Individualized SBP tx cuts risk for post-op organ dysfunction

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(HealthDay)—Management targeting an individualized systolic blood

pressure (SBP) is associated with reduced risk of organ dysfunction among patients undergoing major surgery who are at increased risk of postoperative complications, according to a study published in the Sept. 26 issue of the *Journal of the American Medical Association*.

Emmanuel Futier, M.D., Ph.D., from the University Clermont Auvergne in Clermont-Ferrand, France, and colleagues randomized adult patients at increased risk of postoperative complications with a preoperative acute kidney injury risk index of class III or higher undergoing major surgery lasting two hours or longer under general anesthetic to an individualized management strategy aimed at achieving SBP within 10 percent of the reference value (147 patients) or to a standard management strategy (145 patients). The primary outcome was a composite of systemic inflammation response syndrome and dysfunction of at least one of the renal, respiratory, cardiovascular, coagulation, and neurological organ systems by postoperative day seven.

The researchers found that the primary outcome event occurred in 38.1 and 51.7 percent of patients assigned to the individualized treatment group and standard treatment strategy group, respectively (relative risk, 0.73). Postoperative organ dysfunction by day 30 occurred in 46.3 and 63.4 percent of patients in the individualized treatment and standard treatment groups, respectively (adjusted hazard ratio, 0.66).

"Management targeting an individualized systolic blood pressure, compared with standard management, reduced the risk of postoperative organ dysfunction," the authors write.

Several authors disclosed financial ties to industry.

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