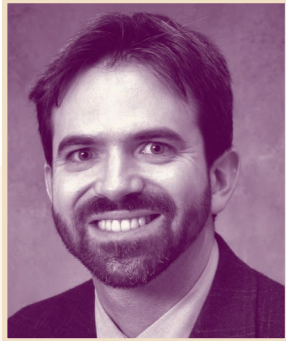


# ASP—CHEST FOUNDATION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS GERIATRIC DEVELOPMENT RESEARCH AWARD

## *Award Recipient:*



BRIAN GEHLBACH, MD  
UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE

### PROJECT:

PREDICTING FUNCTIONAL DECLINE AND THE NEED FOR LONG-TERM CARE IN ELDERLY CRITICALLY ILL PATIENTS

### MENTORSHIP TEAM:

JESSE HALL, MD	JOHN P. KRESS, MD
TED NAURECKAS, MD	GREG SACHS, MD

Until recently, little was known about the long-term functional status of survivors of critical illness. Further information about the determinants of functional dependence following critical illness would be useful to clinicians and families in identifying high-risk patients for whom early social service and physical therapy interventions would be worthwhile, in assisting a patient's loved ones in making plans for managing job and family commitments, and in making decisions about the overall goals of care for a critically ill individual. We intend to apply the instruments employed by geriatricians in assessing baseline functional status and predicting subsequent functional dependence to the evaluation of patients admitted to a medical intensive care unit. We hypothesize that patients at high risk for long-term functional disability can be identified early in the course of critical illness through an evaluation that includes an assessment of baseline vulnerability—such as the burdens of chronic medical conditions and low baseline functional status—and acute illnesses.

Phase I of our study will be retrospective in design and will identify, through a typically disease-oriented approach,

those chronic medical conditions and acute illnesses associated with discharge to a skilled nursing facility (rather than home) after surviving intensive care. Phase II will be a six-month prospective study of consecutively admitted medical ICU patients that examines the utility of the aforementioned phase I variables along with an assessment of baseline functional status and relevant demographic variables in predicting long-term (six-month) functional status and level of independence following intensive care.

With the support provided me through this grant, I have the opportunity to apply the tools of geriatrics research, with its focus on functional status, to critical care outcomes research. This grant also permits the creation of various educational initiatives for internists at my institution, with a focus on the challenges encountered in caring for the critically ill older patient. I believe this project will not only yield important insights into which patients are most likely to experience severe functional decline following critical illness but will also encourage mutually rewarding interactions between geriatricians and pulmonologists.