

UCD School of Nursing, Midwifery and Health Systems

Instruments to measuring post-intensive care syndrome (PICS) : a scoping review

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UCD School of Nursing, Midwifery and Health Systems RESEARCH DEGREE PROGRAMMES



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## Background





#### Intensive Care Units (ICU)



ICU is a specialist hospital facility that provides treatment and monitoring for people who are seriously ill and in need of both life-supporting interventions and intensive monitoring by nurses.

Science and technology advance, survival rates of ICU patients have increased dramatically in recent years



#### Post Intensive Care Syndrome

Successful ICU discharge is a positive development for patients who in the past might not have otherwise survived their condition or treatment. However, the period following ICU also heralds the commencement of the recovery trajectory.

In response to this clinical need, and gap within the research literature (Chu et al, 2021, 2022,2023), I aim to explore any instruments are available to screen these symptoms.



After ICU



## Methods



A scoping review synthesizes evidence to address a particular research question, by mapping the literature and providing an overview of main concepts, theories and sources related to the research area, with the aim of identifying knowledge gaps, exploring a body of literature, clarifying concepts, or to support the conduct of research 
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LITERATURE REVIEW

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Instruments to measure post-intensive care syndrome: A scoping review

#### Yuan Chu RN, Master's 10

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#### Abstract

Background: There is an increased interest in the evaluation of post-intensive care syndrome among adult patients who survive critical illness. However, there is little consensus regarding measurement instruments in clinical practice.

Objectives: To investigate the characteristics of existing instruments used to measure this syndrome in adults.

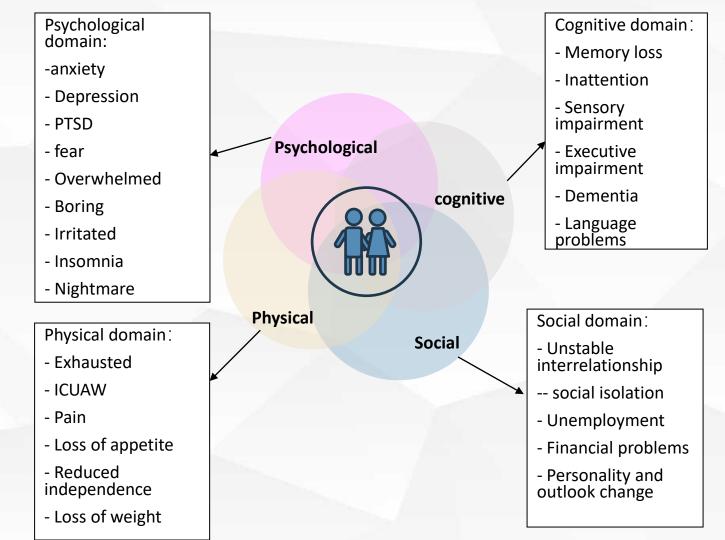
Design and Methods: A scoping review following the Arksey and O'Malley framework and Joanna Briggs Institute guideline was conducted. Studies published between 2010 and 2021 were identified in Medline via EBSCO, CINA/H complete, EMBASE, Web of Science, AMED, and PsycINFO databases, along with grey literature were included. The search retrieved 4134 references; eligible studies were independently identified, extracted, and appraised using the Crowe Critical Appraisal Tool.

Results: Out of 4134 articles, 18 research articles underwent data extraction and analysis. Forty-one instruments were identified. Most studies (n = 14) employed two or more instruments, generating single domain-specific instruments that measured functioning within the physical (n = 10, cognitive (n = 7, psychological (n = 12), or social (n = 30 domains. Three studies detected post-intensive care syndrome (without reference to the social domain) using a single assessment tool. Instruments used to measure psychological disorders were relatively consistent within studies, with little attention being paid to the social domain.

Conclusion: While post-intensive care syndrome is recognized as a growing phenomenon among patients globally, and international practice recommendations suggest a range of instruments to measure it, evaluation of this syndrome remains inconsistent. Also, identified instruments did not comprehensively assess this syndrome and lacked data pertaining to their psychometric properties. A psychometrically robust instrument that measures all domains of post-intensive care syndrome in clinical practice is an urgent requirement.



