Minutes 5th meeting Working Group on Abdominal Problems (WGAP)

Meeting date: October 5th 2011 - 7h30-8h30.

Meeting location: Room BM5, ICC Congress Center, Berlin, Germany (during 24th ESICM meeting).

Attendees: Manu Malbrain (MM, manu.malbrain@skynet.be, chair and meeting report), Jan De Waele (JDW, jan.dewaele@ugent.be), Martijn Poeze (MP, m.poeze@mumc.nl), Joel Starkopf (JS, joel.starkopf@kliinikum.ee), Jan-Peter Braun (JPB, jan.braun@charite.de), Sonja Fruhwald (SF, Sonja.fryhwald@medunigraz.at), Julia Wendon (JW, Julia.wendon@kcl.ac.uk), Flavia Nacul (FN, fnacul@uol.com.br), Suzanna obo (SL, suzana-lobo@uol.com.br), Jan Pretorius (JP, jan.pretorius@up.ac.za), Heleen Oudemans (HM, h.m.oudemans-vanstraeten@olvg.nl), Leslie Fingle son (LF, leslief@iburst.co.za)

Excused: Annika Reintam (AR), Davide Chiumello (DC), Massimo Girdis (MG), Luigi Camporota (LG), Theodossis Papavramidis (TP), Claudia Spies (CS)

Previous attendees/invites: Mikhail Kirov, Alexander Schachtrupp, Nick Macartney, Willehad Boemke, Ioana Grigoras, Bo Holte, Brigitte Espirac, Marcel Gatt

1. Introduction: The chair briefly reviews the need for this WG, essentially because the abdomen has been forgotten by many. More information and background can be found on the website. The WGAP’s position within the POIC and within the ESICM is addressed and new WGAP members need to be a member of the ESICM/POIC first, voting members are welcomed. Each attendee presents him/herself and 4 new members are welcomed (SL, FN, LF and JP). We need continuously to specify what activities belong or originate from which specific WG and how this interacts with other societies (like ESPEN, ESA, WSACS etc...).
   a. TO DO: All to clarify in the future the origin of WGAP activities and how they relate to other WG, sections or scientific societies

In summary:
- The primary goal of the WGAP is
  - to establish an international collaboration group
  - to improve and standardize care and outcome of patients with AP.
- This can be achieved by
  - collaborative research projects
  - consensus definition and guideline development
The acquired knowledge and results of research

- will be published in appropriate scientific journals (e.g., ICM)
- and shared with his peer group each year during the Sections meetings at (inter)national scientific meetings (ISICEM meeting in Brussels) and the annual ESICM congress

2. **Members:** The current number of members and interested persons is 70 (39 are ESICM + POIC + WGAP members, 22 are ESICM members, and 9 are not ESICM member but interested). There were some problems with regard to communication via e-mail. Some WGAP members seem not to have received the latest mails regarding the consensus definitions reports nor did they receive an invitation for this WGAP meeting.

   a. **TO DO:** MM to check POIC mailing list to see who is already a POIC member and MM to set-up own mailing list to facilitate direct communication within WGAP members (which in the past went via Claudia Teipelke and Claudia Spies). MM to send out excel sheet with minutes, with all contact details of WGAP members.

3. **Consensus definitions on GI failure (Manu Malbrain, Jan De Waele, Claudia Spies, Annika Reintam, Martijn Poeze, Sonja Fruhwald, Stephan Jakob, Jan-Peter Braun, Joel Starkopf) (Initiative originates from WGAP)**

   JS explains the consensus process and shows the definitions and also explains where some decisions need to be made. Questions for Berlin:
   
   - Leave „digestive“ out of AGI I and „digestion and absorption“ out of AGI II? Reasoning: GI bleeding, IAH => not directly digestion
   - Hgb or pRBCs in definition of bleeding? Different grades?
   - Grading of late parenteral top-up (Casaer et al.)? 1 B?
   - Feeding intolerance definition
     - 20 kcal/kg/24h not reached in 48-72 hrs? 48 hrs? after ICU admission
     - Later during ICU stay: when enteral feeding needs to be stopped due to whatever clinical reason
   - Define paralysis of the lower GI tract!
     - See our rationale: we decided not to use the terms obstipation and constipation
     - Should we define ileus instead of paralysis?
Paralysis of lower GI tract (paralytic ileus) is the inability of the bowel to pass stool due to paralysis of the intestinal muscles. Clinical signs include absence of bowel sounds and stool for three or more consecutive days in the absence of mechanical obstruction.

