

Publication**Anesthetic drugs in status epilepticus: risk or rescue : a 6-year cohort study****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 2398229**Author(s)** Sutter, Raoul; Marsch, Stephan; Fuhr, Peter; Kaplan, Peter W; Rüegg, Stephan**Author(s) at UniBasel** [Sutter, Raoul Christian](#) ;**Year** 2014**Title** Anesthetic drugs in status epilepticus: risk or rescue : a 6-year cohort study**Journal** Neurology**Volume** 82**Number** 8**Pages / Article-Number** 656-64

To evaluate the risks of continuously administered IV anesthetic drugs (IVADs) on the outcome of adult patients with status epilepticus (SE).; All intensive care unit patients with SE from 2005 to 2011 at a tertiary academic medical care center were included. Relative risks were calculated for the primary outcome measures of seizure control, Glasgow Outcome Scale score at discharge, and death. Poisson regression models were used to control for possible confounders and to assess effect modification.; Of 171 patients, 37% were treated with IVADs. Mortality was 18%. Patients with anesthetic drugs had more infections during SE (43% vs 11%; $p < 0.0001$) and a 2.9-fold relative risk for death (2.88; 95% confidence interval 1.45-5.73), independent of possible confounders (i.e., duration and severity of SE, nonanesthetic third-line antiepileptic drugs, and critical medical conditions) and without significant effect modification by different grades of SE severity and etiologies. As IVADs were used after first- and second-line drugs failed, there was a correlation between treatment-refractory SE and the use of IVADs, leading to insignificant results regarding the risk of IVADs and outcome after additional adjustment for refractory SE.; Our findings heighten awareness regarding adverse effects of IVADs. Randomized controlled trials are needed to further clarify the association of IVADs with outcome in patients with SE.; This study provides Class III evidence that patients with SE receiving IVADs have a higher proportion of infection and an increased risk of death as compared to patients not receiving IVADs.

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