### PICS theoretical framework





#### Scoping review framework

	Arksey and O'Malley framework (2005, p. 22-23)	*Enhancements proposed by Peters et al (2015, 2017, 2020).
1.	Identifying the research question	Defining and aligning the objective/s and question/s
2.	Identifying relevant studies	Developing and aligning the inclusion criteria with the objective/s and question/s
3.	Study selection	Describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence.
4.	Charting the data	Searching for the evidence
5.	Collating, summarizing and reporting the results	Selecting the evidence
6.	Consultation (optional)	Extracting the evidence
7.		Analysis of the evidence
8.		Presentation of the results
9.		Summarizing the evidence in relation to the purpose of the review, making conclusions and noting any implications of the findings





#### Step 1:Research objectives

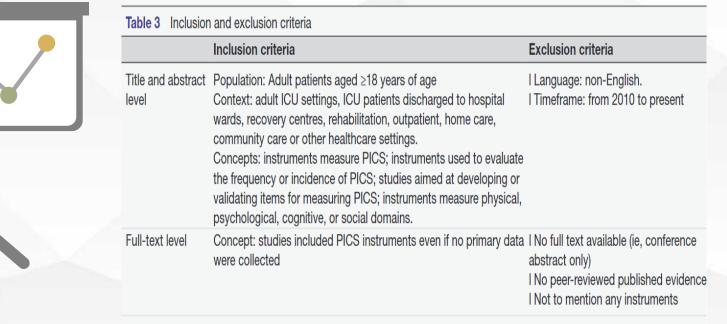
- 1) To investigate instruments available to measure PICS outcomes among adult patients.
- 2) To describe the characteristics of such instruments regarding domains (physical, psychological, cognitive and/or social) measured, mode and timing of administration, duration for completion, and their psychometric properties: validity and reliability.
- 3) To identify research gaps and inform future research studies.

#### **\*PCC (population/concept/context )**

- 1) ICU
- 2) PICS
- 3) Instrument



#### \*Step 2: Inclusion and exclusion criteria



ICU, intensive care unit; PICS, postintensive care syndrome.



#### Step 3: Search strategy

1) Peer Review of Electronic Search Strategies (PRESS) 2) PICS theoretical framework four domains: 'physical', 'psychological', 'cognitive' and 'social'.

#### A librarian



Search keywords MeSH Search string



Database Grey literature **Reference** lists



Table 1 S	Table 1         Search terms related to the three concepts					
Concept	Search terms					
ICU	ICU* OR ''intensive care*'' OR "critical care*" OR CCU* OR "acute care*'' OR "recovery room*''					
PICS	"post-intensive care syndrome*" OR "post intensive care syndrome*" OR PICS "postintensive care syndrome" OR "post ICU syndrome*" OR "post-ICU syndrome*" OR "ICU delirium" OR "ICU-delirium" OR cognition OR neurocognitive OR cognitive OR memory OR "memory disorder" OR "executive function" OR attention OR language OR "physical health" OR mobility OR weakness OR "muscular weakness" OR "ICU-acquired weak*" OR "ICU acquired weak*" OR "post-ICU depression*" OR "post ICU depression*" OR "post-ICU anxiety" OR "post ICU anxiety" OR PTSD OR "post-traumatic stress disorder" OR "psychological health" OR "psychological disorder" OR "social health" OR "social participation"; "social relationships" OR "post-ICU consequence*" OR "post ICU consequence*" OR "post ICU outcome*" OR "post-ICU outcome*" OR "post ICU symptom*" OR "post- ICU symptom*"					
Instrument	test OR tests OR scale* OR instrument* OR tool* OR measur* OR Question* OR Survey* OR Assess* OR Index OR					

ICU, intensive care unit; PICS, postintensive care syndrome.

Indices OR diagnos\*



#### Methodology---Search and sources

#### Table 2 Search results in Medline via EBSCO

#	Query	Results
S8	S3 AND S4 AND S7	2579
S7	S5 OR S6	9987735
S6	TI test OR tests OR scale* OR instrument* OR tool* OR measur* OR Question* OR Survey* OR Assess* OR Index OR Indices OR diagnos*	1935343
S5	AB test OR tests OR scale* OR instrument* OR tool* OR measur* OR Question* OR Survey* OR Assess* OR Index OR Indices OR diagnos*	9267844
S4	"post-intensive care syndrome*" OR "post intensive care syndrome*" OR PICS "postintensive care syndrome" OR "post ICU syndrome*" OR "post-ICU syndrome*" OR "ICU delirium" OR "ICU-delirium" OR cognition OR neurocognitive OR cognitive OR memory OR "memory disorder" OR "executive function" OR attention OR language OR "physical health" OR mobility OR weakness OR "muscular weakness" OR "ICU-acquired weak*" OR "ICU acquired weak*" OR "post-ICU depression*" OR "post-ICU depression*" OR "post-ICU anxiety" OR "post ICU anxiety" OR post ICU anxiety" OR post-ICU depression*" OR "post-ICU anxiety" OR "post-ICU consequence*" OR "post-ICU anxiety" OR "post-ICU consequence*" OR "post-ICU consequence*	15,4631

