

## Early mobilization not beneficial for ICU patients

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For adults undergoing mechanical ventilation in the intensive care unit



(ICU), early mobilization does not affect the numbers of days alive and out of the hospital compared with usual care, according to a study published online Oct. 26 in the *New England Journal of Medicine* to coincide with LIVES 2022, the annual congress of the European Society of Intensive Care Medicine, held from Oct. 22 to 26 in Paris.

Carol L. Hodgson, Ph.D., from the Australian and New Zealand Intensive Care Research Centre in Melbourne, and colleagues randomly assigned 750 adults in the ICU who were undergoing invasive mechanical ventilation to receive increased early mobilization (minimization of sedation and daily physical therapy) or usual care.

The researchers found that the median number of days that the patients were alive and out of the hospital at 180 days after randomization was 143 and 145 in the early-mobilization and usual-care groups, respectively (absolute difference, -2.0 days). Death had occurred by 180 days in 22.5 and 19.5 percent of patients in the early-mobilization and usual-care groups, respectively (odds ratio, 1.15; 95 percent confidence interval, 0.81 to 1.65). Quality of life, activities of daily living, disability, cognitive function, and psychological function were similar for survivors in the two groups. Seven patients in the early-mobilization group and one in the usual-care group reported serious adverse events. Adverse events that were potentially related to mobilization were reported in 9.2 and 4.1 percent of patients in the early-mobilization and usual-care groups, respectively.

"Our trial suggests greater safety with usual care than with the additional early mobilization that was provided in our trial," the authors write.

**More information:** Early Active Mobilization during Mechanical Ventilation in the ICU, *New England Journal of Medicine* (2022). DOI: 10.1056/NEJMoa2209083



Marc Moss, Early Mobilization of Critical Care Patients—Still More to Learn, *New England Journal of Medicine* (2022). DOI: 10.1056/NEJMe2212360

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