

Differences in sepsis care identified in europe, U.S.

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(HealthDay)—Despite differences in processes of care and raw mortality for patients with severe sepsis and septic shock in the United States and Europe, after adjustment, mortality rates are similar, according to a study published online Oct. 26 in *The Lancet Infectious Diseases*.

Mitchell M. Levy, M.D., from the Warren Alpert Medical School of Brown University in Providence, R.I., and colleagues compared models of care and outcomes for 25,375 patients with severe sepsis and septic shock, entered into the Surviving Sepsis Campaign database from Europe (79 hospital sites with 6,609 patients) and the United States (107

units with 18,766 patients).

The researchers found that, in the United States, 65.1 percent of patients were admitted to the [intensive care unit](#) (ICU) from emergency departments, while in Europe, 51.5 percent of patients were admitted from hospital wards. In Europe, the median stay on the hospital wards before ICU admission was longer than in the United States (1.0 versus 0.1 days). In Europe, there was a longer median length of stay in the ICU (7.8 versus 4.2 days) and the hospital (22.8 versus 10.5 days). Raw hospital mortality was increased in Europe versus the United States (41.1 versus 28.3 percent), but adjusted mortality was not significantly different (32.3 and 31.3 percent, respectively; $P = 0.468$). The United States exhibited higher complete compliance with all applicable elements of the [sepsis](#) resuscitation bundle (21.6 versus 18.4 percent).

"The significant difference in unadjusted mortality and the fact that this difference disappears with severity adjustment raise important questions about the effect of the approach to critical care in Europe compared with that in the U.S.A.," the authors write.

Two authors disclosed financial ties to pharmaceutical and medical equipment companies, including [Eli Lilly](#) and Philips Medical Systems, both of which partially funded the study.

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