S3	S1 OR S2	435325
S2	ICU* OR "intensive care*" OR "critical care*" OR CCU* OR "acute care*" OR "recovery room*"	431 659
S1	(MH "Intensive Care Units+") OR (MH "Respiratory Care Units") OR (MH "Coronary Care Units") OR (MH "Critical Care+") OR (MH "Critical Care Nursing") OR (MH "Recovery Room") OR (MH "Burn Units")	131777



## Endnote library setting duplication



Covidence---screening & quality assessment



Export PRISMA



#### Methodology---Extraction

STUDY CHARACTER DATA SYNTHESIS

#### country, year, authors, methods, sample size, setting, and participants

Authors, ↔ year,↔ country↩	Design ←	Aim ←	Sample size (n), Setting ↩	Inclusion/Exclusion←	Instruments ←	PICS domains⇔
Wang et al. 2019 USA J	Cross- sectional survey ਦ ਦ ਦ ਦ	Validation of the HABC- MR <sup>←</sup>	N=261e <sup>2</sup> Critical Care Recovery Center: the first Recovery Clinic in USe <sup>2</sup>	Inclusion criteria: 18yr <sup>-</sup> ; ICU mechanically ventilated or had been delirious ≥ 2 days; had a follow-up recommendation; Mini-Mental State Examination (MMSE) ≥ 17¢ <sup>1</sup> Exclusion criteria; <sup>40</sup> Receive hospice or palliative care; did not complete HABC-MSR or neuropsychological testing <sup>43</sup>	HABC-MR: 4 <sup>4</sup> CERAD-NB or RBANS; GDS-30 or PHQ-9; PTSS- 10; GAD-7PSMS and IADL) <sup>64</sup> ¢ <sup>2</sup>	Physical <sup>42</sup> IADLs and <sup>42</sup> ADLs <sup>42</sup> Psychological <sup>42</sup> anxiety, depression <sup>42</sup> PTSD <sup>42</sup> Cognition <sup>42</sup> memory, orientation, judgment <sup>42</sup> e <sup>2</sup>
Jeong and Kang 2019 Korea	Cross- sectional survey <sup>()</sup>	Development & validation of PICSQe <sup>3</sup>	N=536, 4 <sup>-1</sup> medical, surgical, neurological, cardiac, mixed ICUs in seven health care facilities 4 <sup>-3</sup>	Inclusion criteria: $e^{i\phi}$ 18yr; ICU stay $\geq 2$ days; discharge from ICU four weeks to one year; being able to communicate, $e^{i\phi}$ $e^{i\phi}$	PICSQ $\epsilon^{\rm d}$ SF-36 and Japan frailty scale $\epsilon^{\rm d}$ $\epsilon^{\rm d}$	Physical <sup>44</sup> functional decrease, daily activity limitation and symptom experience <sup>44</sup> Psychological <sup>44</sup> Anxiety, depression, and PTSDe <sup>44</sup> Cognition <sup>44</sup> Memory, <sup>44</sup>

### instruments, timing of administration, collection methods, and domains measured

**INSTRUMENT** 

**CHARACTER** 

Reference↩	Name of the instrument	Administration← method ←	Administration← timing ←	Time to complete ←
Marra et al. <sup>38</sup> ⇔ 2018⇔	1. RBANS¢ 2. the Katz ADL¢ 3. BDI-II¢	Face-face by blinded personnel	At 3 and 12 months	Around 60 minutes $\leftarrow$
Geense et al. <sup>39</sup> ↓ 2017↓ ↓	1. CFS <sup>(4)</sup> 2. CFQ-14 <sup>(4)</sup> 3. HADS: <sup>(4)</sup> 4. A novel social question <sup>(4)</sup> 5. SF-36 <sup>(4)</sup> 6.EQ-5D-5L <sup>(4)</sup> 7.IES-R <sup>(4)</sup>	Postal or online self-reported questionnaire← relatives involved←	At ICU admission, At hospital discharge, ← At 3, 12, 24, 36, 48, 60 months after discharge ←	More than 30 minutes $\in$
Robinson et al.⁴0↔ 2018↔	1.the BI↔ 2.HADS↔ 3.IES-6 ↔ 4.tMoCA ↔ 5.SF-12v2↔ 6.IPAQ↔	Structured telephone interviews← relatives involved←	At 3, 6 and 12 months after discharge ←	More than 30 minutes $\leftarrow$
Heydon et al. <sup>41</sup> ↔ 2019←	1. FAQ 2. EQ-5D-5L↔ 3. A novel social questionnaire⇔	mail, email, or phone⇔ self-completed ↔ relatives involved⇔	At 1 and 3 months after discharge <->	15minutes ←
Milton et al. <sup>42</sup> ↔ 2018↔	1. HADS↔ 2. PTSS-14↔ 3. RAND-36↔	Postal mail, self- completed⇔	At 3 months after discharge ←	15minutes⇔
Farley et al. <sup>43</sup> ↔ 2016↔	1.HADS↔ 2. EQ-5D ↔	Telephone interview← self-reported←	14-25 months after discharge (average 19.5 months)↩	10 minutes ↔

