
PHST- 2006/05/24 09:00 [medline]
PHST- 2006/02/18 09:00 [entrez]
AID - 10.1097/01.CCM.0000207345.92928.E4 [doi]
PST - ppublish
SO - Crit Care Med. 2006 Apr;34(4):1080-6. doi: 10.1097/01.CCM.0000207345.92928.E4.

PMID- 27854183
OWN - NLM
STAT- MEDLINE
DCOM- 20170612
LR - 20190320
IS - 1607-8454 (Electronic)
IS - 1024-5332 (Linking)
VI - 22
IP - 5
DP - 2017 Jun
TI - Prognostic factors in the survival of patients with blood disorders recovering
from septic shock.
PG - 292-298

LID - 10.1080/10245332.2016.1253521 [doi]

AB - BACKGROUND: Septic shock is one of the major direct causes of death in patients in hematology departments. OBJECTIVES: The knowledge about clinical outcomes and factors associated with negative outcome in these patients can be important and useful for physicians to identify the patients who are most likely to benefit from ICU therapy. METHODS: We retrospectively analyzed records of 214 episodes of septic shock in patients with different blood diseases hospitalized between 1998 and 2011 in the Department of Hematology, Oncology and Internal Medicine, the Medical University of Warsaw, Poland. RESULTS: Direct survival with resolution of septic shock was 46%. Among these survivors, 75% continued to live at 30 days, 49% at 6 months, and 12% at 5 years after shock resolution. It was found that the most important prognostic factors for direct (short-term) mortality were multiorgan failure, lack of concordance of empiric antibiotic treatment with results of in vitro sensitivity testing, the Karnofsky score below 60%, presence of more than two comorbidities. Long-term prognosis (3-year follow-up) was affected by multiple factors with the most significant being Karnofsky score, higher organ failure score, hematologic disease relapse or resistance to treatment. DISCUSSION: Septic shock in patients with blood disorders treated in the hematology ward was associated with very high risk of mortality in all periods after its completion. However, although the results of treatment of septic shock in patients with blood diseases are poor, they were comparable to the results of treatment of septic shock in mixed populations treated in intensive care units.

FAU - Waszczuk-Gajda, Anna

AU - Waszczuk-Gajda A

AD - a Department of Hematology, Oncology and Internal Medicine , Warsaw Medical University , Warsaw , Poland.

FAU - Wiktor Jedrzejczak, Wieslaw

AU - Wiktor Jedrzejczak W

AD - a Department of Hematology, Oncology and Internal Medicine , Warsaw Medical University , Warsaw , Poland.

LA - eng

PT - Journal Article

DEP - 20161117

PL - England

TA - Hematology

JT - Hematology (Amsterdam, Netherlands)

JID - 9708388

SB - IM

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Disease-Free Survival

MH - Female

MH - Hematologic Neoplasms/*mortality/therapy

MH - Humans

MH - Male

MH - Middle Aged

MH - Retrospective Studies

MH - Shock, Septic/*mortality/therapy

MH - Survival Rate

OTO - NOTNLM

OT - Septic shock

OT - blood diseases

OT - long-term survival

OT - prognostic factors

OT - short-term survival

EDAT- 2016/11/18 06:00

MHDA- 2019/03/21 06:00

CRDT- 2016/11/18 06:00
PHST- 2016/11/18 06:00 [pubmed]
PHST- 2019/03/21 06:00 [medline]
PHST- 2016/11/18 06:00 [entrez]
AID - 10.1080/10245332.2016.1253521 [doi]
PST - ppublish
SO - Hematology. 2017 Jun;22(5):292-298. doi: 10.1080/10245332.2016.1253521. Epub 2016
Nov 17.

PMID- 22858817

OWN - NLM

STAT- MEDLINE

DCOM- 20121231

LR - 20190608

IS - 1680-5348 (Electronic)

IS - 1020-4989 (Linking)

VI - 31

IP - 6

DP - 2012 Jun

TI - [Analysis of quality of life following hospital discharge among survivors of
severe sepsis and septic shock].

PG - 499-505

LID - S1020-49892012000600008 [pii]

AB - OBJECTIVE: Describe the impact of severe sepsis and septic shock on patients' quality of life following hospital discharge. METHODS: A controlled study conducted in two general hospitals of Joinville, Santa Catarina, Brazil, of in-patients with severe sepsis or septic shock during the period of August 2005 through November 2007. The patients were contacted by telephone between June and November 2009. The study group responded to Short Form-36, a questionnaire on the quality of life, two years after being discharged from hospital. The questionnaire was also answered by a control group composed of people who lived at the same residence as the study subjects, had no recent hospitalization, and were close in age. RESULTS: Of 217 patients with severe sepsis or septic shock, 112 (51.6%) survived hospitalization. The survival rate after hospital discharge was 41.02% at 180 days, 37.4% at one year, 34.3% at 18 months, and 32.3% in two years. Thirty-six survivors responded to Short Form-36. There were declines in the quality of life for survivors (No. = 36) in comparison to the control group (No. = 36) in the following areas: physical functioning (59 +/- 32 versus 91 +/- 18; P < 0.001), vitality (48 +/- 13 versus 59 +/- 14; P < 0.008), mental health (48 +/- 13 versus 59 +/- 14; P < 0.03), bodily pain (50 +/- 26 versus 76 +/- 16; P < 0.001), general health perceptions (53 +/- 18 versus 67 +/- 13; P < 0.004), physical role functioning (67 +/- 45 versus 85 +/- 34; P < 0.05), and social role functioning (70 +/- 28 versus 90. +/- 16; P < 0.05). CONCLUSIONS: Severe sepsis or septic shock can result in significant negative effects on the quality of life, in addition to reducing long-term survival probability.

FAU - Westphal, Glauco Adrieno

AU - Westphal GA

AD - Hospital Municipal Sao Jose, Joinville, Santa Catarina, Brazil.

FAU - Vieira, Kalinca Daberkow

AU - Vieira KD

FAU - Orzechowski, Roman

AU - Orzechowski R

FAU - Kaefer, Keitiane Michele

AU - Kaefer KM

FAU - Zacliffevis, Viviane Renata

AU - Zacliffevis VR

FAU - Mastroeni, Marco Fabio

AU - Mastroeni MF

LA - por

PT - English Abstract
PT - Journal Article
TT - Analise da qualidade de vida apos a alta hospitalar em sobreviventes de sepe grave e choque septico.
PL - United States
TA - Rev Panam Salud Publica
JT - Revista panamericana de salud publica = Pan American journal of public health
JID - 9705400
SB - IM
MH - Adult
MH - Female
MH - Humans
MH - Male
MH - Middle Aged
MH - Patient Discharge
MH - *Quality of Life
MH - *Sepsis
MH - Severity of Illness Index
MH - *Shock, Septic
MH - Survivors
EDAT- 2012/08/04 06:00
MHDA- 2013/01/01 06:00
CRDT- 2012/08/04 06:00
PHST- 2011/03/31 00:00 [received]
PHST- 2012/03/08 00:00 [accepted]
PHST- 2012/08/04 06:00 [entrez]
PHST- 2012/08/04 06:00 [pubmed]
PHST- 2013/01/01 06:00 [medline]
AID - S1020-49892012000600008 [pii]
AID - 10.1590/s1020-49892012000600008 [doi]
PST - ppublish
SO - Rev Panam Salud Publica. 2012 Jun;31(6):499-505. doi: 10.1590/s1020-49892012000600008.

PMID- 30736830

OWN - NLM

STAT- MEDLINE

DCOM- 20190930

LR - 20190930

IS - 1466-609X (Electronic)

IS - 1364-8535 (Linking)

VI - 23

IP - 1

DP - 2019 Feb 8

TI - Impact of post-traumatic stress symptoms on the health-related quality of life in a cohort study with chronically critically ill patients and their partners: age matters.

PG - 39

LID - 10.1186/s13054-019-2321-0 [doi]

AB - BACKGROUND: Survivors of an acute critical illness with continuing organ dysfunction and uncontrolled inflammatory responses are prone to become chronically critically ill. As mental sequelae, a post-traumatic stress disorder and an associated decrease in the health-related quality of life (QoL) may occur, not only in the patients but also in their partners. Currently, research on long-term mental distress in chronically critically ill patient-partner dyads, using appropriate dyadic analysis strategies (patients and partners being measured and linked on the same variables) and controlling for contextual factors, is lacking. METHODS: The present study investigates the interdependence of post-traumatic stress symptoms (PTSS) and the health-related QoL in n = 70

dyads of chronically critically ill patients and their partners, using the Actor-Partner-Interdependence Model (APIM) under consideration of contextual factors (age, gender, length of partnership). The Post-traumatic Stress Scale (PTSS-10) and Euro-Quality of Life (EQ-5D-3L) were applied in both the patients and their partners, within up to 6 months after the transfer from acute care ICU to post-acute ICU. RESULTS: Clinically relevant post-traumatic stress symptoms were reported by 17.1% of the patients and 18.6% of the partners. Both the chronically critically ill patients and their partners with more severe post-traumatic stress symptoms also showed a decreased health-related QoL. The latter was more pronounced in male partners compared to female partners or female patients. In younger partners (<= 57 years), higher values of post-traumatic stress symptoms were associated with a decreased QoL in the patients. CONCLUSIONS: Mental health screening and psychotherapeutic treatment options should be offered to both the chronically critically ill patients and their partners. Future research is required to address the special needs of younger patient-partner dyads, following protracted ICU treatment. TRIAL REGISTRATION: German Clinical Trials Register No. DRKS00003386 . Registered 13 November 2011.

FAU - Wintermann, Gloria-Beatrice

AU - Wintermann GB

AUID- ORCID: <http://orcid.org/0000-0002-6292-0852>

AD - Department of Psychotherapy and Psychosomatic Medicine, Medizinische Fakultät Carl Gustav Carus, Technische Universität Dresden, 01307, Dresden, Germany.
gloria.wintermann@uniklinikum-dresden.de.

FAU - Petrowski, Katja

AU - Petrowski K

AD - Department of Psychotherapy and Psychosomatic Medicine, Medizinische Fakultät Carl Gustav Carus, Technische Universität Dresden, 01307, Dresden, Germany.

AD - Institute of Medical Psychology and Medical Sociology, Clinic and Polyclinic for Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University, Mainz, Germany.

FAU - Weidner, Kerstin

AU - Weidner K

AD - Department of Psychotherapy and Psychosomatic Medicine, Medizinische Fakultät Carl Gustav Carus, Technische Universität Dresden, 01307, Dresden, Germany.

FAU - Strauss, Bernhard

AU - Strauss B

AD - Institute of Psychosocial Medicine and Psychotherapy, Jena University Hospital, Friedrich-Schiller University, Jena, Germany.

FAU - Rosendahl, Jenny

AU - Rosendahl J

AD - Institute of Psychosocial Medicine and Psychotherapy, Jena University Hospital, Friedrich-Schiller University, Jena, Germany.

AD - Center for Sepsis Control and Care, Jena University Hospital, Friedrich-Schiller University, Jena, Germany.

LA - eng

GR - 01EO1002/This study was supported by the German Federal Ministry of Education and Research grant.

