



The impact of fluid balance on muscle mass assessment techniques in ICU patients: Muscle Ultrasound versus Bioelectrical Impedance Analysis

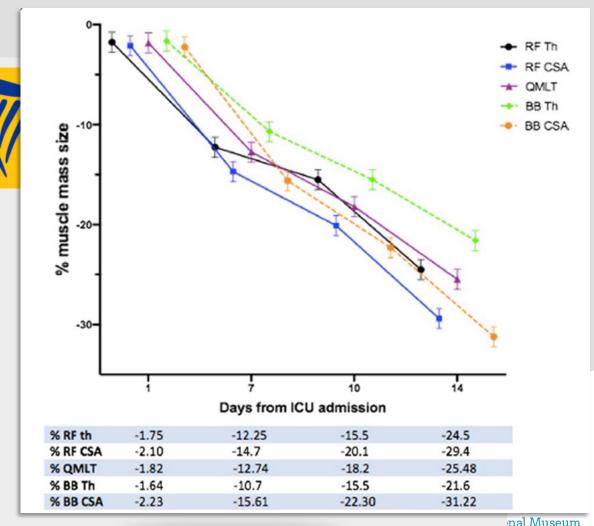
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Muscles are an essential source of energy for a critically ill patient

- During the first week in intensive care, more than 10% loss of rectus femoris cross-sectional area was associated with:
 - \triangleright longer ICU length of stay (p = 0.038)
 - \triangleright hospital length of stay (p = 0.014)
 - \triangleright and mechanical ventilation time (p = 0.05)
- In patients with sepsis and acute respiratory distress syndrome, muscle wasting during the first 7 days of ICU was found to be a predictor for ICU-acquired weakness
- The prevalence of ICU-acquired weakness is 48%



Idea

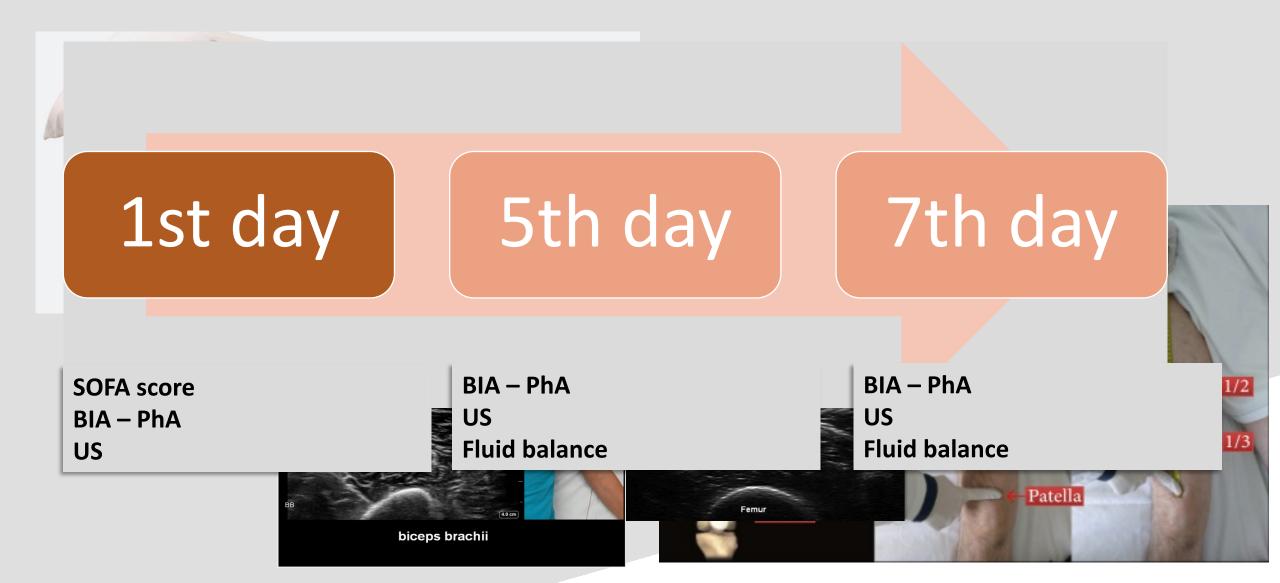


How could we measure muscle wasting in criticaly ill patiens during treatment in ICU?

- ✓CT?
- ✓BMR?
- ✓ DEXA?
- √US?
- ✓BIA?
- ✓ Anthropometric measurements....?



Methodics



Patients admited to ICU (n=1077)

Purpose

- ✓ To compare PhA measured by BIA and muscle thickness measured by ultrasound in detecting and tracking muscle wasting in critical illness
- √ To assess the impact of fluid balance on these methods in ICU patients

Excluded patients per protocol (n=583):

ECS (n=45)

Limb amputations (n=11)

Language barrier (n=6)

No consent (n=62)

SOFA <3 (n=459)

Included into the study patients (n=494)

Excluded patients per protocol:

ICU stay <96 hrs. (n=393)

