

Similar primary outcome for lower O₂ sat in extreme preterm

June 6 2018



(HealthDay)—Different target ranges for oxygen saturation as measured

by pulse oximetry (SpO₂) do not affect the composite primary outcome of death or major disability for extremely preterm infants, according to research published in the June 5 issue of the *Journal of the American Medical Association*.

Lisa M. Askie, Ph.D., from the University of Sydney, and colleagues conducted a prospectively planned meta-analysis of individual participant data from five [randomized clinical trials](#) involving infants born before 28 weeks' gestation. Participants were randomized to lower (85 to 89 percent; 2,480 infants) or higher (91 to 95 percent; 2,485 infants) target ranges for SpO₂.

The researchers found that the primary outcome (composite of death or disability at a corrected age of 18 to 24 months) occurred in 53.5 and 51.6 percent of the lower and higher SpO₂ target groups, respectively (relative risk, 1.04; 95 percent confidence interval, 0.98 to 1.09; P = 0.21). Death occurred in 19.9 and 17.1 percent of infants in the lower and higher SpO₂ groups, respectively (relative risk, 1.17; 95 percent confidence interval, 1.04 to 1.31; P = 0.01). Severe necrotizing enterocolitis occurred in significantly more [infants](#) in the lower SpO₂ target group.

"There was no significant difference between a lower SpO₂ target range compared with a higher SpO₂ [target](#) range on the primary composite outcome of [death](#) or major disability at a corrected age of 18 to 24 months," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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Citation: Similar primary outcome for lower O2 sat in extreme preterm (2018, June 6) retrieved 25 April 2024 from

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