PT - Journal Article

DEP - 20190208

PL - England

TA - Crit Care

JT - Critical care (London, England)

JID - 9801902

SB - IM

MH - Aged

MH - Cohort Studies

MH - Critical Illness/*psychology

MH - Female

MH - Humans

MH - Intensive Care Units/statistics & numerical data
MH - Male
MH - Middle Aged
MH - Quality of Life/*psychology
MH - Sexual Partners/psychology
MH - Stress Disorders, Post-Traumatic/*complications/psychology
MH - Surveys and Questionnaires
MH - Survivors/psychology
PMC - PMC6368748
OTO - NOTNLM
OT - Actor-Partner-Interdependence Model (APIM)
OT - Chronic critical illness
OT - Health-related quality of life (QoL)
OT - Intensive care unit (ICU)
OT - Partners
OT - Post-Intensive Care Syndrome-Family (PICS-F)
OT - Post-traumatic stress symptoms
OT - Sepsis
EDAT- 2019/02/10 06:00
MHDA- 2019/10/01 06:00
CRDT- 2019/02/10 06:00
PHST- 2018/08/10 00:00 [received]
PHST- 2019/01/11 00:00 [accepted]
PHST- 2019/02/10 06:00 [entrez]
PHST- 2019/02/10 06:00 [pubmed]
PHST- 2019/10/01 06:00 [medline]
AID - 10.1186/s13054-019-2321-0 [doi]
AID - 10.1186/s13054-019-2321-0 [pii]
PST - epublish
SO - Crit Care. 2019 Feb 8;23(1):39. doi: 10.1186/s13054-019-2321-0.

PMID- 24456535
OWN - NLM
STAT- MEDLINE
DCOM- 20140630
LR - 20181113
IS - 1535-4970 (Electronic)
IS - 1073-449X (Linking)
VI - 189
IP - 9
DP - 2014 May 1
TI - Risk of cardiovascular events in survivors of severe sepsis.
PG - 1065-74
LID - 10.1164/rccm.201307-1321OC [doi]
AB - RATIONALE: The risk of cardiovascular events after severe sepsis is not known, and these events may explain increased long-term mortality in survivors of severe sepsis. OBJECTIVES: To determine whether survivors of severe sepsis hospitalization have high long-term risk of cardiovascular events. We examined whether higher risk is due to severe sepsis hospitalization or poor prehospitalization health status, and if the higher risk is also observed in patients hospitalized for infectious and noninfectious reasons, and in other critically ill patients. METHODS: Unmatched and matched-cohort analyses of Medicare beneficiaries. For unmatched analysis, we compared patients with severe sepsis admitted to the intensive care unit (ICU) and survived hospitalization (n = 4,179) to unmatched population control subjects (n = 819,283). For matched analysis, we propensity-score-matched each patient with severe sepsis to four control subjects (population, hospitalized, non-severe sepsis ICU control subjects, and infection hospitalization). Primary outcome was 1-year incidence rate of hospitalization for cardiovascular events. MEASUREMENTS AND MAIN RESULTS:

Cardiovascular events were common among patients discharged alive after severe sepsis hospitalization (29.5%; 498.2 events/1,000 person-years). Survivors of severe sepsis had a 13-fold higher risk of cardiovascular events compared with unmatched control subjects (498.2 vs. 36 events/1,000 person-years; $P < 0.0001$), and a 1.9-fold higher risk compared with matched-population control subjects ($P < 0.0001$). Survivors of severe sepsis had 1.1-fold higher risk compared with matched hospitalized patients and infection hospitalizations ($P = 0.002$ and 0.001) and similar risk compared with matched-ICU control subjects. CONCLUSIONS: Survivors of severe sepsis have high risk of cardiovascular events. The higher risk is mainly due to poor prehospitalization health status, and is also seen in a broader population of acutely ill patients.

FAU - Yende, Sachin

AU - Yende S

AD - 1 The Clinical Research, Investigation, and Systems Modeling of Acute Illness

Laboratory, and.

FAU - Linde-Zwirble, Walter

AU - Linde-Zwirble W

FAU - Mayr, Florian

AU - Mayr F

FAU - Weissfeld, Lisa A

AU - Weissfeld LA

FAU - Reis, Steven

AU - Reis S

FAU - Angus, Derek C

AU - Angus DC

LA - eng

GR - R01GM097471/GM/NIGMS NIH HHS/United States

GR - UL1 TR000005/TR/NCATS NIH HHS/United States

GR - K23 GM083215/GM/NIGMS NIH HHS/United States

GR - R01 GM097471/GM/NIGMS NIH HHS/United States

GR - K23GM083215/GM/NIGMS NIH HHS/United States

GR - T32 HL007820/HL/NHLBI NIH HHS/United States

PT - Journal Article

PT - Research Support, N.I.H., Extramural

PL - United States

TA - Am J Respir Crit Care Med

JT - American journal of respiratory and critical care medicine

JID - 9421642

SB - AIM

SB - IM

MH - Aged

MH - Cardiovascular Diseases/diagnosis/epidemiology/*etiology

MH - Case-Control Studies

MH - Cohort Studies

MH - Comorbidity

MH - Female

MH - Health Status

MH - Humans

MH - Incidence

MH - Intensive Care Units/statistics & numerical data

MH - Male

MH - Medicare/statistics & numerical data

MH - Propensity Score

MH - Retrospective Studies

MH - Risk Assessment

MH - Sepsis/*complications/epidemiology

MH - Survivors/statistics & numerical data

MH - United States/epidemiology

PMC - PMC4098105

EDAT- 2014/01/25 06:00
MHDA- 2014/07/01 06:00
CRDT- 2014/01/25 06:00
PHST- 2014/01/25 06:00 [entrez]
PHST- 2014/01/25 06:00 [pubmed]
PHST- 2014/07/01 06:00 [medline]
AID - 10.1164/rccm.201307-1321OC [doi]
PST - ppublish
SO - Am J Respir Crit Care Med. 2014 May 1;189(9):1065-74. doi:
10.1164/rccm.201307-1321OC.

Trauma

PMID- 16427054

OWN - NLM

STAT- MEDLINE

DCOM- 20060721

LR - 20060206

IS - 0020-1383 (Print)

IS - 0020-1383 (Linking)

VI - 37

IP - 3

DP - 2006 Mar

TI - Long term outcomes 12 years after major trauma.

PG - 243-6

AB - AIM: To provide long term population-based follow up on major trauma patients 12 years after injury. METHODS: This cohort study was based on a stratified random sample of patients with an injury severity score greater than 15 who reached hospital alive in 1990-1991. The patient details were used to trace them and to assess the patients' recovery, using endpoints of current employment status and any current physical or mental health problems. A Glasgow outcome score was allocated on the basis of these replies. RESULTS: Of 239 patients included in the original tranche, (23.2/100,000), 165 (16/100,000) survived to hospital discharge. 138 (86%) were traced, and 4 patients had left the country. Patients mean age was 34 (range 2-93). The male to female ratio was approximately 3:1. Twenty-one patients had died since discharge, due to unrelated illnesses. One hundred and five (76%) were living independently (GOS 4 and 5). Eleven patients (8%) were severely disabled, requiring assistance with activities of daily living. One patient remains in a persistent vegetative state. Return to work rates for those working at time of injury (and who remain of employable age) was 90%. The unemployment rate in the study population who are of working age was 34% (pre-injury rate 13%). The unemployment rate for those injured before their 17th birthday is currently 52%. CONCLUSION: We now have 12 year population based outcome data for major trauma. Despite major injury, 90% of long term survivors are living independently, with 90% returning to work. There is a trend towards higher unemployment when injured in childhood.

FAU - Redmill, Duncan A

AU - Redmill DA

AD - Emergency Medicine, Yorkshire Deanery, UK. dredmill@doctors.org.uk

FAU - McIlwee, Alistair

AU - McIlwee A

FAU - McNicholl, Brian

AU - McNicholl B

FAU - Templeton, Claire

AU - Templeton C

LA - eng

PT - Journal Article

DEP - 20060119

PL - Netherlands

TA - Injury

JT - Injury

JID - 0226040

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Child

MH - Child, Preschool
MH - Epidemiologic Methods
MH - Female
MH - Glasgow Outcome Scale
MH - Health Status
MH - Humans
MH - Male
MH - Middle Aged
MH - Multiple Trauma/*epidemiology/mortality/therapy
MH - Northern Ireland
MH - Treatment Outcome
EDAT- 2006/01/24 09:00
MHDA- 2006/07/22 09:00
CRDT- 2006/01/24 09:00
PHST- 2005/06/24 00:00 [received]
PHST- 2005/11/18 00:00 [revised]
PHST- 2005/11/22 00:00 [accepted]
PHST- 2006/01/24 09:00 [pubmed]
PHST- 2006/07/22 09:00 [medline]
PHST- 2006/01/24 09:00 [entrez]
AID - S0020-1383(05)00466-3 [pii]
AID - 10.1016/j.injury.2005.11.014 [doi]
PST - ppublish
SO - Injury. 2006 Mar;37(3):243-6. doi: 10.1016/j.injury.2005.11.014. Epub 2006 Jan 19.

PMID- 21378585
OWN - NLM
STAT- MEDLINE
DCOM- 20111031
LR - 20110805
IS - 1529-8809 (Electronic)
IS - 0022-5282 (Linking)
VI - 70
IP - 6
DP - 2011 Jun
TI - Quality of life after severe trauma: results from the global trauma trial with recombinant Factor VII.
PG - 1524-31
LID - 10.1097/TA.0b013e3181f053c2 [doi]
AB - BACKGROUND: Physical disability and psychologic morbidity are frequent and important complications of severe trauma injury with serious consequences for long-term health-related quality of life (HRQOL). Little prospective data exist, however, in a global trauma population on the risk factors for poor HRQOL. METHODS: The CONTROL trial was a prospective, randomized, double-blinded, multicenter, placebo-controlled trial conducted from August 2005 to September 2008. HRQOL was assessed 3 months after injury using the Polytrauma Outcome Chart (Glasgow Outcomes Scale, Short Form 36, European Quality of Life-5 Dimensions (EQ-5D), and Trauma Outcome Profile). Multivariate stepwise regression analysis identified predictors of poor HRQOL. RESULTS: Three hundred forty-seven (72%) patients completed at least one HRQOL instrument. Three percent had an EQ-5D score <0 (worse than death); 92% had a score <0.87 (average score in the general population). All HRQOL instruments identified physical functioning and activities of daily living as the dimensions of health most significantly affected by trauma injury. Mental functioning was also significantly affected according to the Trauma Outcome Profile. Independent predictors of poor HRQOL were higher age, female gender, extremity injury, blunt injury, intensive care unit stay >3 days, repeated nonadherence to transfusion guidelines, and inability to work postinjury. CONCLUSIONS: Three months after severe trauma injury, survivors

report very poor HRQOL. Physical wellbeing is generally more negatively affected than mental wellbeing. A trauma-specific HRQOL instrument reveals more diverse mental health problems than generic instruments. In a global trauma population, postinjury HRQOL is predicted by demographic and socioeconomic characteristics, type of injury, and treatment received.

