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Oxyréa : de l'idée à la publication



7^e journée inter-régionale du GIRCI-GO

1^{er} Juin 2017



Oxyréa :

Le projet



+ Le projet Oxyréa



CIRCULAIRE N°DHOS/MOPRC/RH1/2009/299 du 28 septembre 2009
relative au programme hospitalier de recherche infirmière pour 2010

**ÉTUDE PROSPECTIVE RANDOMISÉE
VISANT À ÉVALUER L'EFFET DE L'HUMIDIFICATION
SUR LE CONFORT DU PATIENT
RECEVANT UNE OXYGÉNOTHÉRAPIE**

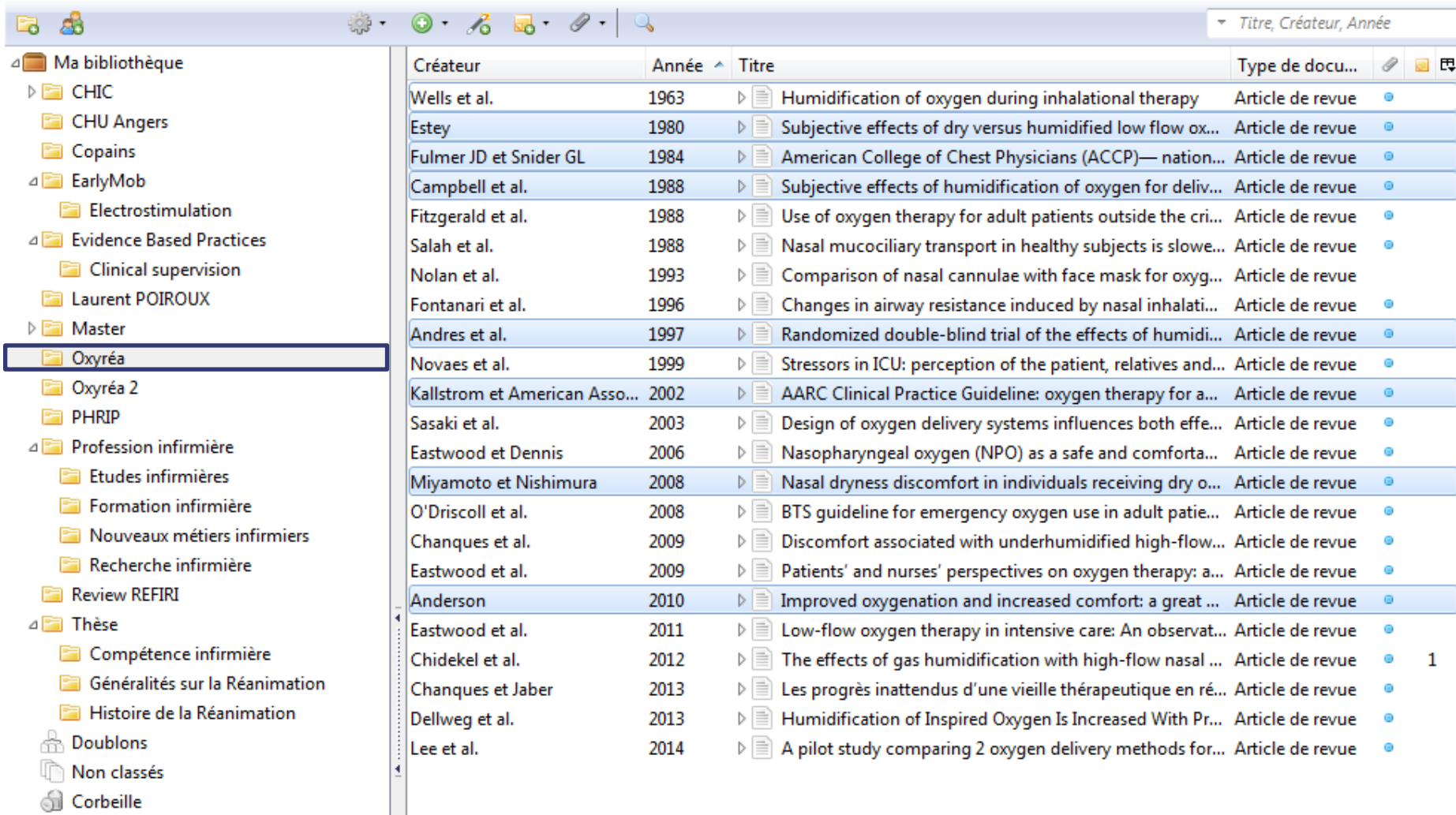
+ Oxyréa - Le rationnel

- Système d'humidification couramment utilisé en oxygénothérapie = système non chauffé



- Efficacité théorique très faible et bénéfice clinique non démontré.

+ Le rationnel



The screenshot displays a library management application. On the left, a sidebar shows a hierarchical tree of folders under 'Ma bibliothèque'. The 'Oxyréa' folder is selected and highlighted. The main area shows a table of articles with columns for 'Créateur', 'Année', 'Titre', and 'Type de docu...'. The table lists 20 articles, with the entry by Anderson (2010) highlighted. The interface includes a search bar at the top right and a toolbar with various icons.

