

# Lower oxygen target does not cut deaths in respiratory failure

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(HealthDay)—For adult patients with acute hypoxemic respiratory

failure, mortality is similar with a lower- or higher-oxygenation target, according to a study published online Jan. 20 in the *New England Journal of Medicine*.

Olav L. Schjørring, M.D., Ph.D., from Aalborg University Hospital in Denmark, and colleagues randomly assigned 2,928 adults who had recently been admitted to the [intensive care unit](#) with acute hypoxemic respiratory failure to receive [oxygen therapy](#) targeting a partial pressure of arterial oxygen of either 60 mm Hg or 90 mm Hg (lower- and higher-oxygenation groups [1,441 and 1,447 patients, respectively]) for a maximum of 90 days.

The researchers found that at 90 days, 42.9 and 42.4 percent of patients in the lower- and higher-oxygenation groups had died (adjusted risk ratio, 1.02; 95 percent confidence interval, 0.94 to 1.11;  $P = 0.64$ ). There was no significant difference between the groups at 90 days in the percentage of days that patients were alive without [life support](#) or in the percentage of days alive after hospital discharge. The two groups had similar percentages of patients with new episodes of shock, myocardial ischemia, ischemic stroke, or intestinal ischemia ( $P = 0.24$ ).

"Our findings lend weight to the utility of conservative oxygen therapy in patients with acute hypoxemic respiratory failure," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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