in the subglottic space is a well-proven cause of VAP. Therefore, prevention should include the aspiration of secretions from the subglottic space, and techniques to avoid leakage between the tube and the tracheal wall.

**Aim:** To compare conventional and continuous aspiration of subglottic secretions (CASS) procedures in ventilated patients after major heart surgery (MHS)

**Methods:** 714 patients were randomized to CASS or control groups.

**Results:** Although the overall VAP incidence was not significantly different between CASS patients and control subjects, it was decreased (27% vs 47%) in patients who had received mechanical ventilation for > 48 hours. Hospital antibiotic use was decreased in the overall population (1213 vs 1932 daily defined doses). Reintuition significantly increased the risk of VAP [RR 6.07] while CASS was the only significant protective factor. There were no complications related to CASS. However, the cost of the CASS tube was 4-fold greater than for the conventional tube.

**Conclusion:** CASS is a safe procedure that reduces the use of antimicrobial agents in the overall population and the incidence of VAP in patients who are at high risk, i.e. those persons receiving mechanical ventilation for > 48 h.

**Impact on Internal Medicine:** Continuous aspiration of sublottic secretions (CASS) is now being recommended to decrease VAP. However, since use of CASS entails a specific and more costly endotracheal tube, this requires identifying patients likely to require intubation for > 48 h and be at increased risk for VAP at the time of intubation.

### RELATED REFERENCES


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**#7 Content area: Discussions at end of life improve both patients` quality of life and caregivers` bereavement adjustment**


**Background:** Talking about death can be difficult for both physicians and patients. Without evidence that end-of-life discussions improve patient outcomes, physicians must balance their desire to honor patient autonomy against a concern of inflicting psychological harm. Recent studies suggest that such discussions influence patients` understanding about their illness and are more likely to result in do-not resuscitate orders. They show that hospice is associated with better quality of life near death. In addition, such proactive communication strategies can decrease stress-related symptoms and symptoms of anxiety and depression in family members 90 days after the patient`s death.

**Aim:** To examine the associations between end-of-life discussions with physicians and the medical care that terminally ill cancer patients receive near death.

**Methods:** A U.S. multisite, prospective, longitudinal cohort study of patients with advanced cancer and their caregivers (n=332 dyads). Patients were followed from enrollment to death, a median of 4.4 mos. Bereaved caregivers` psychiatric illness and quality of life was assessed about 6 months later. The primary outcomes were aggressive medical care, e.g. mechanical ventilation, full resuscitation measures and hospice in the final week of life. Secondary outcomes included patients` mental health and caregivers` bereavement adjustment.

**Results:** 123 (37%) of the patients reported having end-of-life discussions before baseline. These discussions were not associated with higher rates of major depressive disorder, or more worry. However, they were associated with lower rates of ventilation (2% vs 11% adjusted OR 0.26); resuscitation (1 % vs 7 % adjusted OR 0.16); ICU admission (4% vs 12%, adjusted OR 0.35); and earlier hospice enrollment (66% vs 44%, adjusted OR 1.65). In adjusted analyses, more aggressive medical care was associated with worse patient quality of life and higher risk of major depressive disorder in bereaved caregivers (adjusted OR 3.37)

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Conclusions: End-of-life discussions are associated with less aggressive medical care near death and earlier hospice referrals.

Impact On Internal Medicine: These data strongly support end-of-life discussions. They suggest that such discussions support an improved quality of life for the patient near death and improve bereavement adjustment for the caregiver. In addition, patients who report having end-of-life discussions have less aggressive medical care near death.

RELATED REFERENCES

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