Créateur	Année	Titre	Type de docu...
Wells et al.	1963	Humidification of oxygen during inhalational therapy	Article de revue
Estey	1980	Subjective effects of dry versus humidified low flow ox...	Article de revue
Fulmer JD et Snider GL	1984	American College of Chest Physicians (ACCP)— nation...	Article de revue
Campbell et al.	1988	Subjective effects of humidification of oxygen for deliv...	Article de revue
Fitzgerald et al.	1988	Use of oxygen therapy for adult patients outside the cri...	Article de revue
Salah et al.	1988	Nasal mucociliary transport in healthy subjects is slowe...	Article de revue
Nolan et al.	1993	Comparison of nasal cannulae with face mask for oxyg...	Article de revue
Fontanari et al.	1996	Changes in airway resistance induced by nasal inhalati...	Article de revue
Andres et al.	1997	Randomized double-blind trial of the effects of humidi...	Article de revue
Novaes et al.	1999	Stressors in ICU: perception of the patient, relatives and...	Article de revue
Kallstrom et American Asso...	2002	AARC Clinical Practice Guideline: oxygen therapy for a...	Article de revue
Sasaki et al.	2003	Design of oxygen delivery systems influences both effe...	Article de revue
Eastwood et Dennis	2006	Nasopharyngeal oxygen (NPO) as a safe and comforta...	Article de revue
Miyamoto et Nishimura	2008	Nasal dryness discomfort in individuals receiving dry o...	Article de revue
O'Driscoll et al.	2008	BTS guideline for emergency oxygen use in adult patie...	Article de revue
Chanques et al.	2009	Discomfort associated with underhumidified high-flow...	Article de revue
Eastwood et al.	2009	Patients' and nurses' perspectives on oxygen therapy: a...	Article de revue
Anderson	2010	Improved oxygenation and increased comfort: a great ...	Article de revue
Eastwood et al.	2011	Low-flow oxygen therapy in intensive care: An observat...	Article de revue
Chidekel et al.	2012	The effects of gas humidification with high-flow nasal ...	Article de revue
Chanques et Jaber	2013	Les progrès inattendus d'une vieille thérapeutique en ré...	Article de revue
Dellweg et al.	2013	Humidification of Inspired Oxygen Is Increased With Pr...	Article de revue
Lee et al.	2014	A pilot study comparing 2 oxygen delivery methods for...	Article de revue

+ Les objectifs

Essai prospectif randomisé en ouvert comparant humidification non chauffée versus absence d'humidification chez des patients justifiant d'une oxygénothérapie admis en réanimation.

■ Objectifs

- Démonstration de l'absence de bénéfice clinique de l'humidification non chauffée par rapport à l'absence d'humidification en termes de confort
- Simplification et sécurisation du soin
- Diminution significativement de son coût (20 000 €/an).

+ Le plan expérimental

- Essai randomisé avec une stratification par centre et selon le niveau d'oxygène :
 - ($\leq 4\text{L/min}$ vs $> 4\text{L/min}$)
- Objectif d'inclusion de 350 patients sur 2 ans

+ Les critères d'inclusion

■ Inclusion :

Patients admis en réanimation ou en Unité de Surveillance Continue recevant une oxygénothérapie au masque ou aux lunettes, quelque soit le débit prescrit, débutée depuis moins de 2 heures en réanimation ou USC.

■ Non inclusion :

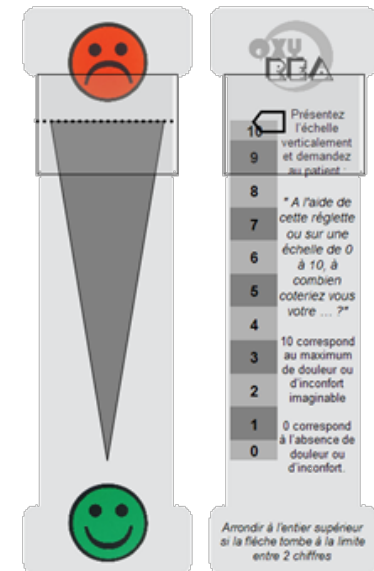
- Age < 18 ans, Femme enceinte, Protégé au sens de la loi, Non affilié à la Sécurité Sociale
- Patient trachéotomisé
- Patient ayant reçu une oxygénothérapie depuis plus de 2 heures au sein du service participant
- Durée prévisible de l'oxygénothérapie inférieure à 6 heures
- Patient recevant de l'oxygène par une autre interface que les lunettes nasales ou un masque
- Patient intubé au cours du séjour hospitalier avant inclusion
- Patient ayant eu une séance de Ventilation Non-Invasive au cours du séjour hospitalier avant inclusion
- Patient incapable de répondre au questionnaire
- Patient dont le score de Glasgow est inférieur à 15
- Patient ne parlant pas le français couramment
- Patient en fin de vie/moribond
- Patient ayant déjà participé à l'étude

