

Postsepsis Morbidity

Sepsis is a complication that occurs when the body's response to infection results in tissue damage and organ failure.

Sepsis can arise from any infection, but the most common triggers are pneumonia, abdominal infections, and urinary tract infections. The initial treatment focuses on curing the infection and supporting organs that are not working properly. Unfortunately, many patients experience new medical problems or report new symptoms after surviving sepsis.

Symptoms of Postsepsis Morbidity

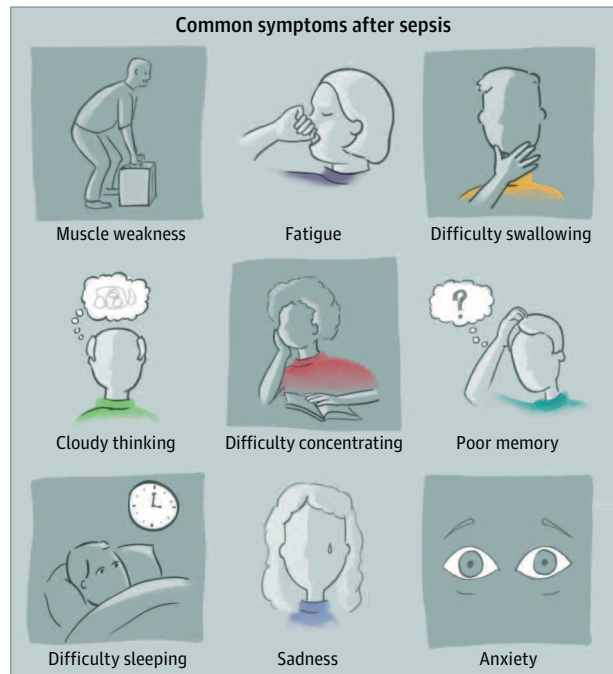
Common problems after sepsis include muscle weakness, fatigue, difficulty swallowing, cloudy thinking, difficulty concentrating, poor memory, difficulty sleeping, sadness, and anxiety. Patients are also at heightened risk of further medical setbacks in the weeks to months after a sepsis hospitalization. Patients are at particularly high risk of another infection since it may take several weeks or months for the immune system to fully recover after sepsis.

About one-third of patients have another hospitalization within 3 months of sepsis. Mostly commonly, this is due to another bout of sepsis or infection. Other common causes for repeat hospitalization are heart failure, kidney failure, and inhaling food into the lungs.

Treatment and Prognosis

It is important for patients to follow up with their doctor after sepsis hospitalization. Early follow-up visits should focus on ensuring proper medications, evaluating and reducing risk of further medical setbacks, setting up rehabilitation when necessary, and referring patients to support programs.

- **Medications:** Medications are often stopped or started temporarily during a hospitalization, so it is important to ensure that the right medications are resumed after hospitalization. Medication dosages may also need to be changed as a result of weight loss, reduced kidney function, or other physiological changes after sepsis.
- **Evaluating and reducing risk of medical setbacks:** Doctors should screen for treatable conditions that commonly result in repeat hospitalization, such as infection, heart failure, renal failure, and difficulty swallowing. If needed, patients should have vaccines updated to reduce risk of infection.
- **Rehabilitation:** New muscle weakness is common. Doctors may refer patients to physical therapy, occupational therapy, or speech therapy. Even if this type of therapy is not necessary, it is important for patients to gradually increase their activity level each day to rebuild strength.
- **Support programs:** There is a growing network of support groups for patients who have survived critical illness.



The prognosis for patients after sepsis varies. About a third of patients die in the year after sepsis, one-sixth experience severe persistent weakness or difficulty with memory, concentration, or decision making, and half have a complete or near-complete recovery.

FOR MORE INFORMATION

- Sepsis Alliance
www.sepsis.org/sepsis/post-sepsis-syndrome/
- Society of Critical Care Medicine
www.mycucare.org/Thrive/Pages/default.aspx
- Centers for Disease Control and Prevention
www.cdc.gov/sepsis/pdfs/life-after-sepsis-fact-sheet.pdf

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