FAU - Christensen, Michael C

AU - Christensen MC

AD - Regulatory Affairs, Novo Nordisk A/S, Soborg, Denmark. mcrc@novonordisk.com

FAU - Banner, Claus

AU - Banner C

FAU - Lefering, Rolf

AU - Lefering R

FAU - Vallejo-Torres, Laura

AU - Vallejo-Torres L

FAU - Morris, Stephen

AU - Morris S

LA - eng

PT - Journal Article

PT - Multicenter Study

PT - Randomized Controlled Trial

PT - Research Support, Non-U.S. Gov't

PL - United States

TA - J Trauma

JT - The Journal of trauma

JID - 0376373

RN - 0 (Placebos)

RN - 9001-25-6 (Factor VII)

SB - AIM

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Double-Blind Method

MH - Factor VII/*therapeutic use

MH - Female

MH - Glasgow Coma Scale

MH - Hemorrhage/*drug therapy/*psychology

MH - Humans

MH - Male

MH - Middle Aged

MH - Placebos

MH - Prospective Studies

MH - *Quality of Life

MH - Regression Analysis

MH - Risk Factors

MH - Survivors/*psychology

MH - Trauma Severity Indices

MH - Treatment Outcome

MH - Wounds and Injuries/*drug therapy/*psychology

EDAT- 2011/03/08 06:00

MHDA- 2011/11/01 06:00

CRDT- 2011/03/08 06:00

PHST- 2011/03/08 06:00 [entrez]

PHST- 2011/03/08 06:00 [pubmed]

PHST- 2011/11/01 06:00 [medline]

AID - 10.1097/TA.0b013e3181f053c2 [doi]

PST - ppublish

SO - J Trauma. 2011 Jun;70(6):1524-31. doi: 10.1097/TA.0b013e3181f053c2.

PMID- 10353043

OWN - NLM

STAT- MEDLINE

DCOM- 19990719

LR - 20190503

IS - 1351-0622 (Print)

IS - 1351-0622 (Linking)

VI - 16

IP - 3

DP - 1999 May

TI - Outcome after severe head injury treated by an integrated trauma system.

PG - 182-5

AB - OBJECTIVES: To describe outcome after treatment of severe head injury within an integrated trauma system. METHODS: A retrospective analysis of all patients with severe head injury admitted to the Royal London Hospital by the Helicopter Emergency Medical Service (HEMS) between 1991 and 1994. Type of injury was defined on initial computed tomography of the head and outcomes assessed 12 months after injury using the Glasgow outcome score. RESULTS: 6.5% of HEMS patients had long term severe disability (severe disability or persistent vegetative state on the outcome score); 34.5% made a good recovery. CONCLUSIONS: The concern that a large number of severely disabled long term survivors might result as a consequence of this system of trauma management is not confirmed. The case mix of severity of extracranial injuries in these patients makes comparison with other published series difficult, but these data fit the hypothesis that pre-hospital correction of hypoxia and hypotension after head injury improves outcome.

FAU - Coats, T J

AU - Coats TJ

AD - Helicopter Emergency Medical Service, Royal Hospitals Trust, Whitechapel, London.
t.j.coats@mds.qmw.ac.uk

FAU - Kirk, C J

AU - Kirk CJ

FAU - Dawson, M

AU - Dawson M

LA - eng

PT - Journal Article

PL - England

TA - J Accid Emerg Med

JT - Journal of accident & emergency medicine

JID - 9433751

SB - IM

MH - Abbreviated Injury Scale

MH - Adolescent

MH - Adult

MH - Aged

MH - Aged, 80 and over

MH - Air Ambulances/*organization & administration

MH - Child

MH - Craniocerebral Trauma/*therapy

MH - Delivery of Health Care, Integrated

MH - Disabled Persons/statistics & numerical data

MH - Emergency Service, Hospital/organization & administration

MH - Glasgow Coma Scale

MH - Humans

MH - Hypotension/therapy

MH - Hypoxia/therapy

MH - Injury Severity Score

MH - London

MH - Middle Aged
MH - Retrospective Studies
MH - Time Factors
MH - Treatment Outcome
PMC - PMC1343330
EDAT- 1999/06/03 00:00
MHDA- 1999/06/03 00:01
CRDT- 1999/06/03 00:00
PHST- 1999/06/03 00:00 [pubmed]
PHST- 1999/06/03 00:01 [medline]
PHST- 1999/06/03 00:00 [entrez]
AID - 10.1136/emj.16.3.182 [doi]
PST - ppublish
SO - J Accid Emerg Med. 1999 May;16(3):182-5. doi: 10.1136/emj.16.3.182.

PMID- 15043350

OWN - NLM

STAT- MEDLINE

DCOM- 20040423

LR - 20190917

IS - 0894-9115 (Print)

IS - 0894-9115 (Linking)

VI - 83

IP - 3

DP - 2004 Mar

TI - Health-related quality of life and disability in survivors of multiple trauma one year after intensive care unit discharge.

PG - 171-6

AB - OBJECTIVE: To evaluate health-related quality of life and disability in multiple-trauma patients requiring intensive care unit management. DESIGN: A total of 87 survivors of multiple trauma, with a median age of 31 yrs and a median Injury Severity Score of 22, were enrolled in the present study. The Nottingham Health Profile, Glasgow Outcome Scale, and Rosser Disability Scale were used to assess the functional consequences of trauma 1 yr after intensive care unit discharge. RESULTS: A total of 64 of 87 patients had a problem in at least one of the six domains related to subjective health status. The most prevalent complaint was related to somatic subdimensions, but emotional functioning was also affected. Nottingham Health Profile part 2 showed that 63 of the survivors experienced problems in at least one of the daily activities. Of particular importance, inability to work was reported by 47% of the patients. Fifty-nine percent experienced moderate-to-severe disability as evaluated by Glasgow Outcome Scale and Rosser Disability Scale. High aggregate injury severity score along with severe head trauma were independent predictors of poor health-related quality of life and disability. CONCLUSIONS: The majority of survivors of major trauma exhibit considerable levels of disability and impairment in health-related quality of life. Global injury severity score and degree of brain trauma determine functional limitations. This information may help in organizing long-term rehabilitation of multiple-trauma patients.

FAU - Dimopoulou, Ioanna

AU - Dimopoulou I

AD - Department of Critical Care Medicine, Evangelismos Hospital, Athens, Greece.

FAU - Anthi, Anastasia

AU - Anthi A

FAU - Mastora, Zafiria

AU - Mastora Z

FAU - Theodorakopoulou, Maria

AU - Theodorakopoulou M

FAU - Konstandinidis, Alexandros

AU - Konstandinidis A

FAU - Evangelou, Evangelos
AU - Evangelou E
FAU - Mandragos, Konstantinos
AU - Mandragos K
FAU - Roussos, Charis
AU - Roussos C
LA - eng
PT - Journal Article
PL - United States
TA - Am J Phys Med Rehabil
JT - American journal of physical medicine & rehabilitation
JID - 8803677
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Brain Injuries/rehabilitation
MH - *Disability Evaluation
MH - Disabled Persons/rehabilitation
MH - Female
MH - Health Status
MH - Humans
MH - Intensive Care Units
MH - Male
MH - Middle Aged
MH - Multiple Trauma/*rehabilitation
MH - Prospective Studies
MH - Quality of Life
MH - Survivors
MH - Trauma Severity Indices
EDAT- 2004/03/27 05:00
MHDA- 2004/04/24 05:00
CRDT- 2004/03/27 05:00
PHST- 2004/03/27 05:00 [pubmed]
PHST- 2004/04/24 05:00 [medline]
PHST- 2004/03/27 05:00 [entrez]
AID - 10.1097/01.phm.0000107497.77487.c1 [doi]
PST - ppublish
SO - Am J Phys Med Rehabil. 2004 Mar;83(3):171-6. doi:
10.1097/01.phm.0000107497.77487.c1.

PMID- 29061476
OWN - NLM
STAT- MEDLINE
DCOM- 20181001
LR - 20181001
IS - 1879-0267 (Electronic)
IS - 0020-1383 (Linking)
VI - 49
IP - 2
DP - 2018 Feb
TI - Long-term changes of patient-reported quality of life after major trauma: The
importance of the time elapsed after injury.
PG - 195-202
LID - S0020-1383(17)30704-0 [pii]
LID - 10.1016/j.injury.2017.10.020 [doi]
AB - BACKGROUND: Numerous studies have identified various risk factors for a poor

health-related quality of life (HRQOL) after severe trauma. The relative importance of the time elapsed after injury, however, is unknown and results of clinical studies have been conflicting. METHODS: A cross-sectional study was performed in two trauma centres using data from the German TraumaRegister DGU((R)), which contained prospectively collected information on the type and severity of the injury, on critical care, and on outcome. To evaluate HRQOL in patients surviving more than 500days after the injury, we used a self-rating instrument, the EQ-5D which contains a visual analogue scale (EQ-VAS), and which allows the calculation of a global outcome indicator, the EQ-D5 index value. Complex statistical models were used to evaluate independent associations between the time elapsed after injury and a poor HRQOL. RESULTS: Of 380 contacted patients, follow-up assessments could be obtained in 168 patients (44.2%) 3.6+/-1.6 (SD) years after the injury. There was a linear association between the time elapsed after the injury and the% of contacted patients not participating in the study (p=0.013). In participating subjects, average EQ-5D index value was 0.599+/-0.299, and average EQ-VAS rating 67.8+/-22.0. A very poor quality of life (EQ-5D index value<0.6, EQ-VAS rating<=50) could be found in 43.5% and 28.0% of the patients, respectively. After adjusting for multiple confounders, the number of days elapsed after injury showed a complex non-linear and independent association with a poor HRQOL (low EQ-5D index value: p=0.027; low EQ-VAS rating: p=0.008). Frequencies of a poor HRQOL reached their minimum about four to five years after the injury and increased thereafter. CONCLUSIONS: There is an independent, U-shaped association between the frequency of extreme values of HRQOL and the time elapsed after injury. Time patterns of HRQOL may be sensitive to increasing rates of attrition since patients with a good outcome are less likely to respond to questionnaires. Time from injury should be incorporated into all future cross sectional studies trying to identify predictors of HRQOL.

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FAU - Fleischhacker, Evi

AU - Fleischhacker E

AD - Department of General, Trauma and Reconstructive Surgery with Integrated Fracture Liaison Service, University School of Medicine, Grosshadern Campus, Ludwig-Maximilian University, Munich, Germany. Electronic address: evi.fleischhacker@med.uni-muenchen.de.

FAU - Trentzsch, Heiko

AU - Trentzsch H

AD - Institut für Notfallmedizin und Medizinmanagement (INM), Klinikum der Universität München, Ludwig-Maximilians-Universität München, Germany. Electronic address: heiko.trentzsch@med.uni-muenchen.de.

FAU - Kuppinger, David

AU - Kuppinger D

AD - Department of General, Visceral, Vascular and Transplant Surgery, University School of Medicine, Grosshadern Campus, Ludwig-Maximilian University, Munich, Germany. Electronic address: david.kuppinger@med.uni-muenchen.de.

FAU - Meigel, Franziska

AU - Meigel F

AD - Department of General, Visceral, Vascular and Transplant Surgery, University School of Medicine, Grosshadern Campus, Ludwig-Maximilian University, Munich, Germany. Electronic address: franziskameigel@gmail.com.

FAU - Beyer, Felix

AU - Beyer F

AD - Department of General, Visceral, Vascular and Transplant Surgery, University School of Medicine, Grosshadern Campus, Ludwig-Maximilian University, Munich, Germany. Electronic address: FelixBeyer@web.de.

FAU - Hartl, Wolfgang H

AU - Hartl WH

AD - Department of General, Visceral, Vascular and Transplant Surgery, University School of Medicine, Grosshadern Campus, Ludwig-Maximilian University, Munich, Germany. Electronic address: whartl@med.uni-muenchen.de.