+ Le critère principal de jugement

- Critère principal basé sur un score de confort évalué entre la 6^{ème} et la 8^{ème} heure après inclusion (questionnaire détaillé de 15 items cotés de 0 à 10)



Tolérance minimale = Inconfort
Douleur maximale



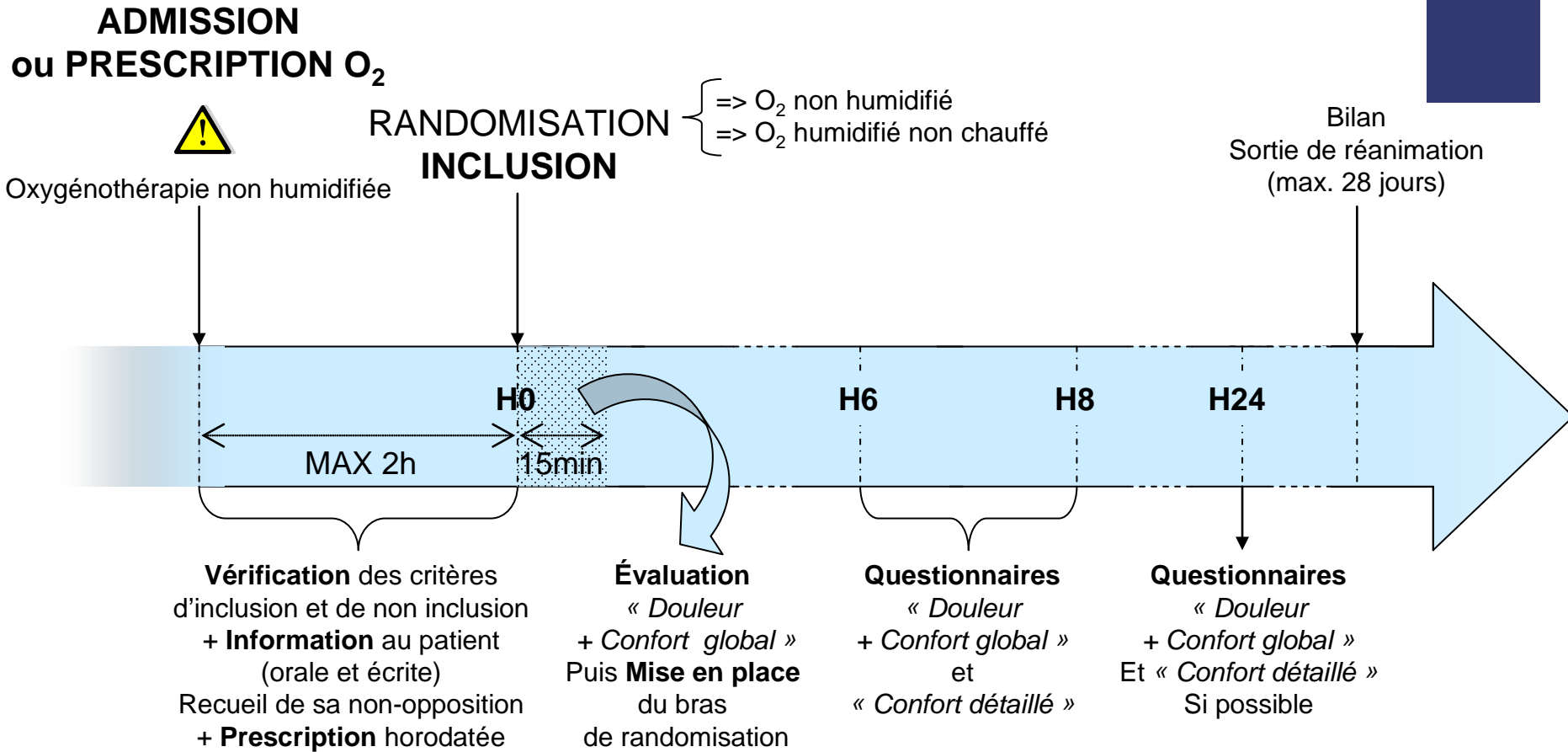
Tolérance maximale = Confort
Pas de douleur

