Reconceptualising Post Intensive Care Syndrome: Do we need to pick our PICS?

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Post Intensive Care Syndrome (PICS)
Impairment arising after a critical illness and persisting beyond acute hospitalisation

Patient A - Female 21y Student
Before Hospital
Lives with flatmates, close family and friends
Enjoys acting and musical theatre
Contracts viral myocarditis
Rapidly deteriorating cardiac function and exercise tolerance which frightens her

In hospital
Uncomplicated cardiac transplant surgery
- Hears boyfriend in air vents
- Believes she has been kidnapped
- Needs restraint and sedation
Supportive family at bedside

After Hospital
Unable to return to acting
Falling behind in studies
No longer “easy-going”
Ruminates on her own mortality
Hates her sternotomy scar
Sirens cause flashbacks to ICU & panic attacks

Patient B – Male 66y Retired Tradesman
Before Hospital
Widower, lives alone, no children
Chronic cardiomyopathy post myocardial infarction
Long wait for donor organ
Friend comments organs often come from car accident victims

In hospital
Perioperative hypotensive episode
Slow to wake postoperatively
Days of boredom with pleuritic pain in ICU
No visitors
Befriends neighbouring patient
Neighbouring patient has unsuccessful CPR overnight

After Hospital
Discharged into large empty house
Forgets where he puts his keys or to do his exercises
Seldom goes outside, feels even more isolated than before
Mixes up his medications and appointments
Stops going upstairs, moves his bed into the lounge
Feels he is ‘wasting’ his donor heart and wonders who the donor was

A way Forward
• Personalised interventions
• Address each PICS domain as applicable
• Patient, family and carer input
• Research acknowledging heterogeneity
• Stratified Outcome Measures

Symptoms can persist for years

The challenge in responding
• “PICS” used as if describing a single condition and a unitary population
• Interventions commonly target one single component and indiscriminately used
• Long term outcomes are uncertain

In reality
• PICS is complex
• Population is heterogeneous
• Intervention effectiveness is patient-specific
• Understanding what works, how and for whom is critical to improving outcomes.

References