BaltAnestIC 2

11th International Baltic

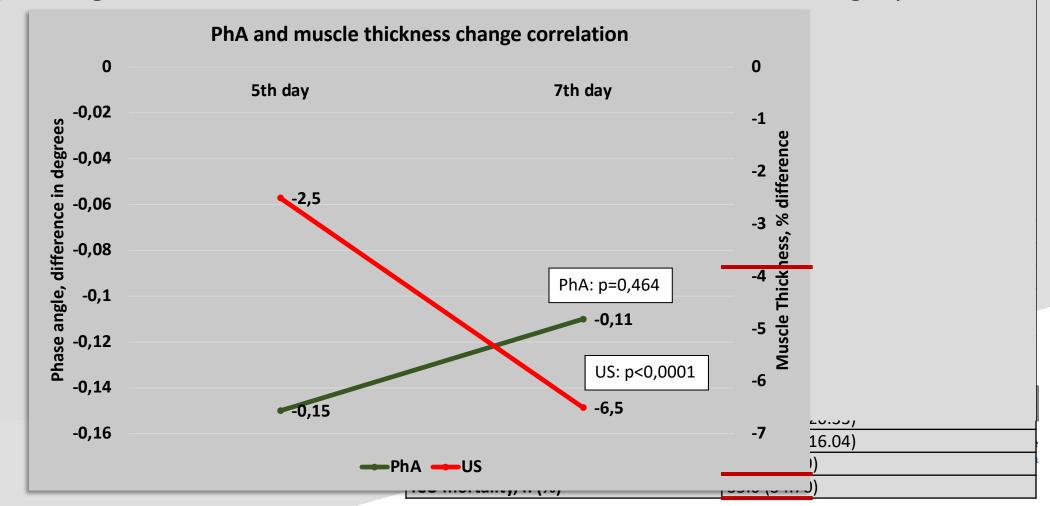
September 28–30, 2023 101 included critically ill ional Museum patients

Intensive care

Patients characteristics

| Parameter | Per-protocol sample | | | | | | | |
|------------------------|---------------------|--|--|--|--|--|--|--|
| | (N = 101) | | | | | | | |
| Age (years), mean (SD) | 55.3 (14.81) | | | | | | | |
| BMI (kg/m²), mean (SD) | 28.9 (6.24) | | | | | | | |
| Admission type, n (%) | | | | | | | | |
| Medical | 57 (56.4) | | | | | | | |
| Surgical | 42 (41.6) | | | | | | | |

Percentage change in muscle thickness does not correlate with the PA change, p=0.14



Which factors affecting both methods?

- ✓ PhA is independently influenced by: gender, age, BMI, SOFA score, NRS 2002 score, MV in the first week of treatment, albumin and CRP concentration, fluid balance
- ✓ <u>BMI and fluid balance</u> were found to have significant influence on the phase angle change on 5th and 7th days.
- ✓ NRS 2002 score, fluid balance of one week, CRP level and use of renal replacement therapy had significant influence on the relative change in muscle thickness

Fluid balance influence

- ✓ More positive fluid balance on the fifth and seventh day of ICU stay has a statistically significantly greater influence on PhA: p<0.001 and p=0.008
- ✓ Fluid balance did not have a statistically significant effect on the percentage change in muscle thickness, p=0.4 on day five and p=0.6 on day seventh

| | ſ | [Min; Q1] [-11420; -320] | (Q1; Q2] (-320; 2495] | | | | [Min; Q1] [-13640; -2130] | | (Q1; Q2] (-2130; 1650] | | (Q2; Q3] (1650; 4935] | | (Q3; Max] 4935; 17256] | |
|-----------------------------|----|-----------------------------|--------------------------|----------------|-----------------------------|----|------------------------------|----|---------------------------|----|--------------------------|----|---------------------------|---------|
| Parameter | N | Mean (SD) | N | Mean (SD) | Parameter | N | Mean (SD) | N | Mean (SD) | N | Mean (SD) | N | Mean (SD) | P-value |
| PhA° change | 26 | 0.39 (0.822)*,** | 25 | -0.07 (0.717) | PhA° change | 26 | 0.26 (0.695) * | 25 | 0.09 (0.966) | 25 | -0.49 (0.637) * | 25 | -0.3 (1.043) | 0.008 |
| | | | | | FFM % change | 26 | -5.36 (11.247) | 25 | -0.18 (14.587) | 25 | 0.42 (9.938) | 25 | 6.02 (14.01) * | 0.019 |
| FFM % change | 26 | -1.83 (6.275) * | 25 | 1.95 (12.926) | Ü | | * | | | | , , | | , | |
| Biceps brachii % change | 26 | -4 (11.351) | 25 | -1.39 (14.291) | Biceps brachii % change | 26 | -5.5 (12.91) | 25 | -1.32 (12.233) | 25 | -6.65 (11.455) | 25 | -4.04 (13.432) | 0.472 |
| Rectus femoris % change | 26 | -5.43 (11.981) | 25 | -5.33 (19.214) | Rectus femoris % change | 26 | -8.33 (14.249) | 25 | -5.67 (22.841) | 25 | -0.43 (51.675) | 25 | -1.92 (26.214) | 0.809 |
| Vastus intermedius % change | 26 | -6.38 (18.711) | 25 | -4.1 (26.849) | Vastus intermedius % change | 26 | -8.87 (25.943) | 25 | -9.19 (33.131) | 25 | -4.35 (46.669) | 25 | -13.47 (29.818) | 0.834 |
| | | | | | All muscles % change | 26 | -3.13 (13.646) | 25 | -7.25 (11.824) | 25 | -2.88 (15.187) | 25 | -3.65 (12.913) | 0.631 |
| All muscles % change | 26 | -1.95 (8.888) | 25 | -5.19 (13.366) | | | | | | | | | | |

Conclusions

- ✓ Muscle thickness percental difference and PhA do not correlate in the assessment of muscle wasting in the ICU patient
- ✓ BIA measurements during ICU stay are significantly influenced by a positive fluid balance
- ✓ Muscle ultrasound is more appropriate for evaluation of muscle wasting in our patients during ICU treatment