+ Le questionnaire

■ 15 items

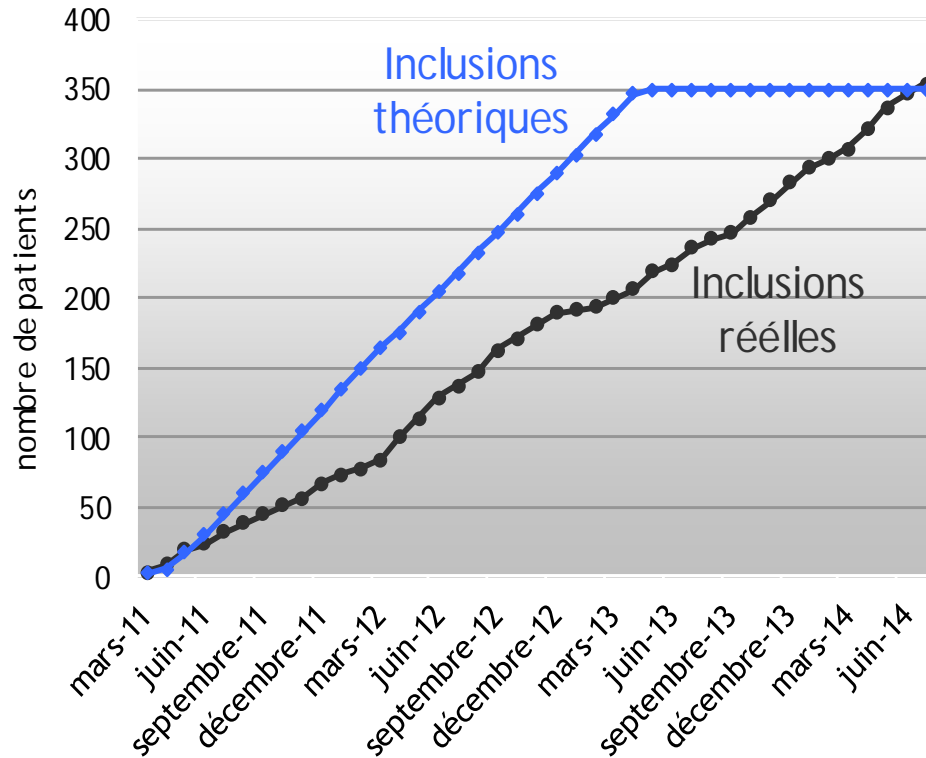
- Une sensation de brûlure buccale
- Une sécheresse de la bouche
- Une difficulté d'élocution
- Une sensation de soif
- Une sécheresse de la gorge
- Une douleur pharyngée et/ou une difficulté de déglutition
- Une sensation de fraîcheur ou de chaleur au niveau des voies aériennes
- Une sécheresse de la muqueuse nasale
- Un plus grand besoin de se moucher
- Une odeur particulière
- Une gêne oculaire
- Une gêne thoracique
- Des maux de tête
- Une gêne causée par les bruits qui vous entourent.
- Autres gênes

+ Le résumé



+ Avancement du projet

Courbes d'inclusion



9 centres ouverts
356 patients inclus

Centre	Inclus	Date ouverture
Angers	110	08/03/2011
Orléans	83	04/04/2012
Nantes	58	08/07/2011
La Roche/Yon	38	18/09/2013
St Malo	37	07/07/2011
Poitiers	14	03/05/2011
Le Mans	8	02/12/2013
Créteil	6	04/05/2011
Foch	2	05/05/2011



Oxyréa :

