

Muscle Recovery Following Time Spent in an Intensive Care Unit (ICU)

Michael Perrins^{1,2}, Michiel Simons^{1,3}, Helen Marshall^{1,2}, Lucy Hiscox¹, Calum Grey¹, Scott Semple¹, Annette Cooper¹, Lucy Barclay³, Rachael Kirkbride³, Lisa Salisbury³, Colin Brown⁴, Timothy Walsh^{2,4}, Edwin van Beek¹, Neil Roberts¹ and David Griffith^{2,4}.

- ^{1.} Edinburgh Imaging facility, The University of Edinburgh, Edinburgh, UK.
- ² MRC Centre for Inflammation Research, The University of Edinburgh, Edinburgh, UK.
- 3. Department of Clinical Surgery, University of Edinburgh, Edinburgh, UK
- ^{4.} Anaesthesia, Critical Care and Pain Medicine, The University of Edinburgh, Edinburgh, UK.
- ^{5.} The Mentholatum Company Ltd., East Kilbride, UK.







ICU Muscle Wasting

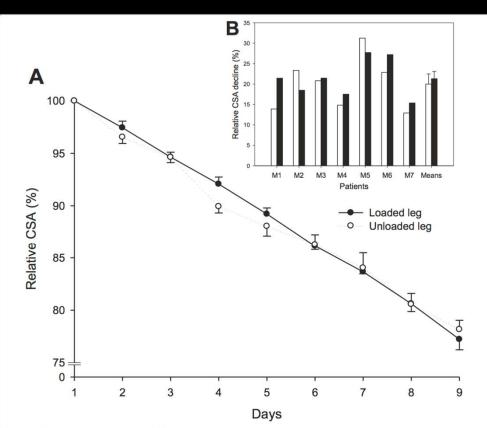
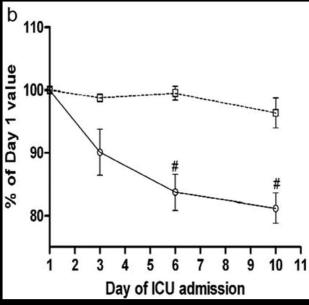


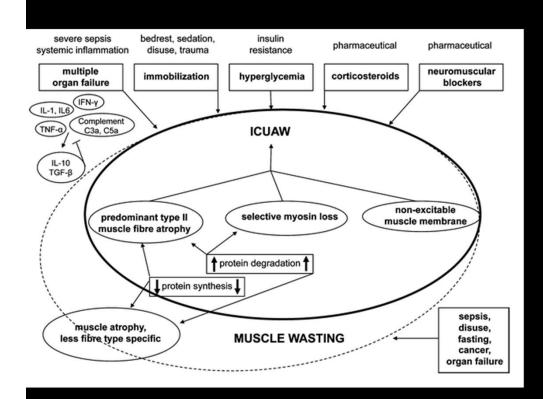
Figure 1 Ultrasound measurements of tibialis anterior cross-sectional area. (A) Relative cross-sectional area (CSA) during the intervention period (9 \pm 1 days). Solid line, loaded side; dashed line, unloaded side. Values are mean \pm standard error of the mean (SEM). The value at day 1 is equivalent to 100%. (B) Relative CSA decline in the loaded leg (black bars) and the unloaded leg (white bars) for each ICU patient on the final day of the intervention, and mean \pm SEM for all patients.

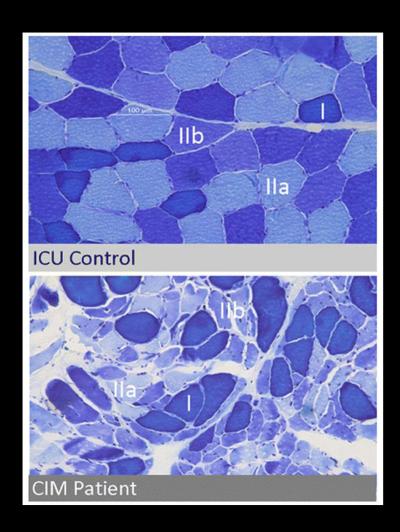




Puthucheary et al., Critical Care, 2010

ICU Muscle Weakness





Study Aim

Investigate changes in the

size and the mechanical properties

of muscle as a result of time in ICU and following convalescence

Methods

Patients were recruited following ICU discharge:

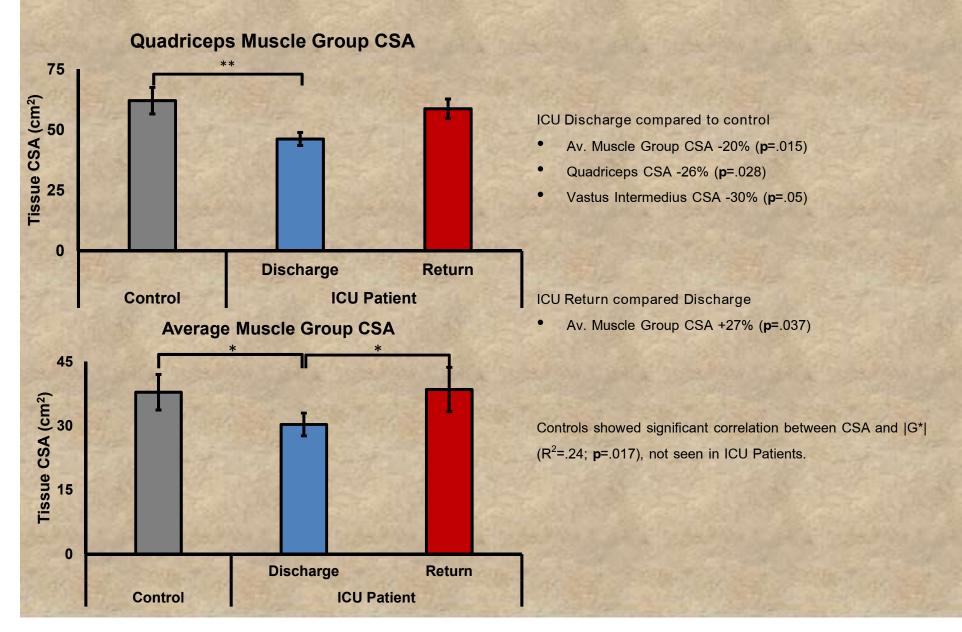
- 9 Patients (45.60[±15.31] years)
- 4 Returned patients (4.5[±1] months)
- 8 Age matched controls (43.82[±12.05] years)
 - Recruitment is ongoing

Multi-frequency MRE was employed (25, 32.5, 50, 62.5Hz)¹

- Loudspeaker thigh cuff actuator

Group comparisons of muscle CSA and |G*| through ROI analysis

Muscle Size

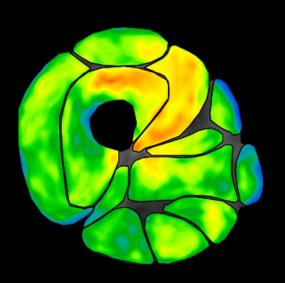


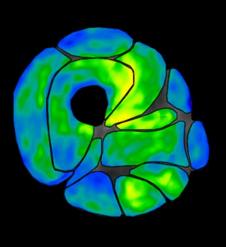
Muscle Stiffness

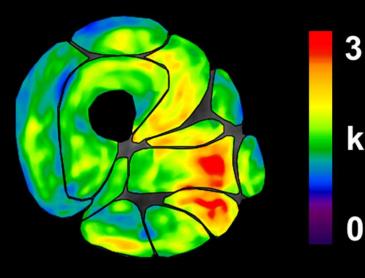
Healthy Controls

Discharged ICU Patients

Returned ICU Patients (4.5[±1] Months)