LA - eng
PT - Journal Article
PT - Observational Study
DEP - 20171012
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - Adaptation, Psychological/*physiology
MH - Adult
MH - Critical Care
MH - Cross-Sectional Studies
MH - Female
MH - Germany
MH - Humans
MH - Male
MH - Middle Aged
MH - Pain Measurement
MH - Quality of Life/*psychology
MH - *Survivors/psychology
MH - Time Factors
MH - Trauma Severity Indices
MH - Wounds and Injuries/physiopathology/*psychology/rehabilitation
MH - Young Adult
OTO - NOTNLM
OT - EQ-5D
OT - Follow-up time
OT - Health-related quality of life
OT - Severe trauma injury
EDAT- 2017/10/25 06:00
MHDA- 2018/10/03 06:00
CRDT- 2017/10/25 06:00
PHST- 2017/08/31 00:00 [received]
PHST- 2017/10/07 00:00 [accepted]
PHST- 2017/10/25 06:00 [pubmed]
PHST- 2018/10/03 06:00 [medline]
PHST- 2017/10/25 06:00 [entrez]
AID - S0020-1383(17)30704-0 [pii]
AID - 10.1016/j.injury.2017.10.020 [doi]
PST - ppublish
SO - Injury. 2018 Feb;49(2):195-202. doi: 10.1016/j.injury.2017.10.020. Epub 2017 Oct 12.

PMID- 26140392
OWN - NLM
STAT- MEDLINE
DCOM- 20160112
LR - 20151001
IS - 1933-0715 (Electronic)
IS - 1933-0707 (Linking)
VI - 16
IP - 4
DP - 2015 Oct
TI - Analysis of long-term (median 10.5 years) outcomes in children presenting with traumatic brain injury and an initial Glasgow Coma Scale score of 3 or 4.
PG - 410-9
LID - 10.3171/2015.3.PEDS14679 [doi]
AB - OBJECT: Patients with traumatic brain injury (TBI) with low presenting Glasgow

Coma Scale (GCS) scores have very high morbidity and mortality rates. Neurosurgeons may be faced with difficult decisions in managing the most severely injured (GCS scores of 3 or 4) patients. The situation may be considered hopeless, with little chance of a functional recovery. Long-term data are limited regarding the clinical outcome of children with severe head injury. The authors evaluate predictor variables and the clinical outcomes at discharge, 1 year, and long term (median 10.5 years) in a cohort of children with TBI presenting with postresuscitation GCS scores of 3 and 4. METHODS: A review of a prospectively collected trauma database was performed. Patients treated at Riley Hospital for Children (Indianapolis, Indiana) from 1988 to 2004 were reviewed. All children with initial GCS (modified for pediatric patients) scores of 3 or 4 were identified. Patients with a GCS score of 3 were compared with those with a GCS score of 4. The outcomes of all patients at the time of death or discharge and at 1-year and long-term follow-up were measured with a modified Glasgow Outcome Scale (GOS) that included a "normal" outcome. Long-term outcomes were evaluated by contacting surviving patients. Statistical "classification trees" were formed for survival and outcome, based on predictor variables. RESULTS: Sixty-seven patients with a GCS score of 3 or 4 were identified in a database of 1636 patients (4.1%). Three of the presenting factors differed between the GCS 3 patients (n = 44) and the GCS 4 patients (n = 23): presence of hypoxia, single seizure, and open basilar cisterns on CT scan. The clinical outcomes were statistically similar between the 2 groups. In total, 48 (71.6%) of 67 patients died, remained vegetative, or were severely disabled by 1 year. Eight patients (11.9%) were normal at 1 year. Ten of the 22 patients with long-term follow-up were either normal or had a GOS score of 5. Multiple clinical, historical, and radiological factors were analyzed for correlation with survival and clinical outcome. Classification trees were formed to stratify predictive factors. The pupillary response was the factor most predictive of both survival and outcome. Other factors that either positively or negatively correlated with survival included hypothermia, mechanism of injury (abuse), hypotension, major concurrent symptoms, and midline shift on CT scan. Other factors that either positively or negatively predicted long-term outcome included hypothermia, mechanism of injury, and the assessment of the fontanelle. CONCLUSIONS: In this cohort of 67 TBI patients with a presenting GCS score of 3 or 4, 56.6% died within 1 year. However, approximately 15% of patients had a good outcome at 10 or more years. Factors that correlated with survival and outcome included the pupillary response, hypothermia, and mechanism. The authors discuss factors that may help surgeons make critical decisions regarding their most serious pediatric trauma patients.

FAU - Fulkerson, Daniel H

AU - Fulkerson DH

AD - Department of Neurological Surgery, Division of Pediatric Neurosurgery, Goodman Campbell Brain and Spine;

FAU - White, Ian K

AU - White IK

AD - Department of Neurological Surgery, Indiana University School of Medicine, Indianapolis, Indiana; and.

FAU - Rees, Jacqueline M

AU - Rees JM

AD - Department of Neurological Surgery, Indiana University School of Medicine, Indianapolis, Indiana; and.

FAU - Baumanis, Maraya M

AU - Baumanis MM

AD - Department of Neurological Surgery, Indiana University School of Medicine, Indianapolis, Indiana; and.

FAU - Smith, Jodi L

AU - Smith JL

AD - Department of Neurological Surgery, Division of Pediatric Neurosurgery, Goodman Campbell Brain and Spine;

FAU - Ackerman, Laurie L
AU - Ackerman LL
AD - Department of Neurological Surgery, Division of Pediatric Neurosurgery, Goodman
Campbell Brain and Spine;
FAU - Boaz, Joel C
AU - Boaz JC
AD - Department of Neurological Surgery, Division of Pediatric Neurosurgery, Goodman
Campbell Brain and Spine;
FAU - Luerssen, Thomas G
AU - Luerssen TG
AD - Department of Neurological Surgery, Baylor College of Medicine, Texas Children's
Hospital, Pediatric Neurosurgery, Houston, Texas.
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20150703
PL - United States
TA - J Neurosurg Pediatr
JT - Journal of neurosurgery. Pediatrics
JID - 101463759
SB - IM
MH - Adolescent
MH - Brain Damage, Chronic/*etiology
MH - Brain Injuries/classification/*complications/mortality
MH - Child
MH - Child Abuse
MH - Child, Preschool
MH - Coma/*etiology
MH - Female
MH - Follow-Up Studies
MH - Glasgow Coma Scale
MH - Humans
MH - Hypothermia/etiology
MH - Hypoxia, Brain/etiology
MH - Infant
MH - Infant, Newborn
MH - Male
MH - Persistent Vegetative State/epidemiology/etiology
MH - Prognosis
MH - Prospective Studies
MH - Seizures/etiology
MH - Subarachnoid Space/pathology
MH - Survivors/psychology
MH - Treatment Outcome
OTO - NOTNLM
OT - GCS = Glasgow Coma Scale
OT - GOS = Glasgow Outcome Scale
OT - Glasgow Coma Scale
OT - Glasgow Outcome Scale
OT - ICP = intracranial pressure
OT - TBI = traumatic brain injury
OT - pediatric
OT - trauma
OT - traumatic brain injury
EDAT- 2015/07/04 06:00
MHDA- 2016/01/13 06:00
CRDT- 2015/07/04 06:00
PHST- 2015/07/04 06:00 [entrez]

PHST- 2015/07/04 06:00 [pubmed]
PHST- 2016/01/13 06:00 [medline]
AID - 10.3171/2015.3.PEDS14679 [doi]
PST - ppublish
SO - J Neurosurg Pediatr. 2015 Oct;16(4):410-9. doi: 10.3171/2015.3.PEDS14679. Epub
2015 Jul 3.

PMID- 29750022

OWN - NLM

STAT- MEDLINE

DCOM- 20180907

LR - 20191210

IS - 1178-1998 (Electronic)

IS - 1176-9092 (Linking)

VI - 13

DP - 2018

TI - Longer-term quality of life following major trauma: age only significantly
affects outcome after the age of 80 years.

PG - 773-785

LID - 10.2147/CIA.S158344 [doi]

AB - Aim: Against the background of conflicting data on the topic, this study aimed to determine the differences in longer-term patient outcomes following major trauma with regard to age. Materials and methods: A prospective trauma center survey of survivors of trauma (≥ 16 years) was carried out employing a New Injury Severity Score (NISS) ≥ 8 to investigate the influence of age on working capacity and several outcome scores, such as the trauma medical outcomes study Short Form-36 (physical component [PCS] and mental component [MCS]), the Euro Quality of Life (EuroQoL), or the Trauma Outcome Profile (TOP) at least 1 year following injury. Chi square tests, t-tests, and Pearson correlations were used as univariate; stepwise regression as multivariate analysis. Significance was set at $p < 0.05$. Results: In all, 718 major trauma patients (53.4 \pm 19.4 years; NISS 18.4 \pm 9.2) participated in the study. Multivariate analysis showed only low associations of patient or trauma characteristics with longer-term outcome scores, highest for the Injury Severity Score of the extremities with the PCS ($R(2)=0.08$) or the working capacity of employed patients ($n=383$; $R(2)=0.04$). For age, overall associations were even lower (best with the PCS, $R(2)=0.04$) or could not be revealed at all (TOP or MCS). Subgroup analysis with regard to decennia revealed the age effect to be mainly attributable to patients aged ≥ 80 , who presented with a significantly worse outcome compared to younger people in all overall and physical component scores ($p < 0.001$). In patients under 80 years an association of age was only found for EuroQoL ($R(2)=0.01$) and the PCS ($R(2)=0.03$). Conclusion: Given the small impact of age on the longer-term outcomes of major trauma patients, at least up to the age of 80 years, resuscitation as well as rehabilitation strategies should be adapted accordingly.

FAU - Gross, Thomas

AU - Gross T

AD - Trauma Unit, Department of Surgery, Kantonsspital Aarau, Aarau, Switzerland.

FAU - Morell, Sabrina

AU - Morell S

AD - Trauma Unit, Department of Surgery, Kantonsspital Aarau, Aarau, Switzerland.

FAU - Amsler, Felix

AU - Amsler F

AD - Amsler Consulting, Basel, Switzerland.

LA - eng

PT - Journal Article

DEP - 20180430

PL - New Zealand

TA - Clin Interv Aging

JT - Clinical interventions in aging

JID - 101273480
SB - IM
MH - Adolescent
MH - Adult
MH - Age Factors
MH - Aged
MH - Aged, 80 and over
MH - Employee Performance Appraisal/methods/statistics & numerical data
MH - Female
MH - Humans
MH - Injury Severity Score
MH - *Long Term Adverse Effects/diagnosis/etiology/psychology
MH - Male
MH - *Multiple Trauma/complications/epidemiology/psychology/rehabilitation
MH - Outcome Assessment, Health Care
MH - Prospective Studies
MH - *Quality of Life
MH - Surveys and Questionnaires
MH - Survivors/*psychology
MH - Switzerland/epidemiology
PMC - PMC5933340
OTO - NOTNLM
OT - age
OT - longer term
OT - major trauma
OT - outcome
OT - quality of life
OT - working capacity
COIS- Disclosure The authors report no conflicts of interest in this work.
EDAT- 2018/05/12 06:00
MHDA- 2018/09/08 06:00
CRDT- 2018/05/12 06:00
PHST- 2018/05/12 06:00 [entrez]
PHST- 2018/05/12 06:00 [pubmed]
PHST- 2018/09/08 06:00 [medline]
AID - 10.2147/CIA.S158344 [doi]
AID - cia-13-773 [pii]
PST - epublish
SO - Clin Interv Aging. 2018 Apr 30;13:773-785. doi: 10.2147/CIA.S158344. eCollection 2018.