L'article



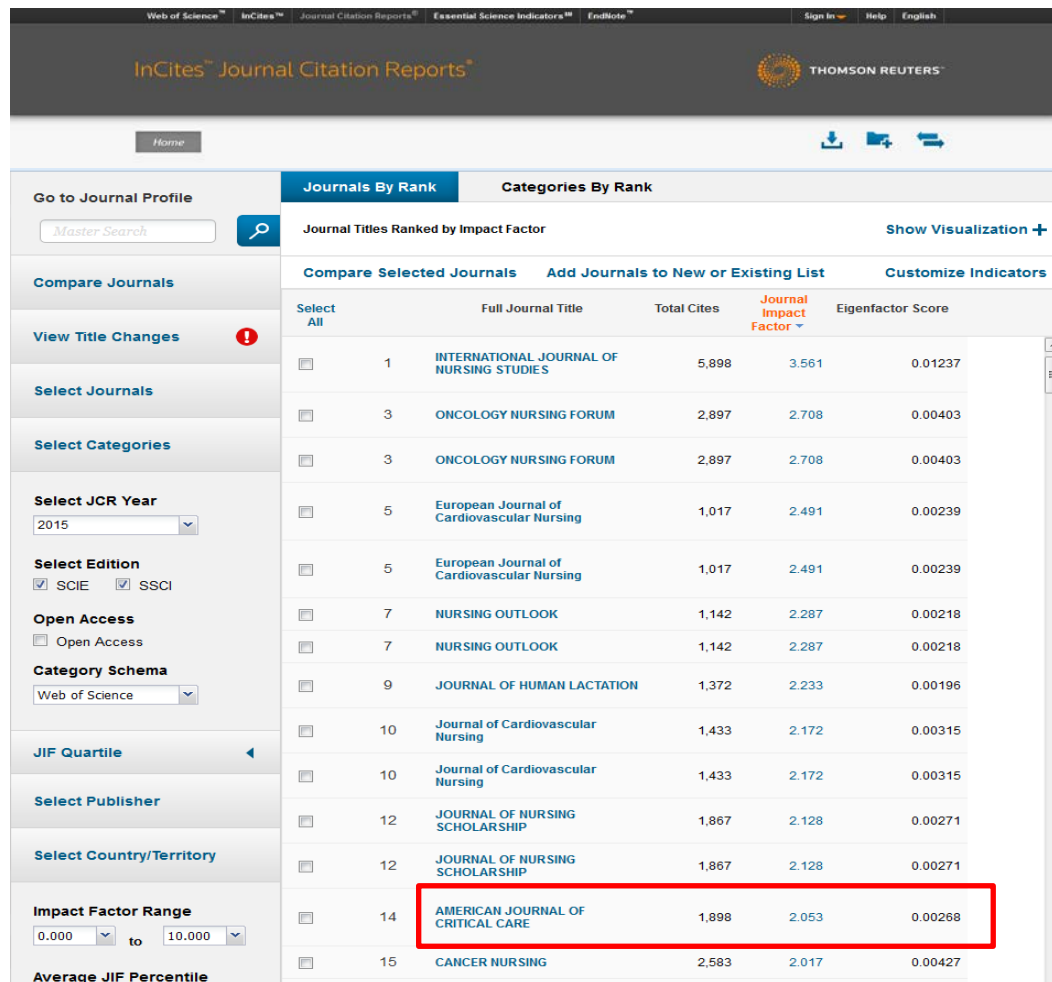
+ Le choix de la revue

- Le choix de la langue
 - Anglais ou Français ?
- Le choix de la discipline
 - Médecine ou revue disciplinaire
- Le choix de la notoriété
 - Plus de lecteurs
 - Plus de responsabilités
 - Plus d'argent (SIGAPS)
 - Rang de la revue X rang de l'auteur X points SIGAPS
 - Rang A : 8 pts – Rang B : 6 pts – Rang C : 4 pts – Rang D : 3 pts – Rang E : 2 pts – non classées : 1 pt
 - 1^{er} auteur : 4 pts – 2^e : 3 pts – 3^e : 2 pts - – avant-dernier : 3 pts – dernier 4 pts

+ Le choix de la notoriété

- Regarder l'Impact Factor des revues :

<https://jcr-incites-thomsonreuters-com>



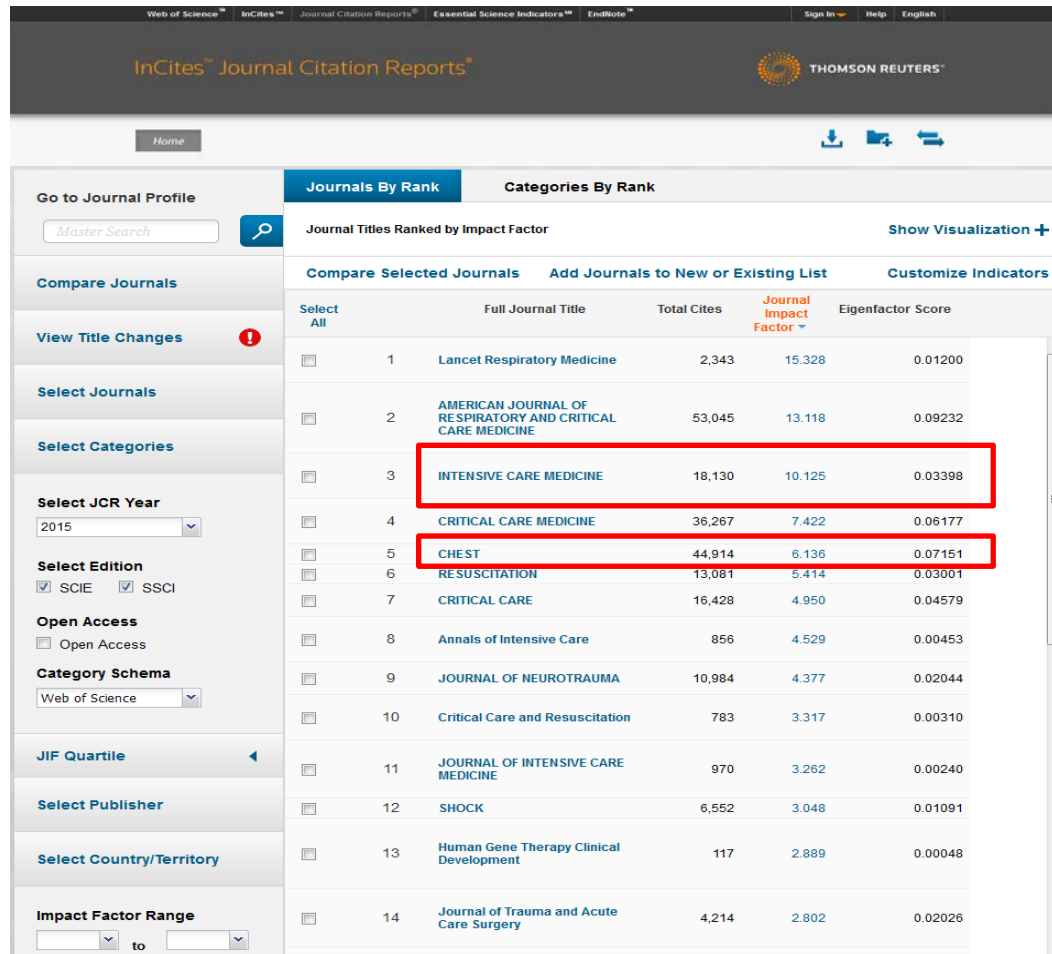
The screenshot displays the InCites Journal Citation Reports interface. The main content area shows a table of journals ranked by impact factor. The table has the following columns: Rank, Full Journal Title, Total Cites, Journal Impact Factor, and Eigenfactor Score. The journal 'AMERICAN JOURNAL OF CRITICAL CARE' is highlighted with a red box, showing a rank of 14, 1,898 total cites, and an impact factor of 2.053.

