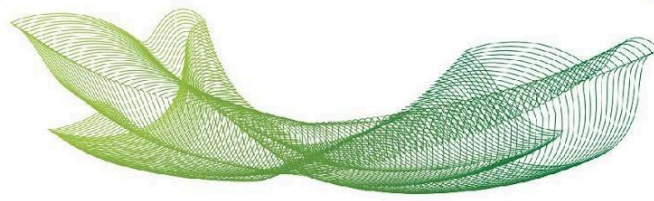


Tipo	Periódico
Título	Epidemiological profile and risk factors associated with death in patients receiving invasive mechanical ventilation in an adult intensive care unit from Brazil: a retrospective study
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Resumo	<p>Introduction: Understanding the epidemiological profile and risk factors associated with IMV is essential to manage the patients better and to improve health services. Therefore, our objective was to describe the epidemiological profile of adult patients in intensive care that required IMV in-hospital treatment. Also, to evaluate the risks associated with death and the influence of PEEP and PaO₂ at admission in the clinical outcome. Methods: We conducted a study analyzing medical records of inpatients who received IMV from 2016 to 2019 prior to the COVID-19 pandemic. We considered the following characteristics in the analysis: demographic data, diagnostic hypothesis, hospitalization data, and PEEP and PaO₂ during IMV. We associated the patients' features with the risk of death using a multivariate binary logistic regression analysis. Results: We analyzed 1,443 medical records; out of those, 570 (39.5%) recorded the patients' deaths. The binary logistic regression was significant in predicting the patients' risk of death. Among predictors, the most significant in relation to death risk were: age [elderly ≥ 65 years old; OR=2.23 (95%CI=1.73–2.87)]; male sex (OR=0.75; 95%CI=0.59–0.96); sepsis diagnosis (OR=1.96; 95%CI=1.48–2.60); need for elective surgery (OR=0.47; 95%CI=0.36–0.61); the presence of cerebrovascular accident (OR=2.30; 95%CI=1.50–3.53); time of hospital care (OR=0.95; 95%CI=0.94–0.96); hypoxemia at admission (OR=1.64; 95%CI=1.02–2.61), and PEEP >8 cmH₂O at admission (OR=2.15; 95%CI=1.43–3.25). Conclusion: The death rate of the studied ICU was equivalent to that of other similar units. Regarding risk predictors, several demographic and clinical characteristics were associated with enhanced mortality in ICU patients under IMV, such as diabetes mellitus, systemic arterial hypertension, and older age. The</p>



PEEP >8 cmH₂O at admission was also associated with increased mortality since this value is a marker of initially severe hypoxia.

Fomento