

Editorial

Combating the invasion of intensive care literature

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Intensive care is a relatively new medical speciality that has evolved into a multidisciplinary service due to advances in science and technology. Patients are admitted from a variety of specialities and consequently a wide spectrum of acute disorders is managed. The main emphasis behind the management of patients in the intensive care unit is the prompt recognition and support of life threatening organ failure but, because of the diversity of the case mix, awareness of developments in other disciplines is essential. Intensivists are already confronted with an exponential growth in literature relating specifically to organ failure, but face being swamped by additional relevant speciality literature. Although the Internet and search engines such as PubMed enable literature searches to be performed quickly and conveniently, they are not able to highlight immediate coverage of a wide variety of relevant research. This is set against the background of an ever-increasing service commitment and so time is at a premium to reflect on important breakthroughs in the literature.

The paper report service provided by the Critical Care Forum aims to highlight recent publications from a wide variety of journals relevant to intensive care. Short reports on the most important and interesting new articles are immediately published on our website (<http://ccforum.com>) hopefully before you've had time to read the publication yourself. The team consists of 13 reporters who are all active in clinical and/or research areas of intensive care, and aims to review the contents of over 80 journals (impact factors 0.5 to 27.8) relevant to the speciality. Their brief is to provide a synopsis of highlighted articles in enough detail to provide the reader with an understanding of methods, interpretation of results and feel for the significance of the work. Obviously this does not replace the original work but if the reader is interested in greater detail then an online link is provided to the relevant paper. At present, article selection is influenced by the clinical and research interests of the reporters but in the future it is hoped that a team of 30–50 reporters will present a much broader subject — reporting of the most up-to-date intensive care literature.

We have published 89 reports on our website since beginning on the 13 April 1999 and key reports are then printed

in the journal of *Critical Care*. We are now trying to simplify further this mass of intensive care literature by the writing of the paper report editorial. If time is even more pressing, then hopefully the editorial can provide glimpses of the important literature, which have come to the attention of our reporters over the recent months.

In this edition of *Critical Care* we have selected seven key reports to be printed in full which have appeared in the intensive care literature over the past 2 months. Two of these reports provide level I evidence for their respective topics. Takala *et al* report that attempts to attenuate the increased catabolic response to injury in the critically ill by administration of growth hormone has a significant adverse effect on outcome. Patients receiving growth hormone had twice the mortality (41%) compared with placebo (19%), with the main causes of death being septic shock and multiple-organ failure. Samama *et al* explored the routine use of thromboprophylaxis in moderate risk medical patients and found that once daily enoxaparin (40mg) significantly reduced the incidence of venous thromboembolism without increasing the risk of major haemorrhage. One case of thromboembolism would be prevented for every 10 patients treated.

The European Study Group of Inhaled Nitric Oxide confirmed previous studies involving nitric oxide in the critically ill, showing that, although important physiological benefits can be gained in patients with ALI, there is no improvement in outcome. Unfortunately, insufficient numbers of patients were recruited based on the original power analysis, and so definite conclusions cannot be drawn. Similarly another large multi-centre study investigating the effects of the alpha-2 agonist, mivazerol, in patients with coronary heart disease undergoing non-cardiac surgery failed to show any overall effect on mortality, because interim analysis suggested the study would be inadequately powered. In a preplanned subgroup of vascular patients there were, however, significant reductions in cardiac related deaths.

Plaisance *et al* report on the improvement in survival when an active compression–decompression device is used during out-of-hospital cardiac arrest in France. Unfortunately, caution is needed in trying to extrapolate these results to other countries where immediate care physicians are not available.

Finally, two smaller studies warrant highlighting. Robertson *et al* demonstrate a high prevalence of *Helicobacter pylori* infection in the intensive care and suggest a possible pool for nosocomial infection in intensive care unit nurses. Girault *et al* provide more evidence that noninvasive ventilation is a useful weaning technique in acute-on-chronic respiratory failure.

We hope that in the future this editorial can select a theme from intensive care which has been highlighted by paper reports over the preceding months, to combat the diverse mixture of subject matter. Intensive care literature continues to proliferate and so the web page of the Critical Care Forum aims to provide you with a weapon to simplify the art of keeping up to date.