Select	Rank	Full Journal Title	Total Cites	Journal Impact Factor	Eigenfactor Score
<input type="checkbox"/>	1	INTERNATIONAL JOURNAL OF NURSING STUDIES	5,898	3.561	0.01237
<input type="checkbox"/>	3	ONCOLOGY NURSING FORUM	2,897	2.708	0.00403
<input type="checkbox"/>	3	ONCOLOGY NURSING FORUM	2,897	2.708	0.00403
<input type="checkbox"/>	5	European Journal of Cardiovascular Nursing	1,017	2.491	0.00239
<input type="checkbox"/>	5	European Journal of Cardiovascular Nursing	1,017	2.491	0.00239
<input type="checkbox"/>	7	NURSING OUTLOOK	1,142	2.287	0.00218
<input type="checkbox"/>	7	NURSING OUTLOOK	1,142	2.287	0.00218
<input type="checkbox"/>	9	JOURNAL OF HUMAN LACTATION	1,372	2.233	0.00196
<input type="checkbox"/>	10	Journal of Cardiovascular Nursing	1,433	2.172	0.00315
<input type="checkbox"/>	10	Journal of Cardiovascular Nursing	1,433	2.172	0.00315
<input type="checkbox"/>	12	JOURNAL OF NURSING SCHOLARSHIP	1,867	2.128	0.00271
<input type="checkbox"/>	12	JOURNAL OF NURSING SCHOLARSHIP	1,867	2.128	0.00271
<input type="checkbox"/>	14	AMERICAN JOURNAL OF CRITICAL CARE	1,898	2.053	0.00268
<input type="checkbox"/>	15	CANCER NURSING	2,583	2.017	0.00427

+ Le choix de la revue

■ Le choix de la notoriété ?

- Regarder l'Impact Factor des revues : <https://jcr-incites-thomsonreuters-com>



Web of Science™ InCites™ Journal Citation Reports™ Essential Science Indicators™ EndNote™ Sign In Help English

InCites™ Journal Citation Reports™ THOMSON REUTERS™

Home

Go to Journal Profile

Master Search

Compare Journals

View Title Changes

Select Journals

Select Categories

Select JCR Year

2015

Select Edition

SCIE SSCI

Open Access

Open Access

Category Schema

Web of Science

JIF Quartile

Select Publisher

Select Country/Territory

Impact Factor Range

Journals By Rank Categories By Rank

Journal Titles Ranked by Impact Factor Show Visualization +

Compare Selected Journals Add Journals to New or Existing List Customize Indicators

Select All		Full Journal Title	Total Cites	Journal Impact Factor	Eigenfactor Score
<input type="checkbox"/>	1	Lancet Respiratory Medicine	2,343	15.328	0.01200
<input type="checkbox"/>	2	AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE	53,045	13.118	0.09232
<input type="checkbox"/>	3	INTENSIVE CARE MEDICINE	18,130	10.125	0.03398
<input type="checkbox"/>	4	CRITICAL CARE MEDICINE	36,267	7.422	0.06177
<input type="checkbox"/>	5	CHEST	44,914	6.136	0.07151
<input type="checkbox"/>	6	RESUSCITATION	13,081	5.414	0.03001
<input type="checkbox"/>	7	CRITICAL CARE	16,428	4.950	0.04579
<input type="checkbox"/>	8	Annals of Intensive Care	856	4.529	0.00453
<input type="checkbox"/>	9	JOURNAL OF NEUROTRAUMA	10,984	4.377	0.02044
<input type="checkbox"/>	10	Critical Care and Resuscitation	783	3.317	0.00310
<input type="checkbox"/>	11	JOURNAL OF INTENSIVE CARE MEDICINE	970	3.262	0.00240
<input type="checkbox"/>	12	SHOCK	6,552	3.048	0.01091
<input type="checkbox"/>	13	Human Gene Therapy Clinical Development	117	2.889	0.00048
<input type="checkbox"/>	14	Journal of Trauma and Acute Care Surgery	4,214	2.802	0.02026

