

# ESICM: Transfusion threshold not major factor in sepsis outcomes

2 October 2014



Image courtesy of Blausen Medical

days and rates of ischemic events and use of life support were similar among those assigned to blood transfusion at a higher hemoglobin threshold and those assigned to [blood transfusion](#) at a lower threshold," the authors write.

Several authors disclosed financial ties to pharmaceutical and biotechnology companies

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(HealthDay)—For patients in the intensive care unit (ICU) with septic shock, outcomes are similar for those who receive blood transfusion at a higher or lower hemoglobin threshold, according to a study published online Oct. 1 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the European Society of Intensive Care Medicine, held from Sept. 27 to Oct. 1 in Barcelona, Spain.

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Lars B. Holst, M.D., from the University of Copenhagen in Denmark, and colleagues randomized patients in the ICU who had [septic shock](#) to receive transfusion at lower threshold (hemoglobin level of 7 g/dL or less) or higher threshold (9 g/dL or less). Data were analyzed for 998 patients.

The researchers found that the lower and higher threshold groups received a median of one and four units of blood, respectively. At 90 days after randomization, 43.0 and 45 percent of those assigned to the lower and higher threshold groups, respectively, had died (relative risk, 0.94; 95 percent confidence interval, 0.78 to 1.0;  $P = 0.44$ ). The two intervention groups had similar numbers of patients with ischemic events, severe adverse reactions, and who required life support.

"Among patients with septic shock, mortality at 90

APA citation: ESICM: Transfusion threshold not major factor in sepsis outcomes (2014, October 2) retrieved 8 June 2022 from <https://medicalxpress.com/news/2014-10-esicm-transfusion-threshold-major-factor.html>

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