

Identifying asynchronies: Ineffective effort

Víctor Perez, ¹ Jamille Pasco ²

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Abstract

Mechanical ventilation is a common issue in critically ill patients. It is a lifesaving treatment but also can cause some complications.

Patient-ventilator asynchronies are frequent but are often underdiagnosed and they are a serious problem that is associated with worse clinical outcomes.

Asynchrony occurs when there is a mismatch between the ventilator setting and the patient's demand or breath delivery timing.

There are a variety of asynchronies between the patient's respiratory efforts and the programed ventilatory setting. Ineffective effort is a kind of asynchrony of the trigger variable. It occurs when the patient's inspiratory effort fails to trigger a ventilator breath.

Ineffective inspiratory efforts are a great problem in patient-ventilator interaction, and they are the most common type of asynchrony.

Keywords: asynchrony, ventilator, demand, timing, trigger, ineffective effort.

Authors

- 1. Víctor Pérez Cateriano MD. Intensive Care Medicine. Master in Health Services Management. Dos de Mayo National Hospital. Lima, Perú.
- 2. Jamille Pasco Ulloa MD. Intensive Care Medicine. Alberto Barton Hospital. Callao, Perú.

Corresponding author: Víctor Pérez Cateriano.

Email: vpc051@gmail.com

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Mechanical ventilation is a supportive treatment for improving oxygenation, unloading the respiratory muscles, and gaining time until the patient's condition improves. ¹

Asynchronies are produced by a mismatch between the patient and the ventilator in terms of breath delivery timing. ²

A high incidence of asynchronies is associated with prolonged mechanical ventilation, ICU length of stay ^{3,4} and with mortality. ⁵

Asynchronies are classified according to the phase of the respiratory cycle. Trigger asynchronies include reverse trigger, delay trigger, auto trigger and ineffective effort (failed trigger). ⁶

Some authors have described gross asynchronies as those where the mismatch between the breath delivery and the patient effort is large, such as auto triggering or ineffective effort. ²

The ventilator is triggered when a given drop in airway pressure (or a given diversion of airway flow) ¹ generated by the patient is achieved.

Also called missed trigger, ineffective trigger or trigger asynchrony, it refers to the efforts of the patient that are not detected by the ventilator. ^{7,8} It is the most common type of asynchrony. ¹

Thus, ineffective effort is an asynchrony between respiratory drive and inspiratory trigger. ⁹ It can be the result of improper trigger sensitivity adjustment, respiratory muscle weakness, decreased central respiratory drive, high tidal volume, high assist levels, dynamic hyperinflation, or a combination of these factors. ¹⁰

The gold standard for its detection is the esophageal monitoring or measurement of the electrical activity of the diaphragm. ^{7,8}

To resolve it, attempt to correct auto PEEP, decrease the level of sedation, ventilatory support or adjust the sensitivity of the breaths trigger. ⁹

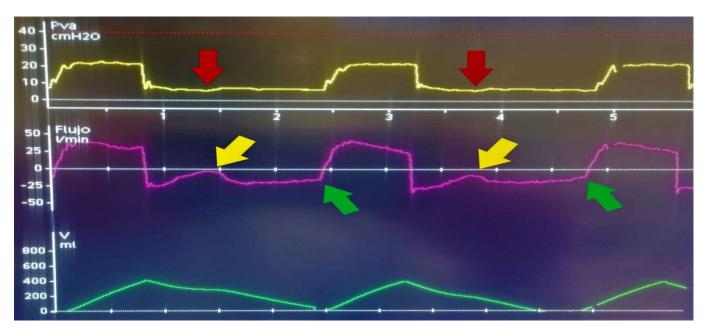


Figure 1: Ineffective effort in a patient ventilated with pressure control mode. From top to bottom: pressure-time, flow-time and volume-time curves. There is a positive inflection in the flow-time curve (yellow arrows) and a slight negative deflection in the pressure-time curve (red arrows) not followed by mechanical insufflation. We can also note the presence of air trapping (expiratory flow does not return to zero) in the flow-time curve (green arrows)

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