INCEPT
The Intensive Care Platform Trial

INCEPT-Albumin

Albumin vs. ingen albumin ved shock

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Albumin

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RESEARCH ARTICLE

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Preferences for albumin use in adult intensive care unit patients with shock: An international survey

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[Correction added on 19 November 2024, after first online publication: The Collaborator Group was added in the author byline.]

Abstract

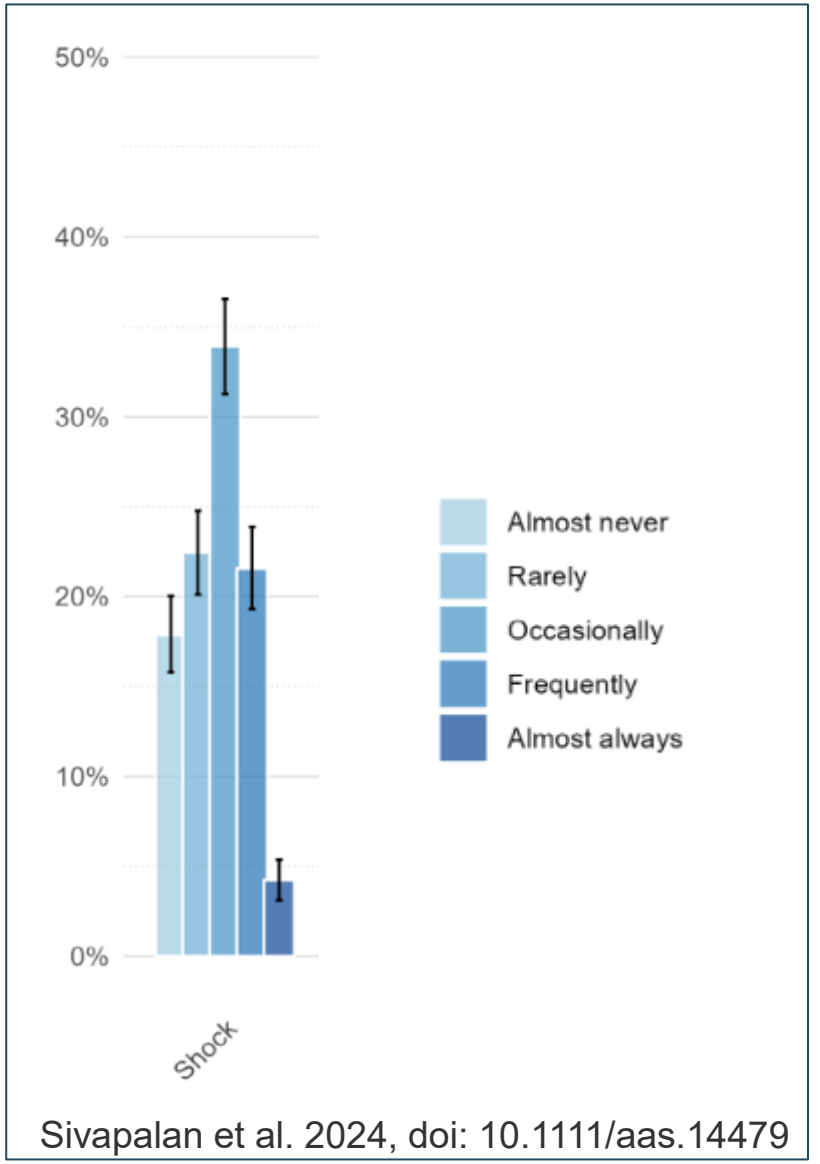
Introduction: Use of albumin is suggested for some patients with shock, but preferences for its use may vary among intensive care unit (ICU) physicians.

Methods: We conducted an international online survey of ICU physicians with 20 questions about their use of albumin and their opinion towards a randomised trial among adults with shock comparing the use versus no use of albumin.

Results: A total of 1248 respondents participated, with a mean response rate of 37%, ranging from 18% to 75% across 21 countries. Respondents mainly worked in mixed ICUs and 92% were specialists in intensive care medicine. The reported use of albumin in general shock varied as 18% reported 'almost never', 22% 'rarely', 34% 'occasionally', 22% 'frequently' and 4% 'almost always' using albumin. In septic shock, 19% reported 'almost never', 22% 'rarely', 29% 'occasionally', 22% 'frequently' and 7% 'almost always' using albumin. Physicians' preferences were more consistent for haemorrhagic- and cardiogenic shock, with more than 45% reporting 'almost never' using albumin. While the reported use of albumin for other purposes than resuscitation was infrequent (40%–85% reported 'almost never' for five other indications), the most frequent other indications were low serum albumin levels and improvement

For affiliations refer to page 1241

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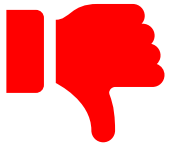
Albumin

Overlevelse
uden livsunderstøttende behandling?



Forbedret hæmodynamik?
Volumenbesparelse?





Nyresvigt?
Koagulopati?

Albumin

Inklusionskriterier

- Shock
  - Infusion af vasopressor/inotropikum OG
  - Plasma laktat ≥2 mmol/L indenfor de seneste 3 timer
- Begge interventioner er klinisk passende (at give eller ikke at give albumin)

Albumin

Eksklusionskriterier

- Traumatisk hjerneskade
- Albumin givet under aktuelle intensivindlæggelse
- Kendt graviditet
- Religiøs modstand mod at modtage albumin
- Kendt albuminallergi
- Inklusion i andet domæne/forsøg som ikke kan ko-inkludere med INCEPT-Albumin

Intervention

Giv albumin på intensiv (maks. 90 dage)

- Resuscitation ved shock i tillæg til krystalloid
- Substitution ved mistænkt/dokumenteret albumintab og/eller P-albumin ≤25 g/L

Timing, volumen og koncentration er klinikerens beslutning
P-albumin måles som vanligt

Comparator

Giv ikke albumin på intensiv (maks. 90 dage)

Albumin kan overvejes ved

- stor ascitesdrænage
- spontan bakteriel peritonitis
- hepatorenalt syndrom

Outcomes

Primært: Dage i live uden livsunderstøttende behandling ved D30

Sekundært:

INCEPT kerneeffektmål

- Mortalitet ved 30, 90 og 180 dage
- Dage i live uden livsunderstøttende behandling ved 90 dage
- Dage i live uden delir ved 30 dage
- Dage i live udenfor hospital ved 30 og 90 dage
- HRQoL (EQ-5D-5L indeksværdier og EQ-VAS) og kognitiv funktion (MiniMoCA) ved 180 dage

Domænespecifikke sikkerhedseffektmål

- Anafylaksi
- Større blødning

Albumin

?