PMID- 22673243
OWN - NLM
STAT- MEDLINE
DCOM- 20120821
LR - 20130925
IS - 2163-0763 (Electronic)
IS - 2163-0755 (Linking)
VI - 72
IP - 5
DP - 2012 May
TI - Long-term survival after major trauma in geriatric trauma patients: the glass is half full.
PG - 1181-5
LID - 10.1097/TA.0b013e31824d0e6d [doi]
AB - BACKGROUND: The objective is to examine the long-term survival status of geriatric trauma patients (GTPs) after major trauma. METHODS: A 10-year retrospective review at a Level I trauma center was performed. GTP were defined as age \geq 65 years, with Injury Severity Score \geq 30. Primary endpoints:

survival at hospital discharge and long-term survival and discharge status. Two groups were defined: Abbreviated Injury Score (AIS) head >3 (G1, n = 116) and AIS head <= 3 (G2, n = 29). For GTP surviving hospitalization, two subgroups were defined: AIS head >3 (SG1, n = 77) and AIS head <= 3 (SG2, n = 20). Comparisons were analyzed for exploratory purposes only by independent t-tests or Mann-Whitney rank sums tests as appropriate. Long-term survival was plotted by a Kaplan-Meier curve. RESULTS: A total of 145 GTP met inclusion criteria. In-hospital mortality was 33%. Nonsurvivors had lower Glasgow Coma Scale score (6 vs. 14, p < 0.001), higher Injury Severity Score (38 vs. 34, p < 0.003), and lower Revised Trauma Score (5.97 vs. 7.84, p < 0.002). Hospital mortality for G1 was 34% (39 of 116) and for G2 was 31% (9 of 29). In group 1 (n = 116), 39 patients (34%) died while 77 (66%) survived a median of 29 months (interquartile range [IQR] = 6-62). In group 2 (n = 29), 9 patients (31%) died while 20 (69%) survived a median of 46.50 months (IQR = 26.75-79). For the 77 patients who were alive at discharge (subgroup 1, AIS >3), 25 (32%) died while 52 (68%) survived a median of 33 months (IQR = 10.50-72.75). For the 20 patients with AIS <= 3 (subgroup 2), 7 of 20 (35%) died while 13 (65%) survived a median of 49 months (IQR = 30.50-93.50). A total of 28 patients (19%) survived more than 5 years from the time of discharge. For these 65 GTPs who are currently alive at the time of follow-up, living status could be determined for 49 (75%) and 33 of 49 (67%) were living at home. CONCLUSIONS: This study documents appreciable long-term survival for GTP with major injury including severe head injury. A substantial proportion of these patients was able to return home. LEVEL OF EVIDENCE: III, prognostic/epidemiological study.

FAU - Grossman, Michael D

AU - Grossman MD

AD - Trauma Division, St. Luke's Hospital and Health Network, Bethlehem, Pennsylvania
18015, USA. grossmm@slhn.org

FAU - Ofurum, Ulunna

AU - Ofurum U

FAU - Stehly, Christy D

AU - Stehly CD

FAU - Stoltzfus, Jill

AU - Stoltzfus J

LA - eng

PT - Comparative Study

PT - Journal Article

PL - United States

TA - J Trauma Acute Care Surg

JT - The journal of trauma and acute care surgery

JID - 101570622

SB - AIM

SB - IM

MH - Age Factors

MH - Aged

MH - Aged, 80 and over

MH - Female

MH - Follow-Up Studies

MH - *Geriatric Assessment

MH - Hospital Mortality/trends

MH - Humans

MH - Male

MH - Prognosis

MH - Retrospective Studies

MH - Survival Rate/trends

MH - Time Factors

MH - Trauma Centers/*statistics & numerical data

MH - United States/epidemiology

MH - Wounds and Injuries/*mortality

EDAT- 2012/06/08 06:00
MHDA- 2012/08/22 06:00
CRDT- 2012/06/08 06:00
PHST- 2012/06/08 06:00 [entrez]
PHST- 2012/06/08 06:00 [pubmed]
PHST- 2012/08/22 06:00 [medline]
AID - 10.1097/TA.0b013e31824d0e6d [doi]
AID - 01586154-201205000-00008 [pii]
PST - ppublish
SO - J Trauma Acute Care Surg. 2012 May;72(5):1181-5. doi:
10.1097/TA.0b013e31824d0e6d.

PMID- 25127063

OWN - NLM

STAT- MEDLINE

DCOM- 20160808

LR - 20191210

IS - 1877-0665 (Electronic)

IS - 1877-0657 (Linking)

VI - 57

IP - 6-7

DP - 2014 Aug-Sep

TI - Prognostic factors of long-term outcome in cases of severe traumatic brain injury.

PG - 436-51

LID - 10.1016/j.rehab.2014.06.001 [doi]

LID - S1877-0657(14)01743-6 [pii]

AB - INTRODUCTION: The purpose of this monocentric study was to assess the long-term outcome of a group of severe traumatic brain-injured patients and explore the prognostic values of some clinical and paraclinical parameters available at the initial stage. METHODOLOGY: The patients included were victims of severe traumatic brain injuries in 2007 or 2008. A standardized assessment was performed for each patient including clinical, radiological, and electrophysiological data collected at the initial stage, The outcomes were assessed at least 2 years after injury. Depending on the patients' availability and ability to communicate, the assessments included measures of dependency for activities of daily living (ADL), cognitive functions, behaviour, mood, and quality of life. RESULTS: Eighteen patients were included, of whom ten were autonomous for ADL at the time of assessment. Memory complaints, attentional deficits, anxiety, and irritability were the main long-term impairments observed. A correlation analysis showed significant correlations between the dependency level (as rated by the Functional Independence Measure) and each of length of coma, length of the post-traumatic amnesia, and the N100 auditory evoked potentials. DISCUSSION: These results confirm the uniqueness of each patient regarding the long-term consequences of a traumatic brain injury and the multi-determined nature of each prognosis.

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FAU - Jaeger, M

AU - Jaeger M

AD - Service de medecine physique et readaptation neurologique, hopital Sud, institut de reeducation, avenue de Kimberley, 38434 Echirolles, France. Electronic address: mjaeger@chu-grenoble.fr.

FAU - Deiana, G

AU - Deiana G

AD - Service de neuroradiologie, hopital neurologique Pierre-Wertheimer, groupe hospitalier Est, 59, boulevard Pinel, 69500 Bron, France.

FAU - Nash, S

AU - Nash S

AD - Service de medecine physique et readaptation, hopital Henry-Gabrielle, 69230 Saint-Genis-Laval, France.

FAU - Bar, J-Y
AU - Bar JY
AD - Service de medecine physique et readaptation, hopital Henry-Gabrielle, 69230 Saint-Genis-Laval, France.
FAU - Cotton, F
AU - Cotton F
AD - Service de radiologie, universite de Lyon, universite Lyon 1, hospices civils de Lyon, centre hospitalier Lyon Sud, 69495 Pierre-Benite cedex, France; Creatis Insa-502, universite de Lyon, universite Lyon 1, 69621 Villeurbanne cedex, France.
FAU - Dailler, F
AU - Dailler F
AD - Service de neuroreanimation, hopital neurologique Pierre-Wertheimer, groupe hospitalier Est, 59, boulevard Pinel, 69500 Bron, France.
FAU - Fischer, C
AU - Fischer C
AD - Service de neurophysiologie clinique, hopital neurologique Pierre-Wertheimer, groupe hospitalier Est, 59, boulevard Pinel, 69500 Bron, France; Inserm, U1028, centre de recherche en neurosciences de Lyon, 69500 Bron, France; CNRS, UMR5292, centre de recherche en neurosciences de Lyon, 69500 Bron, France.
FAU - Rode, G
AU - Rode G
AD - Service de medecine physique et readaptation, hopital Henry-Gabrielle, 69230 Saint-Genis-Laval, France; Inserm, U1028, centre de recherche en neurosciences de Lyon, 69500 Bron, France; CNRS, UMR5292, centre de recherche en neurosciences de Lyon, 69500 Bron, France; Universite de Lyon, universite Lyon 1, 69100 Villeurbanne, France.
FAU - Boisson, D
AU - Boisson D
AD - Service de medecine physique et readaptation, hopital Henry-Gabrielle, 69230 Saint-Genis-Laval, France; Inserm, U1028, centre de recherche en neurosciences de Lyon, 69500 Bron, France; CNRS, UMR5292, centre de recherche en neurosciences de Lyon, 69500 Bron, France; Universite de Lyon, universite Lyon 1, 69100 Villeurbanne, France.
FAU - Luaute, J
AU - Luaute J
AD - Service de medecine physique et readaptation, hopital Henry-Gabrielle, 69230 Saint-Genis-Laval, France; Inserm, U1028, centre de recherche en neurosciences de Lyon, 69500 Bron, France; CNRS, UMR5292, centre de recherche en neurosciences de Lyon, 69500 Bron, France; Universite de Lyon, universite Lyon 1, 69100 Villeurbanne, France.
LA - eng
PT - Journal Article
DEP - 20140627
PL - Netherlands
TA - Ann Phys Rehabil Med
JT - Annals of physical and rehabilitation medicine
JID - 101502773
SB - IM
MH - Activities of Daily Living
MH - Adolescent
MH - Adult
MH - Affect
MH - Aged
MH - Anxiety/psychology
MH - Attention
MH - Brain Injuries/*psychology
MH - Cognition
MH - Dependency, Psychological

MH - Evoked Potentials
MH - Female
MH - Glasgow Coma Scale
MH - Humans
MH - Male
MH - Memory Disorders/psychology
MH - Middle Aged
MH - Neuropsychological Tests
MH - Prognosis
MH - Quality of Life
MH - Retrospective Studies
MH - Survivors/*psychology
MH - Time Factors
MH - Young Adult
OTO - NOTNLM
OT - Evoked potentials
OT - Neurobehavioral Rating Scale
OT - Neuropsychological assessment
OT - Neuroradiologic evaluation
OT - Potentiels evoques
OT - Quality of life
OT - Qualite de vie
OT - Tests neuropsychologiques
OT - Evaluations neuroradiologiques
EDAT- 2014/08/16 06:00
MHDA- 2016/08/09 06:00
CRDT- 2014/08/16 06:00
PHST- 2013/09/17 00:00 [received]
PHST- 2014/06/09 00:00 [revised]
PHST- 2014/06/10 00:00 [accepted]
PHST- 2014/08/16 06:00 [entrez]
PHST- 2014/08/16 06:00 [pubmed]
PHST- 2016/08/09 06:00 [medline]
AID - S1877-0657(14)01743-6 [pii]
AID - 10.1016/j.rehab.2014.06.001 [doi]
PST - ppublish
SO - Ann Phys Rehabil Med. 2014 Aug-Sep;57(6-7):436-51. doi:
10.1016/j.rehab.2014.06.001. Epub 2014 Jun 27.

