

Introduction: Diabetes Mellitus(DM) is a chronic disease, which is associated with a marked increase in cardiovascular morbidity and mortality

Objectives: Our aim was to analyze the clinical and metabolic control, as well as the degree of systemic affection in this group of patients (p)

Methods: An observational analytical prospective study including 161diabetic patients, consecutively admitted to the Intensive Care Unit with acute coronary syndrome (ACS).

Results: Mean age at diagnosis:69.1 years \pm 9.2.Male:63,2%.Years of evolution of DM 11.9 \pm 2.3. Ambulatory treatment:23 p(14.3%) diet; 44p(27.3%)oral antidiabetic(OAD)monotherapy,32p(19.9%) combined OAD,24p (14.9%)OAD+insulin and 38 p(23.6 %)insulin. Average weekly controls: 7 \pm 3.Monitoring was performed by 72% general practioner; Endocrinology 13%, 8% without follow-up and 6.8% by other specialists;with 2 annual reviews of average. During their hospitalization, the mean glycemic level was: before breakfast:115.8 \pm 37mg/dl; before lunch:209.2 \pm 63mg/dl and before dinner:187 \pm 70mg/dl.Mean Glycosylated hemoglobin level was 7.5%. Regarding macrovascular affection:previous heart disease:74.5% (22.9% type angina, 37.9% acute myocardial infarction,other heart disease 13.7%).Previous stroke:17p (10.5%).37p intermittent claudication (23.5 %).Pedal pulses present in 43.5%,weak in 42,8% and absent in 13.6%.Microvascular affection:retinopathy 32p(19.8%).Nephropathy 39p (24.2%).Neuropathy in 34p (21.1%).History of lower limb ulcers in 15p (9.3%). Monofilament examination:sensitivity 6/6 in 56.5%,5/6 in 11.1%, 4/6 in 8.7%, 3/6 in 13.6%, 2/6 in 4.9%, 1/6 in 2.5%, 0/6 in 3.1%.

Conclusion: The clinical profile of diabetic patients admitted in our Unit corresponds to a middle-aged man, with insulin regimen and improvable metabolic control.Cardiovascular complications were found in a remarkable percentage.Therefore,it must be highlighted the importance of a strict control of blood glucose levels in these patients to slow the progression of the disease.

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The impact of volume therapy (VT) with NaCl 0.9% vs Ringer lactate as a part of complex intensive therapy (CIT) for early rebalancing of the diabetic patient

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Introduction: Rapid crystalloid fluid loading in ketoacidosis is essential to restore the patient to normal metabolic state. The main objective of the CIT is to identify triggers and to fix it as soon as possible.

Objectives: To evaluate DKA's triggers; to appreciate the role of early VT with NaCl 0.9% vs Ringer lactate on acid-base balance values and time spent in ICU for patients with DKA.

Methods: A retrospective study (conducted in the hospital "Sfanta Treime", Chisinau, during the 2018-2019 years) based on 64 critical ill patients (mean of age 35.68 \pm 3.45 years, P=0.204) who needed VT, mechanical ventilation (MV), acid-base balance and glycemic correction in 24 hours. Patients were divided in 2 groups. Group I (n=34) – patients received NaCl 0.9% and group II (n=30) – Ringer lactate as VT. In these patients were appreciated clinical manifestation, BP (blood pressure), HR (heart rate), PICCO parameters, acid-base balance (ABB), glycemia, lactate, anionic gap (AnGap), blood osmolarity.

Results: According to this study triggers for DKA were: neglected insulin therapy regimen n=28 (43,75%), wrong diet n=6 (9,37%), inflammatory process n = 30 (46,87%). At admission in ICU in group I were found a higher APACHE II and SOFA score (group I – APACHE II 16p \pm 2.1, SOFA 14p \pm 1.9 vs group II – APACHE II 14 p \pm 2.3, SOFA 12 \pm 2.0) and at the end of the treatment – a shorter hospital stay (group I-3.4 days vs group II-4.8 days). Also, in the group I was observed a faster improvement of the ABB values (lactate = 8.2-3.5mmol/l, glycemia = 31-16 mmol/l, blood osmolarity – 275-290 mmol/kg, AnGap 12-16mmol/l) vs group II (lactate = 8.2-4.5mmol/l, glycemia =30-18mmol/l, blood

osmolarity – 285-900mmol/kg, AnGap 14-18mmol/l). Mortality in group I was 5.88%; P = 0,012 vs. group II-6.66%; P = 0,023.

Conclusion: Clear identifying of the DKA's triggers and early VT with NaCl 0.9% given to critical ill patients showed a faster improvement in ABB values, shorter hospital stay and reduced mortality rate.

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Professionals of an Intensive Care Unit's perception of dysphagia in critically ill patients

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Introduction: Oropharyngeal dysphagia and its consequences are problems that seem frequent among critically ill patients, although this question has yet to be resolved, since its incidence in this patient profile is not clearly known.

Objectives: To study the perception of dysphagia among ICU physicians and nurses.

Methods: Cross-sectional, prospective, descriptive and quantitative study through a personal, self-administered survey, which has been translated from a reference work and adapted to our environment.

Results: 102 questionnaires were fulfilled. Almost 80% of ICU professionals consider dysphagia as a problema. In addition, more than 60% of the interviewees believe that dysphagia prolongs the length of stay in the ICU of the patients and almost half believe that dysphagia increases morbidity and mortality (46.1%). However, no screening is done (65.7%), but when this is accomplished, it is through a test meal (38.2%).

On the other hand, they believe that the main risk factors for developing dysphagia during admission are prolonged intubation, ICU admission for acute or pre-existing neurological disease. Finally, regarding the complications produced by dysphagia, a large majority of professionals point to aspiration pneumonia as the main one.

Conclusion: The staff perceive that dysphagia is a problem, although it is not very frequent, it can have an impact on the patient's morbidity and mortality. Furthermore, being determined of the need to improve their level of awareness, we believe that it is necessary to implement standardized screening protocols, guided by experts from multidisciplinary areas and focused on early suspicion, diagnosis and treatment of dysphagia.

Reference(s) and grant acknowledgment(s)

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000441

Impact of liver support systems in acute-on-chronic liver failure: uncertainty remains - a systematic review and network meta-analysis

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