

營養狀態及發炎狀況是慢性呼吸照護病房病人脫離呼吸器的重要因子 臨床組-從業 The Impact of Nutritional and Inflammatory Status on Weaning from Prolonged

Mechanical Ventilation in Respiratory Care Ward

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Purpose:

Previous studies have demonstrated that nutrition support is a significant factor associated with successful weaning from mechanic ventilator in respiratory care center (RCC)¹ and the relationship between neutrophil-lymphocyte ratio and weaning process is equivocal in acute or subacute ill status^{2,3}. The aim of this study is to investigate whether these two factors are related to the successful weaning from prolonged mechanical ventilation (PMV) in respiratory care ward (RCW).

Materials and Methods:

This is a retrospective observational study performed in a 20-bed RCW at E-DA Cancer Hospital, data collected from May 2017 to August 2022. Successful weaning was defined as patient independence from MV for 5 consecutive days and nights. Demographic, clinical characteristics and laboratory data were compared using Student t test or Chi-Square test. Variables associated with successful weaning were performed both univariate

dependence						
	All patients	Successful	Ventilator			
	(N=133)	weaning	dependence	<i>P</i> value		
Dagia Chanastanistias		(N=48)	(N=85)			
Dasic Characteristics	715 + 152	66.0 ± 17.2	746 ± 12.2	0.002*		
Age (Tears) Mala gandan	71.3 ± 13.3	00.0 ± 17.5	74.0 ± 13.2	0.002		
A DA CHE II soome	79 (39.4)	30(02.3)	49(37.0)	0.001*		
APACHE II score	22.3 ± 4.0	20.3 ± 4.4	23.3 ± 4.4	<0.001*		
Days of ventilator use**	172 (113-343)	137 (113.8-211)	233 (119-450)	<0.001*		
Comorbidities	21 (15.0)	7 (22 2)	14 (66 7)	0.776		
Respiratory disease	21 (15.8)	7 (33.3)	14 (66.7)	0.776		
Cardiovascular disease	102 (76.7)	35 (72.9)	67 (78.8)	0.443		
Neuromuscular disease	47 (35.3)	17 (35.4)	30 (35.3)	0.989		
Chronic kidney disease	29 (21.8)	11 (22.9)	18 (21.1)	0.817		
Malignancy	42 (31.6)	9 (18.8)	33 (38.8)	0.011		
Diabetes mellitus	56 (42.1)	22 (45.8)	34 (40.0)	0.517		
Others	37 (27.8)	12 (25.0)	25 (29.4)	0.589		
Weaning Profile						
RSBI	103.7 ± 80.7	68.9 ± 70.6	127.5 ± 78.9	<0.001*		
Pimax	-24.5 ± 11.9	-31.0 ± 11.7	-20.2 ± 10.0	<0.001*		
Nutrition Status						
BMI (kg/m ²)						
At RCW admission	23.1 ± 4.5	23.1 ± 4.4	23.1 ± 4.6	0.973		
Transfer out or due date	24.4 ± 4.6	22.6 ± 3.7	25.4 ± 4.8	< 0.001*		
Energy intake						
Kcal/Day	1604.3 ± 327.1	1724.4 ± 227.5	1536.5 ± 355.4	< 0.001*		
Protein/Kg/Day(gm)	1.2 ± 0.4	1.3 ± 0.3	1.1 ± 0.4	0.001*		
Albumin(g/dL)	3.2 ± 0.5	3.5 ± 0.4	3.1 ± 0.5	< 0.001*		
Laboratory Data						
Hemoglobin(g/dL)	9.5 ± 1.9	10.2 ± 1.7	9.1 ± 2.0	0.001*		
Neutrophile(%)	72.3 ± 13.6	68.1 ± 9.8	74.5 ± 14.8	0.004*		
Lymphocyte(%)	15.7 ± 10.1	20.5 ± 8.0	13.2 ± 10.2	< 0.001*		
NLR	10.4 ± 15.9	4.2 ± 2.7	13.6 ± 18.8	< 0.001*		
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Table 1 Clinical characteristics of patients who were successful weaping or ventilator

and multivariate analyses. A p value of less 0.05 was considered statistically significant.

Results:

A total of 133 patients (59.4% male) with PMV were included in this study (Figure 1). The average age was 71.5±15.3 years (IQR 18.5-91). The median day on mechanical ventilator was 172 days (IQR 113-343 days). The significant factors for successful weaning included age, Acute Physiology and Chronic Health Evaluation II (APCHE II) scores, duration of mechanical ventilator, comorbidity of cancer diseases, rapid shallow breath index (RSBI), maximum inspiratory force (Pimax), body mass index (BMI), hemoglobulin (Hb), neutrophile count, lymphocyte count, neutrophile/lymphocyte ratio (NLR), albumin, daily ingestion of calories and protein (p<0.05 for all) (Table1). The results of the stepwise multivariate logistic regression analysis revealed that Pimax (odds ratio [OR]=1.122; 95% CI=1.053-1.195; p<0.001), BMI<24 (OR=7.557; 95% CI=2.169-26.327; p=0.001), NLR≦6 (OR=7.091; 95% CI= 1.824-27.568; p=0.005) were significant predictors of successful weaning (Table 2). The variation of nutritional status and inflammatory marker between successful weaning and ventilator dependence were shown in Figure 2. **Conclusions:**

Aside from traditional weaning parameter Pimax, nutritional status (BMI<24) and inflammatory marker (NLR ≤ 6) are important predictors of successful weaning in RCW.

References:

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Data presented as mean ± standard deviation or n (%).

*Indicates a statistically significant between group difference (*p*<0.005)

** Days of ventilator use presented with median (interquartile range (IQR)).

Table 2 Factors associated with successful weaning from prolonged mechanicventilation- multiple logistic regression mode

	OR	95% CI	P value		
APACHE II score	1.066	0.915-1.241	0.410		
Days of ventilator use	1.004	0.999-1.009	0.097		
BMI<24 (kg/m2)	4.755	1.142-19.792	0.032*		
Kcal/Day	0.998	0.995-1.000	0.097		
RSBI	1.007	0.999-1.016	0.089		
Pimax	1.094	1.021-1.173	0.011*		
Albumin>3.3(g/dL)	0.655	0.191-2.252	0.502		
NLR≦6	8.058	1.993-32.582	0.003*		

*Indicates a statistically significant between group difference (p<0.05)

Figure 2 Comparison of BMI, Albumin and NLR between successful weaning and ventilator dependence



COVID-19 Patients: An Observational Study. International Immunopharmacology, 102, 108384. https://doi.org/10.1016/j.intimp.2021.108384

Figure 1 Flow chart of patient selection