PMID- 25284226
OWN - NLM
STAT- MEDLINE
DCOM- 20150609
LR - 20191210
IS - 1879-0267 (Electronic)
IS - 0020-1383 (Linking)
VI - 45 Suppl 3
DP - 2014 Oct
TI - Quality of life two years after severe trauma: a single-centre evaluation.
PG - S100-5
LID - 10.1016/j.injury.2014.08.028 [doi]
LID - S0020-1383(14)00388-X [pii]
AB - INTRODUCTION: Trauma related injuries are a main cause for long-lasting morbidity and disability especially in younger patients with their productive years ahead. On a routine basis, we assessed health related quality of life two years after trauma of severely injured patients at our level-I trauma centre via posted survey. PATIENTS AND METHODS: The posted survey included (1) POLO-Chart questionnaire with European Quality of Life (EuroQoL), Short Form Health Survey-36 (SF 36) and the recently developed and validated Trauma Outcome Profile

(TOP) combined with (2) single centre data according to TraumaRegister DGU((R)) data sets including trauma mechanism, injuries and initial treatment. Inclusion criteria were severely injured patients ≥ 18 years, treated between 2008 and 2010. Exclusion criteria were death, cognitive impairment, lack of German language and denial of participation. RESULTS: 129 datasets were eligible for analysis reflecting a typical trauma collective with mean age 44 years, predominantly male (67%), mean ISS 22 and 98% blunt trauma. Two years after trauma, 62% of the patients reported of relevant remaining pain and 64% of severe functional deficit in at least one body region. Sixty-four percent of the patients suffered from decreased overall quality of life (EuroQoL ≤ 0.8). Additionally, all domains of SF-36 were impaired compared to an age and gender adjusted cohort of healthy individuals, especially domains of pain and activity of daily living. These impairments were associated with decreased 'social functioning' and 'emotional role functioning'. TOP results confirmed these findings: Quality of life was decreased in almost every dimension. TOP additionally identified sequels especially in domains of "Mental Functioning" and impairments in psychological recovery including post-traumatic stress disorder, depression and anxiety. Socioeconomic impairments were frequent including further hospitalisations (62%), duration of inability to work ≥ 6 month (54%), financial disadvantages (45%) and work loss (26%). CONCLUSION: Our results demonstrate that multiple trauma patients two years after injury suffer from impairments including persisting pain, functional deficits, mental and socioeconomic deficits. The 'Trauma Outcome Profile' instrument seems a proper tool to discover impairments in trauma patients early on and guide proper rehabilitation resources to the best of the patient.

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FAU - Kaske, Sigune

AU - Kaske S

AD - Department of Trauma and Orthopedic Surgery, Cologne-Merheim Medical Center (CMMC), Private University of Witten/Herdecke, Cologne, Germany; Institute for Research in Operative Medicine (IFOM), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: sigune.kaske@web.de.

FAU - Lefering, Rolf

AU - Lefering R

AD - Institute for Research in Operative Medicine (IFOM), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: rolf.lefering@uni-wh.de.

FAU - Trentzsch, Heiko

AU - Trentzsch H

AD - Institute for Emergency Medicine and Management in Medicine (INM), University Hospital of Munich, Munich, Germany. Electronic address: heiko.trentzsch@med.uni-muenchen.de.

FAU - Driessen, Arne

AU - Driessen A

AD - Department of Trauma and Orthopedic Surgery, Cologne-Merheim Medical Center (CMMC), Private University of Witten/Herdecke, Cologne, Germany; Institute for Research in Operative Medicine (IFOM), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: driessena@kliniken-koeln.de.

FAU - Bouillon, Bertil

AU - Bouillon B

AD - Department of Trauma and Orthopedic Surgery, Cologne-Merheim Medical Center (CMMC), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: bouillonb@kliniken-koeln.de.

FAU - Maegele, Marc

AU - Maegele M

AD - Department of Trauma and Orthopedic Surgery, Cologne-Merheim Medical Center (CMMC), Private University of Witten/Herdecke, Cologne, Germany; Institute for Research in Operative Medicine (IFOM), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: marc.maegele@t-online.de.

FAU - Probst, Christian

AU - Probst C
AD - Department of Trauma and Orthopedic Surgery, Cologne-Merheim Medical Center (CMMC), Private University of Witten/Herdecke, Cologne, Germany. Electronic address: probstc@kliniken-koeln.de.
LA - eng
PT - Journal Article
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - *Activities of Daily Living/psychology
MH - Adolescent
MH - Adult
MH - Depression/*epidemiology
MH - Disability Evaluation
MH - Disabled Persons/*psychology/rehabilitation/statistics & numerical data
MH - Female
MH - Follow-Up Studies
MH - Germany/epidemiology
MH - Humans
MH - Injury Severity Score
MH - Male
MH - Middle Aged
MH - Multiple Trauma/epidemiology/*psychology/rehabilitation
MH - Outcome Assessment, Health Care
MH - Prospective Studies
MH - *Quality of Life
MH - Sickness Impact Profile
MH - Socioeconomic Factors
MH - Stress Disorders, Post-Traumatic/epidemiology
MH - Surveys and Questionnaires
MH - Survivors/*psychology/statistics & numerical data
MH - Time Factors
MH - Trauma Centers
OTO - NOTNLM
OT - Adult
OT - Functioning
OT - Health related quality of life
OT - Long term impairments
OT - POLO-Chart
OT - Pain
OT - Quality of life
OT - Severe injuries
OT - Trauma
OT - Trauma Outcome Profile (TOP)
EDAT- 2014/10/07 06:00
MHDA- 2015/06/10 06:00
CRDT- 2014/10/07 06:00
PHST- 2014/10/07 06:00 [entrez]
PHST- 2014/10/07 06:00 [pubmed]
PHST- 2015/06/10 06:00 [medline]
AID - S0020-1383(14)00388-X [pii]
AID - 10.1016/j.injury.2014.08.028 [doi]
PST - ppublish
SO - Injury. 2014 Oct;45 Suppl 3:S100-5. doi: 10.1016/j.injury.2014.08.028.

PMID- 22794497
OWN - NLM

STAT- MEDLINE

DCOM- 20130401

LR - 20151119

IS - 1362-301X (Electronic)

IS - 0269-9052 (Linking)

VI - 26

IP - 13-14

DP - 2012

TI - Increased levels of serum MAP-2 at 6-months correlate with improved outcome in survivors of severe traumatic brain injury.

PG - 1629-35

LID - 10.3109/02699052.2012.700083 [doi]

AB - OBJECTIVE: To evaluate microtubule-associated proteins (MAP-2), a dendritic marker of both acute damage and chronic neuronal regeneration after injury, in serum of survivors after severe TBI and examine the association with long-term outcome. METHODS: Serum concentrations of MAP-2 were evaluated in 16 patients with severe TBI (Glasgow Coma Scale score [GCS] \leq 8) 6 months post-injury and in 16 controls. Physical and cognitive outcomes were assessed, using the Glasgow Outcome Scale Extended (GOSE) and Levels of Cognitive Functioning Scale (LCFS), respectively. RESULTS: Severe TBI patients had significantly higher serum MAP-2 concentrations than normal controls with no history of TBI ($p = 0.008$) at 6 months post-injury. MAP-2 levels correlated with the GOSE ($r = 0.58$, $p = 0.02$) and LCFS ($r = 0.65$, $p = 0.007$) at month 6. Significantly lower serum levels of MAP-2 were observed in patients in a vegetative state (VS) compared to non-VS patients ($p < 0.05$). A trend tracking the level of consciousness was observed. CONCLUSIONS: Severe TBI results in a chronic release of MAP-2 into the peripheral circulation in patients with higher levels of consciousness, suggesting that remodelling of synaptic junctions and neuroplasticity processes occur several months after injury. The data indicate MAP-2 as a potential marker for emergence to higher levels of cognitive function.

FAU - Mondello, Stefania

AU - Mondello S

AD - University of Florida, Department of Anesthesiology, Gainesville, FL, USA.
stm_mondello@hotmail.com

FAU - Gabrielli, Andrea

AU - Gabrielli A

FAU - Catani, Sheila

AU - Catani S

FAU - D'Ippolito, Mariagrazia

AU - D'Ippolito M

FAU - Jeromin, Andreas

AU - Jeromin A

FAU - Ciaramella, Antonio

AU - Ciaramella A

FAU - Bossu, Paola

AU - Bossu P

FAU - Schmid, Kara

AU - Schmid K

FAU - Tortella, Frank

AU - Tortella F

FAU - Wang, Kevin K W

AU - Wang KK

FAU - Hayes, Ronald L

AU - Hayes RL

FAU - Formisano, Rita

AU - Formisano R

LA - eng

GR - R01 NS049175-01/NS/NINDS NIH HHS/United States

GR - R01 NS051431-01/NS/NINDS NIH HHS/United States

GR - R01-NS052831-01/NS/NINDS NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, Non-P.H.S.
DEP - 20120713
PL - England
TA - Brain Inj
JT - Brain injury
JID - 8710358
RN - 0 (Biomarkers)
RN - 0 (Microtubule-Associated Proteins)
SB - IM
MH - Adolescent
MH - Adult
MH - Aged
MH - Biomarkers/blood
MH - Brain Injuries/*blood/epidemiology/physiopathology
MH - Disability Evaluation
MH - Female
MH - Follow-Up Studies
MH - Glasgow Outcome Scale
MH - Humans
MH - Male
MH - Microtubule-Associated Proteins/*blood
MH - Middle Aged
MH - Persistent Vegetative State/*blood/epidemiology/physiopathology
MH - Pilot Projects
MH - Prognosis
MH - Recovery of Function
MH - Survivors
MH - Time Factors
MH - United States/epidemiology
MH - Young Adult
EDAT- 2012/07/17 06:00
MHDA- 2013/04/02 06:00
CRDT- 2012/07/17 06:00
PHST- 2012/07/17 06:00 [entrez]
PHST- 2012/07/17 06:00 [pubmed]
PHST- 2013/04/02 06:00 [medline]
AID - 10.3109/02699052.2012.700083 [doi]
PST - ppublish
SO - Brain Inj. 2012;26(13-14):1629-35. doi: 10.3109/02699052.2012.700083. Epub 2012 Jul 13.

PMID- 20235763
OWN - NLM
STAT- MEDLINE
DCOM- 20100813
LR - 20151119
IS - 1362-301X (Electronic)
IS - 0269-9052 (Linking)
VI - 24
IP - 4
DP - 2010
TI - The prognostic value of the temporal course of S100beta protein in post-acute severe brain injury: A prospective and observational study.
PG - 609-19
LID - 10.3109/02699051003652823 [doi]

AB - PRIMARY OBJECTIVE: To study the predictive capacity of early S100beta samples for long-term outcome prediction after severe TBI. METHODS AND PROCEDURES: Eighty-seven patients with severe TBI were studied. Clinical and CT scan were taken at admission. S100beta concentration was quantified at admission and 24, 48 and 72 hours post-TBI (days 0, 1, 2 and 3). Outcome was assessed 12 months after discharge using Glasgow Outcome Score (GOS). RESULTS: Significant negative correlations were found between 1-year GOS and S100beta concentrations on days 1-3, but not on day 0. Deceased patients showed higher S100beta concentration than survivors on days 1-3. Good (GOS = 4-5) vs poor outcome (GOS = 1-3) differed significantly on day 3. Death outcome was independently predicted by day 2 (>2.37 microg l(-1)), day 3 (>1.41 microg l(-1)) samples and absence of pupillary reaction. Poor outcome was predicted independently only by pupillary reaction and the 72-hour sample (>1.1 microg l(-1)), but this predictive model was less satisfactory than the predictive model for death. CONCLUSIONS: A temporal profile of S100beta release from admission to 72 hours post-TBI is strongly recommended for use in identifying patients at risk of developing a worse outcome. The S100beta protein might be an early biomarker for predicting long-term outcome in patients with acute severe TBI.