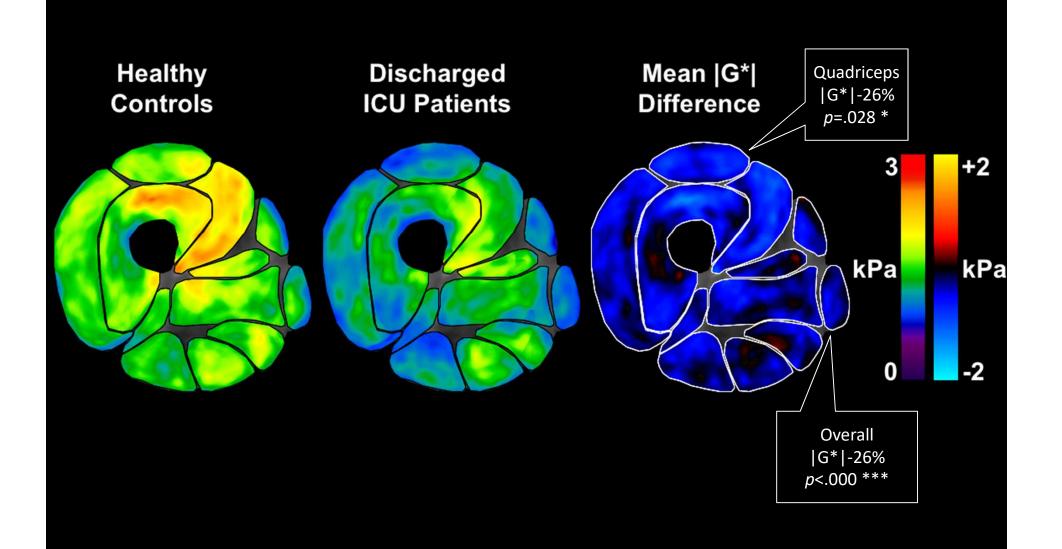




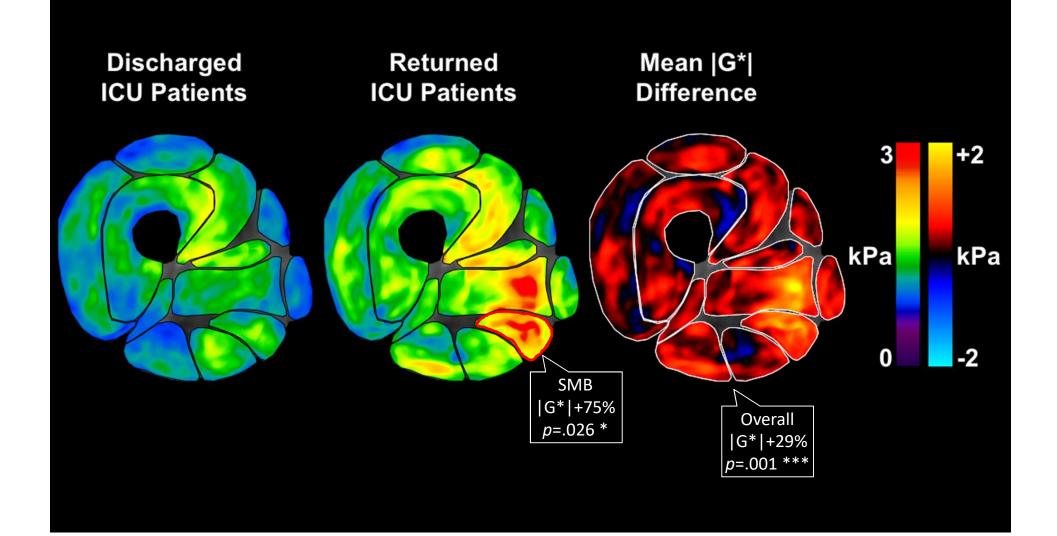
kPa

0

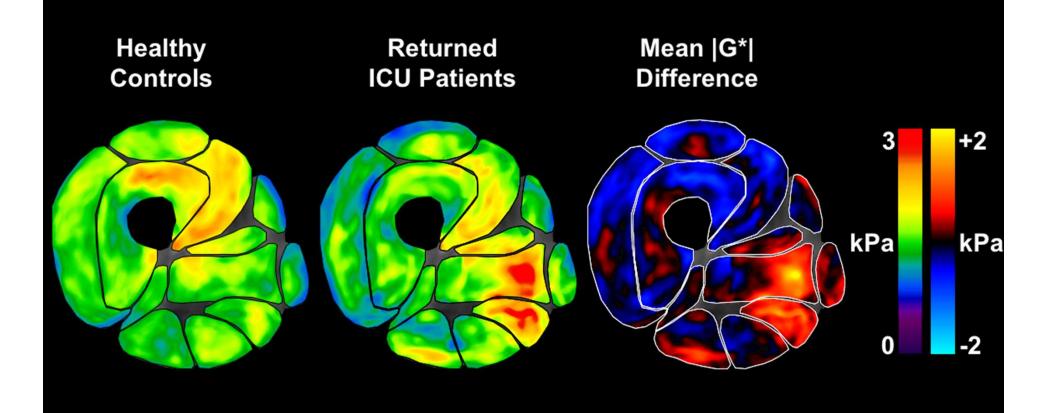
Control and Discharged Patients



ICU Patients at Discharge and after Convalescence



Control and ICU Patients after Convalescence



Results Summary

Average muscle CSA and |G*| at ICU patient discharge was significantly lower than healthy controls, with an increase following convalescence (4.5[±1] Months)

Muscle |G*| and CSA correlation:

- Healthy controls (R^2 =.24; **p**=.017)
- Discharged patients (R²=.017; **p**=.872)
- Returning patients (R^2 =-.015; **p**=.930)

Discussion

Increased Semimembranosus |G*| is a new finding for critical care research, and shows the importance of whole thigh physiotherapy

Increased Hamstring Stiffness



Muscle shortening following immobility¹, reduced joint range² and Increased muscle stiffness³

Healthy Individual

Recovering ICU Patient

Conclusion

Using MRE we have shown that both muscle CSA and |G*| significantly decrease whilst in ICU, however following a period of 4.5 months, do show signs of recovery

These results also suggest greater focus should be placed on Hamstring stretches to reduce the amount of muscle strain

Acknowledgements



Supervisors

Professor Neil Roberts
Professor Edwin van Beek



MRE Edinburgh

Dr. Michiel Simons Lucy Hiscox Helen Marshall



MentholatumColin Brown



Edinburgh Critical Care

Professor Timothy Walsh

Dr. David Griffith

Dr. Lisa Salisbury

Dr. Rachael Kirkbride

Lucy Barclay

Edinburgh Imaging

www.ed.ac.uk/edinburgh-imaging

Edinburgh Imaging Facility

Dr. Calum Grey

Dr. Scott Semple

Annette Cooper

Radiography Staff

Patients and Participants