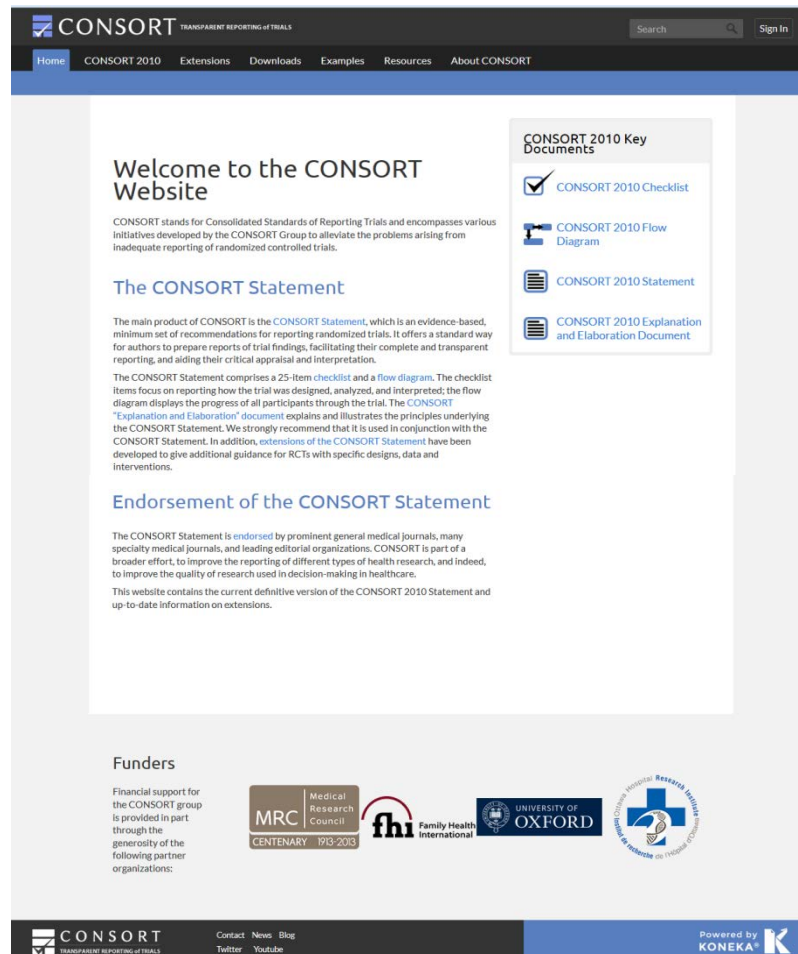
+ L'écriture de l'article (1)

- Lire attentivement les recommandations aux auteurs
- Un plan est souvent proposé
 - Abstract : Purpose - Methods - Results - Conclusions
 - Keywords
 - L'article
 - Introduction (10 à 20%)
 - Methods (20%)
 - Trial design – Participants - Randomisation – Interventions – Outcomes - Sample size - Data processing and statistics - Post hoc analysis
 - Results (20 à 30%)
 - Participants - Outcomes
 - Discussion (20 à 30%)
 - Conclusion (5%)
 - References

+ L'écriture de l'article (2)

■ S'inspirer des trames de référence

<http://www.consort-statement.org/>



The screenshot shows the homepage of the CONSORT website. The header includes the CONSORT logo, the tagline 'TRANSPARENT REPORTING OF TRIALS', a search bar, and a 'Sign In' link. A navigation menu contains links for Home, CONSORT 2010, Extensions, Downloads, Examples, Resources, and About CONSORT. The main content area features a 'Welcome to the CONSORT Website' section with a brief description of the organization's mission. Below this is the 'The CONSORT Statement' section, which details the main product and its components, including a 25-item checklist and a flow diagram. A 'CONSORT 2010 Key Documents' sidebar lists the Checklist, Flow Diagram, Statement, and Explanation and Elaboration Document. The 'Endorsement of the CONSORT Statement' section highlights support from various medical journals and organizations. At the bottom, a 'Funders' section lists the Medical Research Council, Family Health International, and the University of Oxford, along with their respective logos.

CONSORT TRANSPARENT REPORTING OF TRIALS

Home CONSORT 2010 Extensions Downloads Examples Resources About CONSORT

Welcome to the CONSORT Website

CONSORT stands for Consolidated Standards of Reporting Trials and encompasses various initiatives developed by the CONSORT Group to alleviate the problems arising from inadequate reporting of randomized controlled trials.

The CONSORT Statement

The main product of CONSORT is the **CONSORT Statement**, which is an evidence-based, minimum set of recommendations for reporting randomized trials. It offers a standard way for authors to prepare reports of trial findings, facilitating their complete and transparent reporting, and aiding their critical appraisal and interpretation.

The CONSORT Statement comprises a 25-item checklist and a flow diagram. The checklist items focus on reporting how the trial was designed, analyzed, and interpreted; the flow diagram displays the progress of all participants through the trial. The CONSORT "Explanation and Elaboration" document explains and illustrates the principles underlying the CONSORT Statement. We strongly recommend that it is used in conjunction with the CONSORT Statement. In addition, extensions of the CONSORT Statement have been developed to give additional guidance for RCTs with specific designs, data and interventions.