FAU - Murillo-Cabezas, Francisco

AU - Murillo-Cabezas F

AD - University Hospital Virgen del Rocio, Sevilla, Spain. murillomunoz@telefonica.net

FAU - Munoz-Sanchez, Maria Angeles

AU - Munoz-Sanchez MA

FAU - Rincon-Ferrari, Maria Dolores

AU - Rincon-Ferrari MD

FAU - Martin-Rodriguez, Juan Francisco

AU - Martin-Rodriguez JF

FAU - Amaya-Villar, Rosario

AU - Amaya-Villar R

FAU - Garcia-Gomez, Susana

AU - Garcia-Gomez S

FAU - Leon-Carrion, Jose

AU - Leon-Carrion J

LA - eng

PT - Journal Article

PL - England

TA - Brain Inj

JT - Brain injury

JID - 8710358

RN - 0 (Biomarkers)

RN - 0 (Nerve Growth Factors)

RN - 0 (S100 Calcium Binding Protein beta Subunit)

RN - 0 (S100 Proteins)

SB - IM

MH - Adolescent

MH - Adult

MH - Aged

MH - Biomarkers/metabolism

MH - Brain Injuries/*metabolism/physiopathology

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Nerve Growth Factors/*metabolism

MH - Predictive Value of Tests

MH - Prognosis

MH - Prospective Studies

MH - Quality of Life

MH - S100 Calcium Binding Protein beta Subunit

MH - S100 Proteins/*metabolism
MH - Survivors
MH - Time Factors
MH - Young Adult
EDAT- 2010/03/20 06:00
MHDA- 2010/08/14 06:00
CRDT- 2010/03/19 06:00
PHST- 2010/03/19 06:00 [entrez]
PHST- 2010/03/20 06:00 [pubmed]
PHST- 2010/08/14 06:00 [medline]
AID - 10.3109/02699051003652823 [doi]
PST - ppublish
SO - Brain Inj. 2010;24(4):609-19. doi: 10.3109/02699051003652823.

PMID- 22823537
OWN - NLM
STAT- MEDLINE
DCOM- 20130401
LR - 20191210
IS - 1362-301X (Electronic)
IS - 0269-9052 (Linking)
VI - 26
IP - 13-14
DP - 2012
TI - Life-bombing-injury-life: a qualitative follow-up study of Oklahoma City bombing survivors with TBI.
PG - 1670-83
LID - 10.3109/02699052.2012.700090 [doi]
AB - PRIMARY OBJECTIVE: To learn about and come to an understanding of the recovery process and outcomes experienced by the survivors of the 1995 Oklahoma City bombing, who sustained a traumatic brain injury (TBI) along with other injuries in the blast. RESEARCH DESIGN: A phenomenological study was conducted using in-person interviews, document and video-tape review, internet communication and researcher journals as the primary data set. METHODS AND PROCEDURES: A total of 20 of the 46 bombing survivors with TBI (44%) agreed to be a part of the study. The data collection process focused on stories about service needs, services accessed and long-term outcomes of the participants. MAIN OUTCOME AND RESULTS: The researchers' data analysis yielded four themes (Trauma-Healing-Support; What TBI?; How I went back to work and life; Now I really need assistance!) that represented the content and meanings of the interviews and supplemental data. CONCLUSIONS: A common thread running through the interviews of survivors with TBI was their portrayal of life-long medical, emotional, vocational and residential needs since the bombing. What they experienced in the months--extending into years--after the bombing was beyond their own anticipation and that of their families and healthcare professionals.
FAU - Sample, Pat L
AU - Sample PL
AD - Department of Occupational Therapy, Colorado State University, Fort Collins, CO 80523, USA.
FAU - Greene, David
AU - Greene D
FAU - Johns, Nikole R
AU - Johns NR
LA - eng
GR - U17/CCU624802/PHS HHS/United States
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S.

DEP - 20120723
PL - England
TA - Brain Inj
JT - Brain injury
JID - 8710358
SB - IM
MH - Activities of Daily Living
MH - Blast Injuries/*psychology/rehabilitation
MH - Disaster Planning
MH - Explosions
MH - Facility Design and Construction
MH - Family
MH - Female
MH - Follow-Up Studies
MH - Health Services Needs and Demand
MH - Humans
MH - Male
MH - Oklahoma/epidemiology
MH - Outcome Assessment, Health Care
MH - Qualitative Research
MH - Quality of Life
MH - Return to Work
MH - Stress Disorders, Post-Traumatic/*epidemiology/etiology/rehabilitation
MH - Stress, Psychological/etiology
MH - Survivors/psychology/*statistics & numerical data
MH - *Terrorism
MH - Time Factors
MH - Triage/*organization & administration
EDAT- 2012/07/25 06:00
MHDA- 2013/04/02 06:00
CRDT- 2012/07/25 06:00
PHST- 2012/07/25 06:00 [entrez]
PHST- 2012/07/25 06:00 [pubmed]
PHST- 2013/04/02 06:00 [medline]
AID - 10.3109/02699052.2012.700090 [doi]
PST - ppublish
SO - Brain Inj. 2012;26(13-14):1670-83. doi: 10.3109/02699052.2012.700090. Epub 2012 Jul 23.

PMID- 20118790
OWN - NLM
STAT- MEDLINE
DCOM- 20110106
LR - 20100914
IS - 1550-509X (Electronic)
IS - 0885-9701 (Linking)
VI - 25
IP - 5
DP - 2010 Sep-Oct
TI - The association of age and time postinjury with long-term emotional outcome following traumatic brain injury.
PG - 330-8
LID - 10.1097/HTR.0b013e3181ccc893 [doi]
AB - OBJECTIVE: To examine the effect of age and time postinjury on emotional distress, 5 to 22 years following traumatic brain injury (TBI). PARTICIPANTS: One hundred twelve participants with mild to very severe TBI, aged 16 to 81 years at the time of injury, and 112 healthy controls matched for current age, gender, education, and estimated IQ. MAIN OUTCOME MEASURE: The Hospital Anxiety and Depression Scale (HADS). RESULTS: The difference in HADS scores between

participants with TBI and controls did not vary according to the separate variables of age at injury or time postinjury. There was an interaction between age at injury and time postinjury whereby the youngest group demonstrated higher HADS scores with longer time postinjury, whereas the older groups displayed lower HADS scores with longer time postinjury, relative to controls. CONCLUSIONS: Long-term emotional outcome following TBI is related to the combined influence of age and time postinjury. Higher levels of emotional distress, evident at longer time postinjury in younger individuals, are particularly concerning and warrant attention from clinicians.

FAU - Senathi-Raja, Dawn

AU - Senathi-Raja D

AD - School of Psychology and Psychiatry, Monash University, Melbourne, Australia.

FAU - Ponsford, Jennie

AU - Ponsford J

FAU - Schonberger, Michael

AU - Schonberger M

LA - eng

PT - Journal Article

PL - United States

TA - J Head Trauma Rehabil

JT - The Journal of head trauma rehabilitation

JID - 8702552

SB - IM

MH - Adolescent

MH - Adult

MH - Age Factors

MH - Aged

MH - Aged, 80 and over

MH - Anxiety/*etiology

MH - Brain Injuries/*psychology

MH - Case-Control Studies

MH - Depression/*etiology

MH - Female

MH - Humans

MH - Male

MH - Middle Aged

MH - Survivors

MH - Time Factors

MH - Young Adult

EDAT- 2010/02/02 06:00

MHDA- 2011/01/07 06:00

CRDT- 2010/02/02 06:00

PHST- 2010/02/02 06:00 [entrez]

PHST- 2010/02/02 06:00 [pubmed]

PHST- 2011/01/07 06:00 [medline]

AID - 10.1097/HTR.0b013e3181ccc893 [doi]

PST - ppublish

SO - J Head Trauma Rehabil. 2010 Sep-Oct;25(5):330-8. doi:

10.1097/HTR.0b013e3181ccc893.

PMID- 21270499

OWN - NLM

STAT- MEDLINE

DCOM- 20110531

LR - 20110128

IS - 2617-2402 (Electronic)

IS - 0333-7308 (Linking)

VI - 47

IP - 4

DP - 2010

TI - Health-related quality of life two years after injury due to terrorism.

PG - 269-75

AB - **BACKGROUND:** During the past few decades, terrorist acts have been an unfortunate reality worldwide. There is a striking paucity of research investigating the multitude of long-term outcomes after severe physical injury due to terrorist attacks, a unique subgroup of trauma patients. The purpose of this study was to provide a profile of the long-term health-related quality of life (HR-QOL) after injury due to terrorist attacks and to explore the relationships between Post Traumatic Stress Disorder (PTSD), occupational status and injury severity with HR-QOL. **METHODS:** We included 35 survivors of terrorist attacks living in the community, two years on average after the injury, mean age at follow-up = 32.1 (+/-13.8), mean Injury Severity Score (ISS) = 27 (+/-14.2). The subjects were recruited from consecutive admissions to a rehabilitation department in a tertiary care center between September 2000 - June 2004. Most of the subjects suffered multiple trauma. The main outcome measures were the Short-Form Health Survey (SF-36), Post Traumatic Diagnostic Scale and return to work rates. **RESULTS:** The mean scores on 6/8 of the SF-36 subscales were significantly lower among the survivors compared to normative population norms. Post Traumatic Stress Disorder (PTSD) was found in 39% of the sample and 43% did not resume their main occupation two years after the injury. Multivariate analysis of variance of PTSD and occupational status (returned vs. did not return to work) on quality of life scores revealed significant main effects for both PTSD ($p = .000$) and occupational status ($p = .005$) with no interaction effect ($p = .476$). No significant correlations were found between injury severity and the SF-36 scores. **CONCLUSIONS:** This study demonstrated the long-term impact of injury due to terrorism. Results showed independent effects of PTSD and occupational status on health related quality of life, two years after injury. These findings suggest that this group may benefit from intervention focusing on their emotional and occupational status in order to improve their quality of life.

FAU - Tuchner, Maya

AU - Tuchner M

AD - School of Occupational Therapy, Hadassah and Hebrew University of Jerusalem, Jerusalem, Israel. mayat@hadassah.org.il

FAU - Meiner, Zeev

AU - Meiner Z

FAU - Parush, Shula

AU - Parush S

FAU - Hartman-Maeir, Adina

AU - Hartman-Maeir A

LA - eng

PT - Journal Article

PL - Israel

TA - Isr J Psychiatry Relat Sci

JT - The Israel journal of psychiatry and related sciences

JID - 8108287

SB - IM

MH - Activities of Daily Living

MH - Adolescent

MH - Adult

MH - Aged

MH - Employment/*psychology

MH - Female

MH - Health Surveys

MH - Humans

MH - Injury Severity Score

MH - Israel/epidemiology

MH - Life Change Events

MH - Male

MH - Middle Aged
MH - *Multiple Trauma/complications/diagnosis/epidemiology/psychology/rehabilitation
MH - Psychiatric Status Rating Scales
MH - Quality of Life
MH - Sickness Impact Profile
MH - *Stress Disorders, Post-Traumatic/diagnosis/etiology/physiopathology
MH - Survivors/*psychology
MH - Terrorism
MH - Treatment Outcome
EDAT- 2011/01/29 06:00
MHDA- 2011/06/01 06:00
CRDT- 2011/01/29 06:00
PHST- 2011/01/29 06:00 [entrez]
PHST- 2011/01/29 06:00 [pubmed]
PHST- 2011/06/01 06:00 [medline]
PST - ppublish
SO - Isr J Psychiatry Relat Sci. 2010;47(4):269-75.

PMID- 29017766

OWN - NLM

STAT- MEDLINE

DCOM- 20181001

LR - 20191210

IS - 1879-0267 (Electronic)

IS - 0020-1383 (Linking)

VI - 49

IP - 2

DP - 2018 Feb

TI - Survival and health related quality of life after severe trauma - a 15 years follow up study.

PG - 191-194

LID - S0020-1383(17)30664-2 [pii]

LID - 10.1016/j.injury.2017.10.001 [doi]

AB - INTRODUCTION: As the primary treatment of patients with severe trauma continues to improve, increasing interest has been directed towards long-term survival and Health Related Quality of Life (HRQoL). In trauma patients, there are few studies describing long-term outcome using tools specifically directed at HRQoL.

