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Differences in rehabilitation for mechanically ventilated patients in the intensive care unit and high-dependency care unit

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We read the interesting article written by Ohbe et al.[1] According to their study, the hospital mortality rate among pneumonia patients under mechanical ventilation was higher in high-dependency care units (HDUs) than in intensive care units (ICUs). This difference was reportedly caused by monitoring capacity, higher nurse-to-patient ratios, and the presence of intensivists in ICUs. We would like to propose another possible reason for this difference: quality and quantity of rehabilitation.

The study did not examine the difference in rehabilitation in ICUs and HDUs. The activity level of ICU patients who underwent early rehabilitation reportedly decreased after being transferred to the general wards[2]. Although there is insufficient evidence on the difference between the rehabilitation in ICUs and HDUs, a lower rehabilitation consultation rate was observed in HDUs. There are no respiratory therapists in Japan, unlike in the United States of America. Moreover, HDUs are not equipped with ventilatory specialists. Thus, the quality and quantity of rehabilitation services in HDUs are insufficient. Protocolized rehabilitation interventions in critically ill patients have significantly shortened the duration of mechanical ventilation and ICU stay[3]. Therefore, the quality and quantity of rehabilitation possibly contributed to the differences in outcomes between ICUs and HDUs.

Rehabilitation has become a standard treatment for ventilated patients in ICUs. Further research is needed to investigate the difference in rehabilitation between the ICUs and HDUs.

Declaration of Competing Interest

The authors have no relevant conflicts of interest to declare.

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