

Conservative fluid management benefits black ARDS patients

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(HealthDay)—For patients with acute respiratory distress syndrome

(ARDS), conservative fluid management is associated with reduced mortality for non-Hispanic black, but not white, patients, according to a study published online July 14 in the *Annals of the American Thoracic Society*.

Sarah E. Jolley, M.D., from Louisiana State University in New Orleans, and colleagues estimated long-term mortality by race in a post-hoc analysis of the Fluid and Catheter Treatment Trial (FACTT), including one-year follow-up, and the Economic Analysis of Pulmonary Artery Catheters study. A multi-state Markov model was fit to estimate one-year mortality for all non-Hispanic black and white FACTT subjects (217 and 641, respectively).

The researchers identified a significant interaction between race and fluid treatments ($P = 0.012$). Black subjects assigned to conservative fluids had lower one-year mortality (38 versus 54 percent for conservative and liberal, respectively; mean mortality difference, 16 percent; 95 percent confidence interval, 2 to 30 percent; $P = 0.027$). For white subjects, one-year mortality was 35 versus 30 percent for conservative versus liberal fluid management (mean mortality difference, -4.8 percent; 95 percent confidence interval, -13 to 3 percent; $P = 0.23$).

"In our cohort, conservative fluid management may have improved one-year [mortality](#) for non-Hispanic black ARDS patients," the authors write. "However, we found no long-term benefit of conservative [fluid](#) management in white subjects."

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