The above mentioned writing committee started the process for the consensus paper. All gave extensive feedback and the final version of the manuscript has been send to all WGAP members (although some did not receive it). CS discussed with the section editor of Intensive Care medicine and there seems to be a willingness to consider publication of the manuscript as a consensus statement of working group of ESICM (review) after peer review. In summary the idea is to present acute gastrointestinal injury in analogy to other organ dysfunction like ALI, AKI,… and in line with eg the RIFLE criteria for kidney injury:

**AGI Grade I** (Risk to develop GI dysfunction or failure) - a condition when the digestive, immune and endocrine functions of gastrointestinal tract are partially impaired.

**AGI Grade II** (Gastrointestinal injury and dysfunction) - a condition when the gastrointestinal tract is not able to perform digestion and absorption adequately to satisfy the nutrient and fluid requirements of the body.

**AGI Grade III** (Gastrointestinal failure) - a condition, characterized by a loss of GI function, where homeostasis is not achieved despite interventions.

**AGI Grade IV** (worsening gastrointestinal failure with severe impact on distant organ function) - a condition when AGI has progressed to become directly and immediately life-threatening.

The above suggested grading allows to identify a scoring system later on with 5 grades and subsequent points (from 0 to 4)

⇒ **TO DO:** the final draft of the consensus definitions report will be send out to all WGAP members for review and feedback (all previously agreed NOT to send to ESPEN SIG because our focus is more on the critical aspect rather than the feeding issues)
TO DO: once feedback is finalized draft manuscript to be prepared for submission to Intensive Care Medicine as review with consensus report and official statement from the WGAP

TO DO: All to prepare second part of manuscript related to prevention (and treatment) of feeding intolerance, intestinal failure and ileus/paralysis with more practical implications (also the role and impact of sedation could be discussed here) together with as MP suggested some information on the possible relation between AGI and laboratory test (citrulline, LFABP,…) or other test (like pH, ICG-PDR, …) with finally some suggestions for a AGI scoring system

TO DO: MP suggested to perform a clinical pilot study (once the AGI score is finalized) in order to link lab results with different AGI scores. For this logistics are needed (to take and transport blood samples for instance) and financial support maybe welcome. MP to make protocol and to estimate financial budget to apply for ECCRN fundings


4. Research topics are discussed
   - GIFT study (study originated from WSACS clinical trials working group and endorsed by ESICM ECCRN, centres that participated were also recruited via WGAP): JS presented the preliminary data on the GIFT study at the last ESICM, and stated that MP is actively working on cleaning out the database, so more results to follow
     o TO DO: AR to further “clean” the database for inconsistencies, MP then to do proper statistical analysis with sensitivity analysis to identify possible outliers causing bias. MP to do different analysis on how to define FI eg 50% vs 60% vs 70% vs 80% of caloric needs,… ROC curve to identify best thresholds. We need a new study (with a confined and limited data set) validating the GIFT results and now also in spontaneous breathing patients (eg suggestion of JL Vincent)
Nutrition day (Initiative to work together with Nutrition day originates from WGAP and is endorsed by WSACS - link to nutrition day on www.wsacs.org and vice versa).

- IAP monitoring has been added to the data collection since 2009. Data has been presented at previous ESICM meeting as poster presentation.
- A lot of work is still needed to increase the awareness. In analogy to nutrition day one could think of a one day snapshot on abdominal problems in the ICU. Because of data collection for nutrition day is already extensive all had agreed previously not to combine this but to just keep the topic on IAP within nutrition day with 2 questions (was IAP measured (yes or no) and if yes state value).
- TO DO: All to prepare CRF for snapshot on abdominal problems in the ICU (to be run on separate occasion).

