

Memories and Health Related Quality of Life

-in patients with trauma cared for in the Intensive Care Unit

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ABSTRACT

Patients' experiences of hallucinations and nightmares during an intensive care unit stay (ICU) are well-known, but it is less known how these delusional memories (DM) affect patients after discharge from hospital following trauma. The overall aim of this thesis was therefore to acquire a comprehensive understanding of patient memories from the ICU-stay and their putative effects on outcome after physical trauma from a long and short-term perspective.

Both quantitative and qualitative methods have been used. In a multicenter study including five hospitals in the western part of Sweden, patients with the diagnosis of trauma admitted to the ICU during one year were included. In the first quantitative study, 239 adult patients answered a questionnaire about memories from the ICU and self-estimated health 0.5-1.5 years after the trauma. Patients of the same cohort (n=153) participated in a follow-up study after four years. Clinical data were obtained from medical records. Eighteen participants from the first study were included in a qualitative study and interviewed 2-3 years after the trauma. Questions about memories from the injury, hospital and ICU-stay and life after discharge from hospital were asked and analyzed by means of phenomenological hermeneutical analysis.

The results of the studies indicate that memories from the trauma and ICU-stay often were fragmentary and one out of four patients had DM. These patients were younger, more seriously injured, had more complications, were more often mechanically ventilated and sedated. They also remembered more feelings of pain, panic and fear and described more unexplained feelings of panic after discharge from the ICU. These patients also experienced lower health related quality of life (HRQoL) both from a long and short-term perspective after the trauma and ICU care compared to those of a reference sample. Patients who reported DM experienced lower HRQoL and also higher levels of anxiety and depression 0.5-1.5 years after trauma compared to patients without such memories. Four years after the first measurement, patients with DM still experienced anxiety and depression to a greater extent than patients without such memories. When comparing HRQoL over time, all patients had improved in half of the eight health domains. Patients with DM still differed from the other patients in all HRQoL domains, except for general health. About five years after injury, 75% of all patients had returned to work (RTW). Despite a poorer HRQoL, patients with DM had a comparable level of RTW. From the interviews emerged both good memories of care and gratitude for life and bad memories from a surrealistic word and an injured body. When these memories balance out, there are more possibilities to move on despite an uncertain future following the injury. Memories of being cared for and a gratitude for life seemed to make it easier to go on with life and meet this uncertain future.

The findings provide new insights regarding the impact of patients' memories after a physical trauma and ICU care on HRQoL, including the psychological well-being from both a long and a short-term perspective.

Keywords; trauma, injury, intensive care unit, delusional memories, health related quality of life, intensive care, anxiety, depression, return to work.

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