International **J**ournal of **M**edical **R**eviews

Letter

What is the Position of Physical and Psychological Screening Models in the Iranian Contexts?

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Health care systems are facing the challenge of caring for complex patients described by the presence of co-occurring and multiple chronic diseases that is known as multimorbidity (1-4). Multimorbidity has a relevant impact on patients' outcomes in both younger and older adults and many of them are hospitalized in intensive care units (ICU) (1, 5-15).

Approximately 10% of these patients die in ICU and 15% are expected to die in hospitals, and the vast majority of patients survive to hospital discharge (16).

The understanding of short and long term physical and psychological morbidity associated with ICU survivorship, has led to an exploration and identification of both the precipitating factors and interventions which could reduce the incidence and severity of complications (14, 17-21). From one side, survivorship from the ICU has doubled from a mere 40% in 1990 up to 80% in 2010 (22-24), and from the other side, up to one third of the total mortality that occurs after a successful discharge (25). This high mortality rate after a successful discharge from the ICU emphasizes the critical need for additional attention to this complex decision-making process.

Numerous follow-up studies have shown significant and long lasting physical and psychological dysfunctions in survivors of critical illness, all of which contribute to a reduced health-related quality of life (profound tiredness and weakness; pain; ongoing physical disability; sleeping difficulties; depression; irritability and post-traumatic stress (26), delays in optimal functional recovery for a significant percentage of survivors (14, 27, 28), an increased risk of death, length of stay, and higher costs (24, 29, 30). (14, 16, 27, 31-35).

Researches suggest that half or more of all adverse events following ICU discharge may be preventable with better standards of care (36). Furthermore, It is important for interventions aimed at improving their functional dependency, mortality, morbidity, and quality of life after hospital discharge (37). Afterwards, understanding the outcomes for patients who survive hospital after critical illness is important for patients and their family, the practitioners caring for these patients and health service providers who plan and provide essential heath care services (16). This is all due to the fact that it can have detrimental effects on day to day life and the ability of the patient to resume previous levels of activity before hospitalization (27). In this situation, a challenge which exists for the health care systems is to organize and provide care that is individualized and is focused on the whole person rather than on separate health issues (2, 38).

A holistic approach can help researchers and clinicians to identify resources and barriers relevant to the management of similar and unique symptoms that cause problems in the everyday lives of patients (39).

To the best of the researchers knowledge, to improve long term outcomes, many different ICU follow-up programs have been conducted for patients with long ICU length of stay or for those deemed in need (31, 32) in the United Kingdom (33, 40-43), Australia (19, 36, 44, 45), Italy (46), USA (23), Sweden (31, 32, 47-50), Denmark and Norway (34). Among the programs, Anna's Psychological and psychical and Dorothy's Psychological predictive screening models are more congruent with the Iranian context. Furthermore, the researchers think the models should be selected by relevant researchers in order to validate in the Iranian's ICU discharged patients.

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