Survey on GI problems (initiative originates from WGAP)

- Sonja Fruhwald, Theo Papavramidis, Ioana Grigoras, Annika Reintam and Manu Malbrain prepared a survey based on an existing survey previously conceived in Austria by SF. So far the survey was translated in Estonian and sent out to Estonian doctors. AR received a response from about 35 doctors. These data is available in excel format. The final survey is presented and some comments are suggested. The idea is to put the survey online and to send the link to all (active) WGAP members for testing and further refinement of questionnaire. Once feedback is given and the survey is finalized an application form will be filed to ask for ESICM ECCRN endorsement and an invitation will be send out to all ESICM members to fill in the survey. In the same time the survey could be submitted for endorsement by ESPEN, SCCM and WSACS and send out to their members as well. Results can be presented at next ESICM (principal investigator should be SF). The aim is to find out what intensivists are thinking about GI failure. What do they think gut function is about? Afterwards a snapshot prevalence study could be performed eg in conjunction with Nutrition day. It was suggested that the route of EN should be asked for (NGT vs postpyloric).
o **TO DO:** MM to put the survey online via eg Survey Monkey or other web platform and to send the link ([www.tfaforms.com/180775](http://www.tfaforms.com/180775)) to all active WGAP members within the following weeks. Once feedback is given within a predefined period of time (eg 4 weeks) MM to distillate a final survey (with update of online version) and to be submitted to ECCRN for endorsement and to be send afterwards to all ESICM members. In the same time MM to ask for endorsement by ESPEN, WSACS and SCCM.

o **TO DO:** MM to attach the survey to the minutes and send to all for feedback

derive **Wake-Up trial** (World Initiative on Epidemiology of IAH, a unifying project) (originates from WSACS CTWG, presented as oral presentation at the previous ESICM in 2010 and to WGAP for discussion, current statistical data analysis ongoing by MM and DC). Not discussed, as per previous WGAP meeting: MM presented the global data on 2645 patients while DC presented data on 1669 patients in whom daily IAP data was available for the first week. The problem of case-mix was discussed since not all patients were consecutively included but inclusion and exclusion was different according to each study as previously published. Multivariate analysis needed where a new variable could be included with the number of patients per centre (to detect possible outliers). A limited variable set is needed (too much data)

  o **TO DO:** all to “brain storm” on possible analysis to be performed on metabase eg effect of fluid balance on IAH, IAP different in male vs female, IAH in patients with ALI or AKI, etc...

  o **TO DO:** DC to further work on statistical analysis once finalized to be sent to all active WGAP members for feedback.

derive **Stool protocol** (Manu Malbrain): this issue was not discussed, as per previous WGAP minutes. The importance of initiating EN together with a stool protocol is discussed. Very often stool production is a pendulum between NO stool and large amounts of diarrhea. The nurses also do play an important role in this (since they don’t like diarrhea and may stop stool softeners too fast).

  o Still **TO DO:** SF, MG, IG to send their stool protocol to all WGAP members for review
Still TO DO: MM to contact Mike Cheatham to send copy of his stool protocol

Other ideas welcome

5. Education

- Within the ESICM there a special WG for the study of the liver was created within the MEN section (chair Dr Julia Wendon). All agreed that this WG should be in close relation to the WGAP because of same background.
- During the next ISICEM meeting a one day workshop on abdominal problems will be held on Monday March 19, 2012 covering all the aspects of abdominal problems, including liver failure and abdominal hypertension. This is organized by the WGAP in conjunction with the WG on Liver Failure and the presymposium is chaired by MM and JW
- The WSACS became a sister society of ESA and will organize a session on abdominal problems at next ESA meeting in Paris on Monday June 11th 2012
- Revision of the PACT module on abdominal problems (not discussed): We are proud to be a working group with a dedicated PACT module. A revision is to be expected - Sonja Fruhwald is interested to cooperate with JDW and MM (the original authors of this PACT module). Others are invited to help as well

6. Finances: B Braun have expressed in the past their interest in endorsing the WGAP with an unrestricted educational grant worth €5000. However it is difficult to guide the money from ESICM to POIC to WGAP. MM to check with Brussels office

7. Next WGAP Meeting: will be held during the ISICEM meeting in Brussels on Friday March 23rd from 09:30 till 11:00 in Room 202.

