

ARDS appears to be underrecognized, undertreated and associated with high risk of death

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Among nearly 460 intensive care units (ICUs) in 50 countries, acute respiratory distress syndrome (ARDS) appeared to be underrecognized, undertreated, and associated with a high mortality rate, according to a study that appears in the February 23 issue of *JAMA*, which is being released to coincide with the Society of Critical Care Medicine's 45th Critical Care Congress.

Acute [respiratory distress syndrome](#) is an acute inflammatory lung injury. Limited information exists about its epidemiology, recognition, management, and outcomes for patients. John G. Laffey, M.D., M.A., of St. Michael's Hospital, University of Toronto, and colleagues at the European Society of Intensive Care Medicine conducted a study of patients undergoing invasive or noninvasive ventilation during 4 consecutive weeks in the winter of 2014 in 459 ICUs from 50 countries across 5 continents.

Of 29,144 patients admitted to participating ICUs, 3,022 (10.4 percent) fulfilled ARDS criteria. Of these, 2,377 patients developed ARDS in the first 48 hours and received invasive mechanical ventilation. Clinical recognition of ARDS ranged from 51 percent in mild to 78.5 percent in severe ARDS. Hospital mortality was 35 percent for those with mild, 40 percent for those with moderate, and 46 percent for those with severe ARDS.

The authors write that the major findings in this study were the underrecognition of ARDS by clinicians, the low use of contemporary ventilatory and adjunctive treatment strategies, and the limited effect of physician diagnosis of ARDS on treatment decisions. "These findings indicate the potential for improvement in management of patients with ARDS."

More information: *JAMA*, [DOI: 10.1001/jama.2016.0291](https://doi.org/10.1001/jama.2016.0291)

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