Sedation choices and mortality: a well-defined tandem?

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To the Editor:

Hayashida et al. [1] reports significantly decreased days of intubation and mortality in mechanically ventilated patients sedated with propofol compared to benzodiazepines. A recent meta-analysis by Fraser and colleagues [2] also compared these sedation strategies and demonstrated similar results. However, the latter did not demonstrate a significant difference in mortality.

For further discussion, we consider the work of Shehabi and colleagues [3], which demonstrated that early sedation depth independently predicts increased 180-day mortality in mechanically ventilated ICU patients. Propofol and midazolam were used at the same frequency during the first 48 h, the critical early period. Although the dosage of sedatives cannot be interpolated from the data, it is interesting to consider the role of the choice of sedation in the sedation depth.

The data by Hayashida and colleagues offer valuable new clinical insight into ICU sedation strategies by suggesting that the choice of sedative may influence patient outcomes. However, it is not apparent if this effect is independent of the depth of sedation. Nevertheless, we eagerly await these author's future study results.

Compliance with ethical standards

Conflict of interest None declared.

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