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Latinos With Respiratory Failure Five Times More Likely to Be Oversedated

Oversedation while on a ventilator can lead to serious adverse reactions including delirium and death.

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Latinos hospitalized with respiratory failure are five times more likely to be oversedated while on a ventilator compared with non-Hispanic patients, according to a New York University (NYU) study.

Published in the Annals of the American Thoracic Society, the study sought to identify factors that contribute to worse outcomes for Latinos with acute respiratory distress syndrome (ARDS), a life-threatening lung condition that causes fluid to build up inside the lungs. ARDS can lead to difficulty breathing and low blood oxygen levels.

Serious cases of ARDS can land patients in the intensive care unit, where patients may need to be sedated and placed on a mechanical ventilator to help them breathe. Practice guidelines recommend that patients be lightly sedated because higher levels of anesthesia are linked to worse outcomes, such as death and delirium, especially soon after a patient is connected to a ventilator, according to NYU.

“We’ve known for more than a decade that Hispanic individuals are more likely to die when they experience respiratory failure compared to non-Hispanic individuals. Until now, we haven’t known why that might be,” said study co–principal investigator Mari Armstrong-Hough, PhD, an assistant professor in the departments of social and behavioral sciences and epidemiology at the NYU School of Global Public Health, in the news release regarding the study. “Is it because of the quality of the hospitals that serve many Hispanic patients or individual factors related to their health or the care they receive?”

For the study, researchers analyzed data from a clinical trial in 48 U.S. hospitals with about 500 patients with moderate to severe ARDS who received standard care for their condition. Patients were recommended ventilation and light sedation.

After analyzing the levels of sedation patients received, researchers found that the vast majority (90%) of patients were deeply sedated at some point during the first five days on a ventilator, and patients spent about 75% of these days deeply sedated.

In Latino patients, levels of sedation were particularly high even after accounting for a range of demographic, clinical and hospital characteristics.

“Deep sedation is a known risk factor for death as well as a host of other major long-term problems,” Armstrong-Hough said. “This is an especially important finding because oversedation is modifiable—in other words, we can do something about it.”

Co–principal investigator Thomas Valley, PhD, an associate professor in the division of pulmonary and critical care medicine at the University of Michigan, emphasized the need to further assess how care is provided to Latino patients to develop interventions to combat worse ARDS outcomes.

“Given the widespread use of deep sedation we found in the study, this is an opportunity to improve sedation for everyone, but there is clearly a greater need to improve sedation for Hispanic patients because of what we know about disparities in their outcomes,” Valley said.

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