

ATS: Early prone positioning reduces mortality in ARDS

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For patients with acute respiratory distress syndrome, prolonged prone positioning during mechanical ventilation is associated with significantly reduced mortality at 28 and 90 days, according to a study published online May 20 in the *New England Journal of Medicine* to coincide with presentation at the annual meeting of the American Thoracic Society, held from May 17 to 22 in Philadelphia.

(HealthDay)—For patients with acute respiratory distress syndrome (ARDS), prolonged prone positioning during mechanical ventilation is associated with significantly reduced mortality at 28 and 90 days, according to a study published online May 20 in the *New England Journal of Medicine* to coincide with presentation at the annual meeting of the American Thoracic Society, held from May 17 to 22 in Philadelphia.

Claude Guérin, M.D., Ph.D., from the Hôpital de la Croix-Rousse in Lyon, France, and colleagues examined the effect of early application of prone positioning on outcomes in a multicenter [prospective randomized trial](#) involving 466 patients with severe ARDS. Participants were randomized to undergo prone positioning of at least 16 hours (237 patients) or to be left in a supine position (229 patients).

The researchers found that 28-day mortality was significantly lower in the prone group (16.0 percent) compared with the supine group (32.8

percent; hazard ratio for death with prone positioning, 0.39). The unadjusted 90-day mortality was significantly lower in the prone versus the supine group (23.6 versus 41.0 percent; hazard ratio, 0.44). There was no significant between-group difference in the incidence of complications, with the exception of cardiac arrest incidence, which was higher in the supine group.

"In patients with severe ARDS, early application of prolonged prone-positioning sessions significantly decreased 28-day and 90-day mortality," the authors write.

Several authors disclosed financial ties to the pharmaceutical and health care industries.

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