Critical care rehabilitation—is it the answer for reducing morbidity in ARDS survivors? *Regarding "Acute respiratory distress syndrome: A clinical review"*

Sir,

We read with interest the article by Michael Donahoe.[1] He wonderfully reviewed the various aspects of acute respiratory distress syndrome (ARDS) and its management.

ARDS poses an expensive burden on young patients who survived, not recovering completely with regard to physical function even after five years.[2] Intensive care unit (ICU) acquired weakness is an important contributor to long-term function and quality of life (QoL) in ARDS survivors.[3]

Critical care rehabilitation has now become a key factor in the continued care of a patient in the ICU. Recent studies have shown that patients who have not received rehabilitation tend to have increased morbidity, with regard to poor QoL and functional impairment at the time of discharge.[4]

Rehabilitation interventions begun in the ICU show improved functional outcomes at discharge from hospital. Early mobility in the ICU and critical care rehabilitation has been found to be feasible and safe.[5] Mobilization (namely limb exercises), respiratory and peripheral muscle training, and neuromuscular electrical stimulation are also utilized by physiotherapists in the ICU to help improve functional outcomes.[6]

Rehabilitation algorithms are now available to serve as a guide in identifying suitable patients for mobilization and provide appropriate treatment strategies.[7] However, they may require adaptations and modifications to suit each individual patient. Therefore, this active form of rehabilitation, which is safe, should start within the ICU as soon as possible – even while patients are on mechanical ventilation in order to improve function and reduce morbidity, as 57% of patients who are ventilated for more than 48 hours, stand a greater chance for requiring assistance for upto one year.[8] More studies are required to assess how ARDS survivors respond to rehabilitation programs in the short term and long term.

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