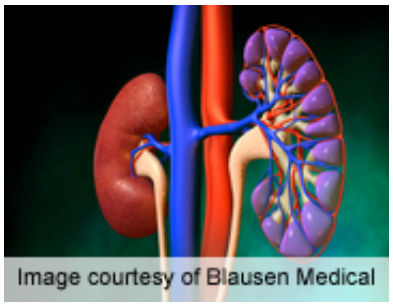
Ringer's acetate better for patients with severe sepsis

28 June 2012



Fluid resuscitation with hydroxyethyl starch 130/0.4 for patients with severe sepsis leads to an increased risk of death at day 90 and an increased likelihood of requiring renal-replacement therapy, compared with Ringer's acetate, according to a study published online June 27 in the *New England Journal of Medicine*.

(HealthDay) -- Fluid resuscitation with hydroxyethyl starch (HES) 130/0.4 for patients with severe sepsis leads to an increased risk of death at day 90 and an increased likelihood of requiring renal-replacement therapy, compared with Ringer's acetate, according to a study published online June 27 in the *New England Journal of Medicine*.

Anders Perner, M.D., Ph.D., from Rigshospitalet in Copenhagen, Denmark, and colleagues randomly assigned 798 participants with severe sepsis participating in a multicenter trial to fluid resuscitation in the intensive care unit with 6 percent HES 130/0.4 or Ringer's acetate (up to 33 mL per kilogram of ideal body weight per day).

The researchers found that, at 90 days following randomization, 201 of 398 patients assigned to HES 130/0.4 had died, compared to 172 of 400 patients assigned to Ringer's acetate (relative risk [RR], 1.17; 95 percent confidence interval [CI], 1.01 to 1.36), and one patient in each group had end-stage kidney failure. In the HES 130/0.4 group, 87 patients (22 percent) were treated with renal replacement therapy in the 90-day period, compared to 65 patients (16 percent) in the Ringer's acetate group (RR, 1.35; 95 percent CI, 1.01 to 1.80), and 38 and 25 patients, respectively, had severe bleeding (RR, 1.52; 95 percent CI, 0.94 to 2.48).

"Patients with severe sepsis assigned to fluid resuscitation with HES 130/0.4 had an increased risk of death at day 90 and were more likely to require renal-replacement therapy, as compared with those receiving Ringer's acetate," the authors write.

Perner disclosed receiving grant support from Fresenius Kabi.

More information: Abstract
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