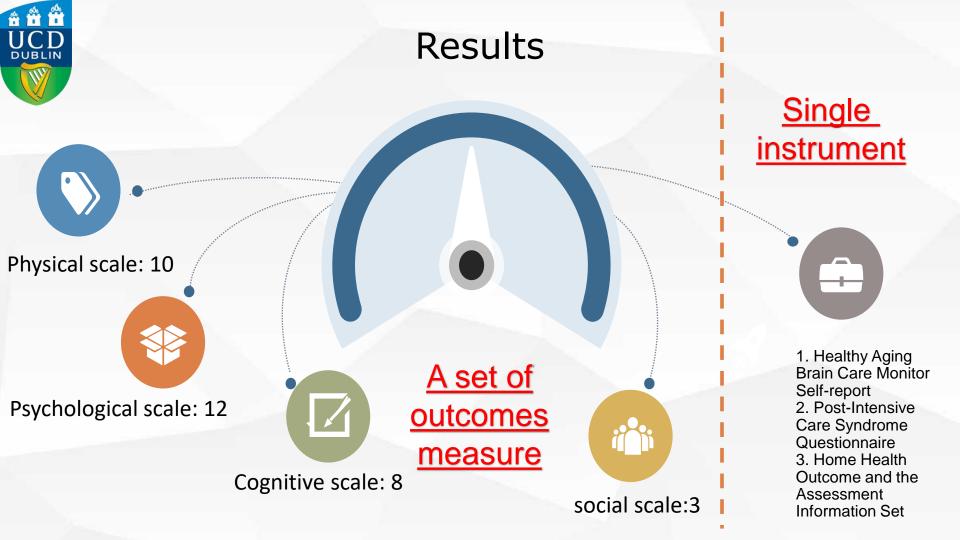


# Results

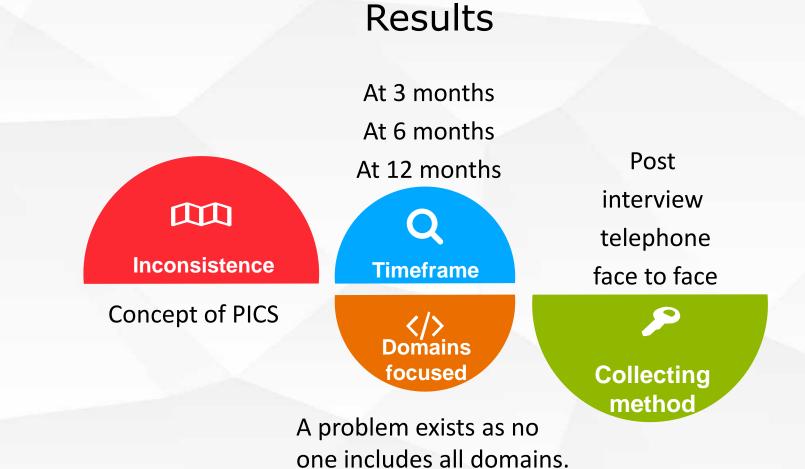


### Results

- Out of 4134 articles, forty-one instruments were identified
- Most studies (n=14) employed two or more instruments, generating single domain-specific instruments that measured functioning within the physical, cognitive, psychological, or social domains.
- Three studies detected post-intensive care syndrome (without reference to the social domain) using a single assessment tool.
- Instruments used to measure psychological disorders were relatively consistent within studies, with little attention being paid to the social domain









## Conclusion



#### Conclusion

- The domains of PICS have an inter-connected relationship and a high probability of co-occurrence.
- Severity in one domain (for example, cognitive) might negatively affect others (for example, physical and social). Thus, there is a potential to underestimate the severity of PCIS and/or miss symptoms using a singular domain focus.
- Advancing nursing practice requires nurses to understand the trajectory of ICU patient care.
- The importance of continuity of care for ICU survivors, and of them, the screening of PICS comes at the foremost.



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