



Pooled analysis of higher versus lower blood pressure targets for vasopressor therapy septic and vasodilatory shock

Submitted by Beatrice Guillaumat on Wed, 08/28/2019 - 12:02

Titre	Pooled analysis of higher versus lower blood pressure targets for vasopressor therapy septic and vasodilatory shock
Type de publication	Article de revue
Auteur	Lamontagne, Francois [1], Day, Andrew G [2], Meade, Maureen O [3], Cook, Deborah J [4], Guyatt, Gordon H [5], Hylands, Mathieu [6], Radermacher, Peter [7], Chrétien, Jean Marie [8], Beaudoin, Nicolas [9], Hébert, Paul [10], D'Aragon, Frédérick [11], Meziani, Ferhat [12], Asfar, Pierre [13]
Editeur	Springer
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Janvier 2018
Pagination	12-21
Volume	44
Titre de la revue	Intensive Care Medicine
ISSN	1432-1238
Mots-clés	Adult [14], Blood Pressure [15], Humans [16], Hypotension [17], Male [18], Quality of life [19], Randomized Controlled Trials as Topic [20], Shock, Septic [21], Vasoconstrictor Agents [22]

Résumé en anglais

PURPOSE: Guidelines for shock recommend mean arterial pressure (MAP) targets for vasopressor therapy of at least 65 mmHg and, until recently, suggested that patients with underlying chronic hypertension and atherosclerosis may benefit from higher targets. We conducted an individual patient-data meta-analysis of recent trials to determine if patient variables modify the effect of different MAP targets. **METHODS:** We searched the MEDLINE, EMBASE, and Cochrane Central Register of Controlled Trials for randomized controlled trials of higher versus lower blood pressure targets for vasopressor therapy in adult patients in shock (until November 2017). After obtaining individual patient data from both eligible trials, we used a modified version of the Cochrane Collaboration's instrument to assess the risk of bias of included trials. The primary outcome was 28-day mortality. **RESULTS:** Included trials enrolled 894 patients. Controlling for trial and site, the OR for 28-day mortality for the higher versus lower MAP targets was 1.15 (95% CI 0.87-1.52). Treatment effect varied by duration of vasopressors before randomization (interaction $p = 0.017$), but not by chronic hypertension, congestive heart failure or age. Risk of death increased in higher MAP groups among patients on vasopressors > 6 h before randomization (OR 3.00, 95% CI 1.33-6.74). **CONCLUSIONS:** Targeting higher blood pressure targets may increase mortality in patients who have been treated with vasopressors for more than 6 h. Lower blood pressure targets were not associated with patient-important adverse events in any subgroup, including chronically hypertensive patients.

URL de la notice	http://okina.univ-angers.fr/publications/ua20100 [23]
DOI	10.1007/s00134-017-5016-5 [24]
Lien vers le document	https://link.springer.com/article/10.1007%2Fs00134-017-5016-5 [25]
Titre abrégé	Intensive Care Med
Identifiant (ID) PubMed	29260272 [26]

Liens

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- [26] <http://www.ncbi.nlm.nih.gov/pubmed/29260272?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)