DEX doesn't reduce mortality in those with sepsis on ventilator

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(HealthDay)—For patients with sepsis requiring mechanical ventilation,

dexmedetomidine is not associated with a reduction in mortality or ventilator-free days, according to a study published online March 21 in the *Journal of the American Medical Association*. The research was published to coincide with the annual International Symposium on Intensive Care and Emergency Medicine, held from March 21 to 24 in Brussels.

Yu Kawazoe, M.D., Ph.D., from the Tohoku University Graduate School of Medicine in Sendai, Japan, and colleagues randomized patients to receive sedation with or without dexmedetomidine (100 and 101 patients, respectively).

The researchers observed no significant difference in mortality at 28 days in the dexmedetomidine versus the control group (22.8 versus 30.8 percent; hazard ratio, 0.69; 95 percent confidence interval, 0.38 to 1.22; P = 0.20). There was no significant between-group difference in ventilator-free days over 28 days (median, 20 versus 18; P = 0.20). The rate of well-controlled sedation during mechanical ventilation was significantly higher for the dexmedetomidine group (range, 17 to 58 percent versus 20 to 39 percent; P = 0.01); there were no significant between-group differences in other outcomes. Adverse outcomes occurred in 8 and 3 percent of patients in the dexmedetomidine and control groups, respectively.

"Among patients requiring mechanical ventilation, the use of dexmedetomidine compared with no dexmedetomidine did not result in statistically significant improvement in mortality or ventilator-free days," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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