

Author Contributions: Dr R. C. Britt had full access to all data in the study and takes responsibility for the data and the accuracy of the data analysis.

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Invited Critique

Machiavelli once said, "Anyone wishing to see what is to be must consider what has been."¹ For nearly 40 years, enthusiasm for steroid use in the intensive care unit (ICU) has been like a pendulum, cyclically swinging toward and then away from their use. Currently, enthusiasm for steroid use appears to be on an upswing. Despite decades of conflicting data, steroids are once again being advocated for the treatment of sepsis. In addition, with a greater appreciation for the prevalence of "relative" adrenal insufficiency in the ICU, the use of steroids appears to be increasing. A historical review of the subject would lead one to proceed down this path with caution.

Britt and associates at Eastern Virginia Medical School have clearly articulated the results of a well-designed case-control study examining the complications associated with steroid use in the ICU. Their findings of significantly increased rates of pneumonia, bloodstream infections, urinary tract infections, ventilator days, and ICU length of stay serve as a warning to those who advocate increased steroid use. It is also noteworthy that these results may have been even more significant, had their institution not already implemented a series of protocols designed to limit infections.

If one considers the indications for the use of steroids in the ICU, the benefits may not outweigh the risks. Use of steroids to treat traumatic optic neuritis is not well supported in the literature. Likewise, steroids may not alter reintubation rates in those with airway edema. The literature does not provide guidance for steroid use in "relative" adrenal insufficiency. Steroid use in sepsis remains controversial, and in the treatment of spinal cord injury, steroids have recently been de-emphasized. Given the paucity of documented benefit, the infectious risks of steroids need to be carefully considered before initiation of therapy.

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