

STRESSORS IN CONSCIOUSLY SEDATED HIGH-RISK CRITICALLY ILL: EFFECT OF MELATONIN ADMINISTRATION.

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Introduction

ICU stay memories are stressful and related to Post Traumatic Stress Disorder (PTSD). Recent guidelines suggest superficial sedative levels: realistic memories could protect against PTSD. No data are available about conscious sedation impact on patients' memories. We compared stressors reported by “consciously sedated” patients versus literature data from “highly sedated” patients, and assessed the role of melatonin administration.

Methods

A validated questionnaire was administered at ICU discharge to assess discomforts during ICU stay, with items clustered in categories. Patients were participating in a double blind RCT comparing oral administration of melatonin (3mg bid) vs placebo from day 3 until discharge. All patients were consciously sedated according to local guidelines.

Results

28 critically ill were interviewed: age 64±15, SAPSII 43±20, length of ICU stay 14[10-35] days. 13 patients received placebo, 15 melatonin. Comparing data with "heavy sedation", our case-mix reported significantly lighter scores in environmental (2.24±0.35 vs 1.67 ± 0.26, p=0.046), relationship (2.31 ± 0.43 vs 1.83 ± 0.32, p=0.043), emotional (2.50 ± 0.41 vs 2.00 ± 0.34, p=0.046), but not physical (2.81 ± 0.52 vs 2.54 ± 0.47, p=0.214) stressors. In the last category, patients treated with melatonin had lower scores in “pain” (3.1±0.9 vs 1.8±0.9, p<0.01), needed less extra analgesics (7.4 vs 3.4% p<0.01) and showed lower pain (28.6 vs 23.7%, p<0.01).

Conclusions

Patients treated with a conscious sedation have less traumatic memories of stressing factors in ICU compared to literature, particularly regarding environment, relationships and emotions. Melatonin significantly reduced pain perception suggesting a potential analgesic role.