8. Any other issue
   a. ESPEN special interest group (SIG). A Special Interest Group (SIG) on Intestinal Failure was founded within the ESPEN - their first meetings held in March and August 2009 and in September 2010. They are interested in working closely together with WGAP. No further meetings
were held and no further news on this issue. All agree to proceed without this SIG. Wim Van Gevert is contact for SIG within ESPEN.

b. **Vienna → Barcelona → Berlin declaration.** WHAT WAS PREVIOUSLY DECIDED: “We need to publish a short editorial regarding this WGAP stating that GIF is important and goes under-recognized” - MM will make a suggestion, action plan to be prepared by Joel. No further information on this topic. Will be replaced by publication of consensus definitions paper. No actions undertaken since then
   i. **TO DO:** All to decide whether we need a “Barcelona” declaration...

c. JPB presented a protocol for EN in patients with elevated gastric residual volume with electromagnetic guided duodenal tubes. Using these devices can improve EN targets in patients with high gastric residual volume.
   i. **TO DO:** MM to send the protocol to all (see attachment)

d. JS submitted a proposal for an ESICM summer conference. He would like to propose the topic of „Abdominal problems and nutrition“ for the ESICM summer conference 2013. The Society of Estonian Anaesthesiologists is willing to take part in organizing this meeting in Tallinn, Estonia. He kindly asked to consider this proposal at the working group meeting, ESICM Lives 2011. Organizing the Summer Conference in Tallinn would be excellent opportunity to promote ESICM activities not only in Baltic States but also in North-West Russia and Scandinavia.
   i. **TO DO:** MM to send out this proposal to ESICM scientific committee

**UPDATED ACTION POINTS**

1) MM to send to all updated excel sheet with contact details of all WGAP members

2) SF and all to prepare second part of manuscript related to prevention (and treatment) of feeding intolerance, intestinal failure and ileus/paralysis with more practical implications (also the role and impact of sedation could be discussed here), laboratory tests and other parameters and suggestion for AGI score
3) **MM** to put survey online ([http://www.tfaforms.com/180775](http://www.tfaforms.com/180775)) and to send link to all active WGAP members for testing and feedback

4) **MM** to distillate final survey after feedback to be submitted to ECCRN for endorsement and to be send afterwards to all ESICM (and SCCM, WSACS, ESPEN?) members.

5) **SF** and all to prepare CRF for snapshot on abdominal problems in the ICU (like nutrition day)

6) **JS** to prepare draft manuscript with minutes of WGAP and importance of GIF (Vienna -> Barcelona -> Berlin declaration)

7) Ongoing commitment with nutrition day for inclusion of IAP: announcement in last newsletter, link to nutrition day on WSACS website and vice versa: **MM** to keep spirit alive

8) **AR** and **MP** to finalise data cleaning of GIFT database, **MP** to start sensitivity analysis and further statistical analysis and then to send to active WGAP and participating centres for feedback and to prepare draft manuscript

9) **Wake-Up**: **DC** to finalise statistical analysis and to send to all active WGAP and participating centres, all to “brainstorm” on other possible relevant analyses to be run on metabase

10) stool protocol: **SF**, **MG**, **IG** to send their stool protocol to all WGAP members for review, **MM** to contact Mike Cheatham to send copy of his stool protocol

11) **MM** and all to clarify in the future the origin of WGAP activities

12) **MM** to check POIC mailing list to see who already is a POIC member

13) **MM** to check with ESICM scientific committee (JD Chiche and D De Backer) regarding unrestricted educational grant from B Braun (€ 5000) for this WGAP