HYPOTHESIS: HRQoL measured with EQ-5D is significantly reduced compared to the Danish norm score 15 years after severe injury. MATERIALS AND METHODS: All patients more than 18 years of age, admitted to a level 1 trauma center from March 1996 to September 1997 were prospectively included and scored with Injury Severity Score (ISS). Survival status was recorded in May 2012 and EQ-5D questionnaires were sent out. RESULTS: 95 of the original 154 trauma patients were eligible for participation. The response rate was 66%. The average EQ-5D index score in the trauma population was significantly reduced compared to the index score in the Danish norm population ($P=0.00$, one-sample t-test). In addition, ISS is associated with HRQoL and $ISS \geq 16$ predicts poorer HRQoL.

CONCLUSION: EQ-5D is significantly reduced 15 years after severe trauma High ISS was associated with low HRQoL. Knowledge of the distribution and predictors of long-term disability can be used to develop more efficient prevention policies and to improve trauma care in general.

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FAU - Wad, Morten S

AU - Wad MS

AD - Spine Unit, Department of Orthopedic Surgery, Rigshospitalet, University of Copenhagen, Denmark. Electronic address: mortenwad@gmail.com.

FAU - Laursen, Thomas

AU - Laursen T

AD - Spine Unit, Department of Orthopedic Surgery, Rigshospitalet, University of

Copenhagen, Denmark.
FAU - Fruergaard, Sidsel
AU - Fruergaard S
AD - Spine Unit, Department of Orthopedic Surgery, Rigshospitalet, University of
Copenhagen, Denmark.
FAU - Morgen, Soren Schmidt
AU - Morgen SS
AD - Spine Unit, Department of Orthopedic Surgery, Rigshospitalet, University of
Copenhagen, Denmark.
FAU - Dahl, Benny
AU - Dahl B
AD - Department of Orthopaedic Surgery, Texas Children's Hospital and Baylor College
of Medicine, Houston, Texas.
LA - eng
PT - Journal Article
DEP - 20171005
PL - Netherlands
TA - Injury
JT - Injury
JID - 0226040
SB - IM
MH - Activities of Daily Living
MH - Adult
MH - Cross-Sectional Studies
MH - Denmark/epidemiology
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Injury Severity Score
MH - Life Change Events
MH - Male
MH - Middle Aged
MH - Mobility Limitation
MH - Outcome Assessment, Health Care
MH - Pain/epidemiology/*psychology
MH - Policy Making
MH - *Quality of Life
MH - Sickness Impact Profile
MH - Surveys and Questionnaires
MH - Survivors/*psychology
MH - Time Factors
MH - Trauma Centers
MH - Wounds and Injuries/epidemiology/physiopathology/*psychology
MH - Young Adult
OTO - NOTNLM
OT - AIS
OT - Accident
OT - Adult
OT - EQ-5D
OT - Follow-up
OT - Health
OT - ISS
OT - Quality of life
OT - Survival
OT - Trauma
EDAT- 2017/10/12 06:00
MHDA- 2018/10/03 06:00
CRDT- 2017/10/12 06:00
PHST- 2017/10/03 00:00 [received]

PHST- 2017/10/03 00:00 [accepted]
PHST- 2017/10/12 06:00 [pubmed]
PHST- 2018/10/03 06:00 [medline]
PHST- 2017/10/12 06:00 [entrez]
AID - S0020-1383(17)30664-2 [pii]
AID - 10.1016/j.injury.2017.10.001 [doi]
PST - ppublish
SO - Injury. 2018 Feb;49(2):191-194. doi: 10.1016/j.injury.2017.10.001. Epub 2017 Oct 5.

PMID- 18849794

OWN - NLM

STAT- MEDLINE

DCOM- 20081118

LR - 20191210

IS - 1529-8809 (Electronic)

IS - 0022-5282 (Linking)

VI - 65

IP - 4

DP - 2008 Oct

TI - Functional recovery at a minimum of 2 years after multiple injury-development of an outcome score.

PG - 799-808; discussion 808

LID - 10.1097/TA.0b013e3181820dae [doi]

AB - BACKGROUND: Early mortality of patients with multiple injuries has been reduced within the past three decades, and now restoration of functional outcome afterward has become the primary goal. The following study was conducted to examine the long-term outcome of a population of patients with multiple injuries, and to develop a score that allows quantification of the outcome. METHODS: Three hundred eighty-six patients with multiple injuries were collected in a prospectively gathered database at our institution, a Level I trauma center. Demographic data as well as injury severity, injury patterns, and mortality rates were analyzed in 192 patients who were reexamined between February and July 2003. In those patients, outcome after trauma was described using self-reports and physician examinations. One hundred ninety-two patients who were reexamined and 107 patients who died during hospital stay were used to correlate outcome data with injury severity. Furthermore, based on the outcome data, an injury outcome score was developed. Interobserver agreement was assessed using the kappa-statistic (2 level kappa). RESULTS: The mean age was 30.3 (+/-29.8) years, and the mean Injury Severity Score (ISS) was 30.6 (+/-21.5). Most patients suffered injuries from motor vehicle crashes (n = 62.5%), followed by falls from heights (25.0%), and other reasons (12.5%). In the collective undergoing reexamination protocol (n = 192), 172 (89.6%) patients still had complaints about at least 1 body region. Fifty (26.0%) patients still needed medical treatment or were integrated in a rehabilitation process. The mean Injury Outcome Score (IOS) was 30.5 (+/-33.9) with a range from 0 to 75. A significant positive correlation (r = 0.598; p < 0.001) between ISS and IOS was demonstrated. Interobserver agreement was excellent with kappa = 0.92. The subscores for "head" (r = 0.725; p < 0.001; 95% CI: 0.52-0.80), "spine" (r = 0.686; p < 0.001; 95% CI: 0.32-0.82), and "extremity" (r = 0.546; p < 0.001; 95% CI: 0.24-0.68) have significant influence on the total IOS. In the subgroup of patients suffering lower extremity fractures, IOS (mean IOS, 16.3 [range, 4-24]) was significantly higher (p < 0.001) when compared with patients without lower extremity fractures (mean IOS, 10.1 [0-13]). CONCLUSION: Our results suggest that the ISS not only be used for mortality prediction but also can be related to the long-term outcome after 2 years. In summary, the IOS seems to provide useful information for assessment of the outcome after severe blunt trauma. Especially after head, spinal, and extremity injuries, significant influence on the overall long-term outcome can be assumed.

FAU - Weninger, Patrick
AU - Weninger P
AD - Department of Trauma Surgery, Medical University of Vienna, Vienna, Austria.
patrick.weninger@gmx.net
FAU - Aldrian, Silke
AU - Aldrian S
FAU - Koenig, Franz
AU - Koenig F
FAU - Vecsei, Vilmos
AU - Vecsei V
FAU - Nau, Thomas
AU - Nau T
LA - eng
PT - Journal Article
PL - United States
TA - J Trauma
JT - The Journal of trauma
JID - 0376373
SB - AIM
SB - IM
MH - *Abbreviated Injury Scale
MH - Academic Medical Centers
MH - Activities of Daily Living
MH - Austria
MH - Cohort Studies
MH - Combined Modality Therapy
MH - Confidence Intervals
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Length of Stay
MH - Male
MH - Multiple Trauma/diagnosis/mortality/rehabilitation/*therapy
MH - Observer Variation
MH - Outcome Assessment, Health Care
MH - Probability
MH - Prospective Studies
MH - Quality of Life
MH - *Recovery of Function
MH - Registries
MH - Regression Analysis
MH - Risk Assessment
MH - Survival Analysis
MH - Survivors/statistics & numerical data
MH - Time Factors
MH - Trauma Centers
MH - Treatment Outcome
MH - Wounds and Injuries/diagnosis/mortality/rehabilitation/*therapy
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MHDA- 2008/11/19 09:00
CRDT- 2008/10/14 09:00
PHST- 2008/10/14 09:00 [pubmed]
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AID - 10.1097/TA.0b013e3181820dae [doi]
AID - 00005373-200810000-00010 [pii]
PST - ppublish
SO - J Trauma. 2008 Oct;65(4):799-808; discussion 808. doi:
10.1097/TA.0b013e3181820dae.

PMID- 27175646
OWN - NLM
STAT- MEDLINE
DCOM- 20170208
LR - 20181113
IS - 1536-5964 (Electronic)
IS - 0025-7974 (Linking)
VI - 95
IP - 19
DP - 2016 May
TI - Lower Health-Related Quality of Life in Polytrauma Patients: Long-Term Follow-Up
After Over 5 Years.
PG - e3515
LID - 10.1097/MD.0000000000003515 [doi]
AB - Although trauma-associated mortality has fallen in recent decades, and medical care has continued to improve in many fields, the quality of life after experiencing polytrauma has attracted little attention in the literature. This group of patients suffer from persisting physical disabilities. Moreover, they experience long-term social, emotional, and psychological effects that limit/lower considerably their quality of life. We analyzed retrospective data on 147 polytraumatized patients by administering written questionnaires and conducting face-to-face interviews 6 +/- 0.8 years after the trauma in consideration of the following validated scores: Glasgow Outcome Scale, European Quality of Life Score, Short Form-36, Trauma Outcome Profile, and Beck Depressions Inventory II. Our analysis of these results reveals that polytraumatized patients suffer from persistent pain and functional disabilities after >5 years. We also observed changes in their socioeconomic situation, as well as psychological after-effects. The rehabilitation of this particular group of patients should not only address their physical disabilities. The psychological after-effects of trauma must be acknowledged and addressed for an even longer period of time.
FAU - Zwingmann, Jorn
AU - Zwingmann J
AD - From the Department of Orthopaedic and Trauma Surgery, University of Freiburg Medical Center, Freiburg, Germany.
FAU - Hagelschuer, Paul
AU - Hagelschuer P
FAU - Langenmair, Elia
AU - Langenmair E
FAU - Bode, Gerrit
AU - Bode G
FAU - Herget, Georg
AU - Herget G
FAU - Sudkamp, Norbert P
AU - Sudkamp NP
FAU - Hammer, Thorsten
AU - Hammer T
LA - eng
PT - Journal Article
PL - United States
TA - Medicine (Baltimore)
JT - Medicine
JID - 2985248R
SB - AIM
SB - IM
MH - Adolescent
MH - Adult
MH - Aged

MH - Aged, 80 and over
MH - Child
MH - Chronic Pain/psychology
MH - Depression/psychology
MH - Female
MH - Follow-Up Studies
MH - Glasgow Outcome Scale
MH - Humans
MH - Injury Severity Score
MH - Male
MH - Middle Aged
MH - Multiple Trauma/*psychology
MH - *Patient Outcome Assessment
MH - *Quality of Life
MH - Retrospective Studies
MH - Surveys and Questionnaires
MH - Survivors/*psychology
MH - Time
MH - Young Adult
PMC - PMC4902488
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MHDA- 2017/02/09 06:00
CRDT- 2016/05/14 06:00
PHST- 2016/05/14 06:00 [entrez]
PHST- 2016/05/14 06:00 [pubmed]
PHST- 2017/02/09 06:00 [medline]
AID - 10.1097/MD.0000000000003515 [doi]
AID - 00005792-201605100-00025 [pii]
PST - ppublish
SO - Medicine (Baltimore). 2016 May;95(19):e3515. doi: 10.1097/MD.0000000000003515.