

Norepinefrina are un efect superior fata de dopamina la adultii cu soc septic

Conform ghidului Campaniei de supravietuire a sepsisului (Surviving Sepsis Campaign), norepinefrina sau precursorul sau dopamina, sunt ambele recomandate ca tratamente de prima linie menite a imbunatati perfuzia organelor la pacientii cu soc septic. Pentru a determina care vasopresor este superior, cercetatorii au realizat o meta-analiza asupra a sase studii randomizate care au comparat cei doi agenti la pacientii cu soc septic si pentru care s-a raportat mortalitate in spital sau la 28 de zile. Studiile au inclus in total 995 de pacienti randomizati pentru a primi norepinefrina si 1048 randomizati pentru dopamina.

In ansamblu, mortalitatea a fost semnificativ mai mica in grupul cu norepinefrina decat in cel cu dopamina (48% in comparatie cu 53%). Aritmiile au fost semnificativ mai putin frecvente la pacientii tratati cu norepinefrina decat la cei cu dopamine (risc relativ, 0,43).

Acest studiu sugereaza faptul ca norepinefrina este superioara fata de dopamina pentru pacientii adulti cu soc septic refractar. Rezultatul care arata ca dopamina este asociata cu un numar mai mare de aritmii ar putea explica mortalitatea mai mare, deoarece aritmiile ar putea afecta functia cardiaca, conducand implicit la rezultate mai proaste.

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Norepinephrine or Dopamine for Septic Shock: A Systematic Review of Randomized Clinical Trials.

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Source

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Abstract

Background: There is debate as to the vasopressor agent of choice in patients with septic shock. According to current guidelines either dopamine or norepinephrine may be considered as the first-line agent for the management of refractory hypotension of septic shock. *Objective:* The aim of this systematic review was to evaluate randomized clinical trials which compared norepinephrine versus dopamine in critically ill patients with septic shock or in a population of critically ill patients with shock predominantly secondary to sepsis. *Data Sources:* MEDLINE, Embase, Scopus, Cochrane Register of Controlled Trials and citation review of relevant primary and review articles. *Study Selection:* Randomized clinical trials that compared norepinephrine with dopamine in critically ill adults with sepsis and reported the 28-day or in-hospital mortality. *Data Extraction:* We abstracted data on study design, study setting, patient population, 28-day mortality or in-hospital mortality, rate of arrhythmias, hospital length of stay, and ICU length of stay. *Data Synthesis:* Six studies met our inclusion criteria. These studies included a total of 2043 participants, with 995 in the norepinephrine and 1048 in the dopamine groups. There were 479 (48%) deaths in the norepinephrine group and 555 (53%) deaths in the dopamine group. There was statistically significant superiority of norepinephrine over dopamine for the outcome of in-hospital or 28-day mortality: pooled RR: 0.91 (95% CI 0.83 to 0.99; $P = .028$). We also found a statistically significant decrease in the rate of cardiac arrhythmias in the norepinephrine group as compared to the dopamine group: pooled RR: 0.43 (95% CI 0.26 to 0.69; $P \leq .001$). A subgroup analysis that pooled studies in which all the randomized patients had septic shock demonstrated that norepinephrine improved in-hospital or 28-day mortality; however, the results were no longer statistically significant. *Conclusions:* The analysis of the pooled studies that included a critically ill population with shock predominantly secondary to sepsis showed superiority of norepinephrine over dopamine for in-hospital or 28-day mortality.