Endorsement of the CONSORT Statement

The CONSORT Statement is endorsed by prominent general medical journals, many specialty medical journals, and leading editorial organizations. CONSORT is part of a broader effort, to improve the reporting of different types of health research, and indeed, to improve the quality of research used in decision-making in healthcare.

This website contains the current definitive version of the CONSORT 2010 Statement and up-to-date information on extensions.

CONSORT 2010 Key Documents

- CONSORT 2010 Checklist
- CONSORT 2010 Flow Diagram
- CONSORT 2010 Statement
- CONSORT 2010 Explanation and Elaboration Document

Funders

Financial support for the CONSORT group is provided in part through the generosity of the following partner organizations:

MRC Medical Research Council CENTENARY 1913-2013

fhi Family Health International

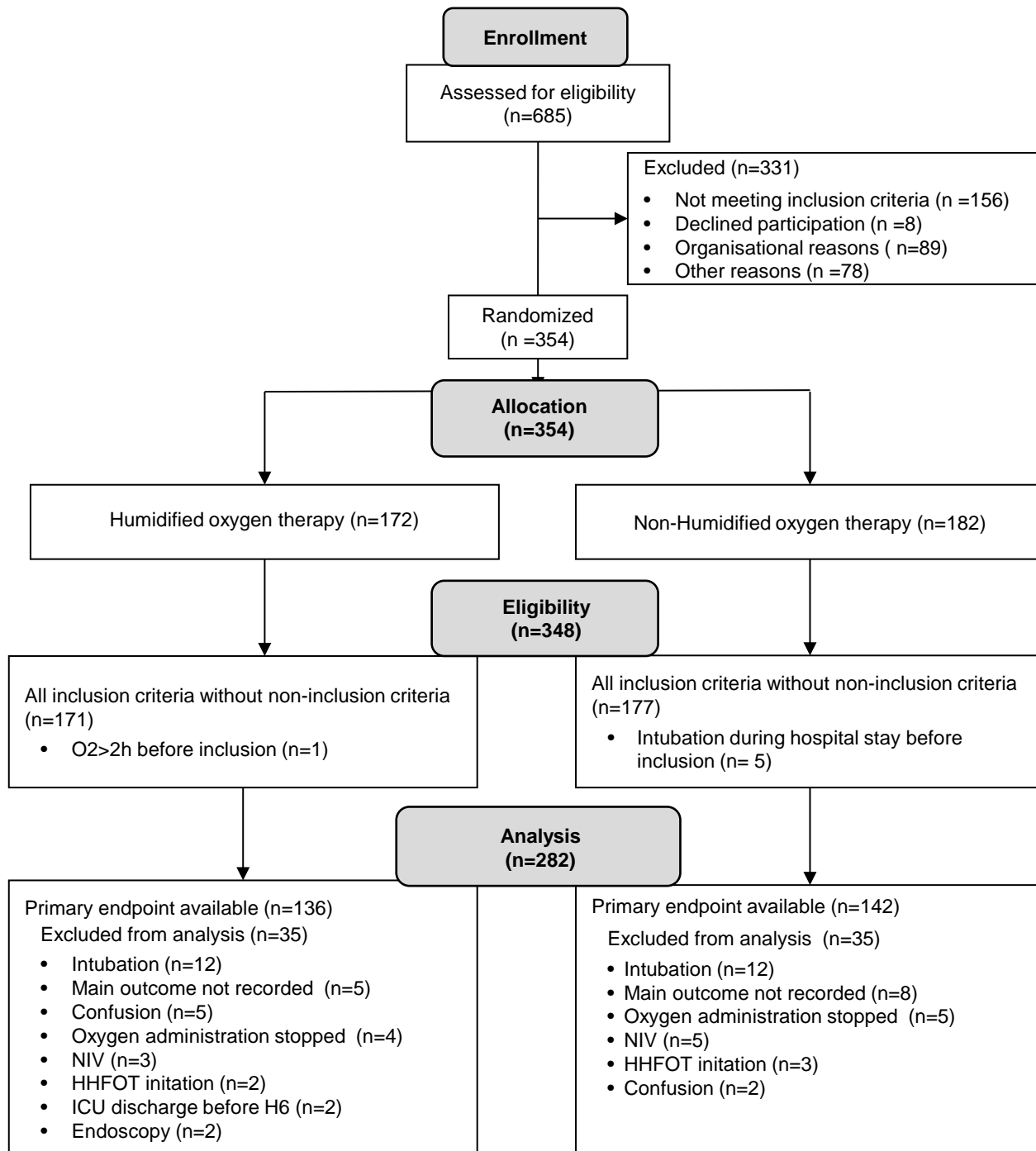
UNIVERSITY OF OXFORD

Research Institute for Health Equity

CONSORT TRANSPARENT REPORTING OF TRIALS

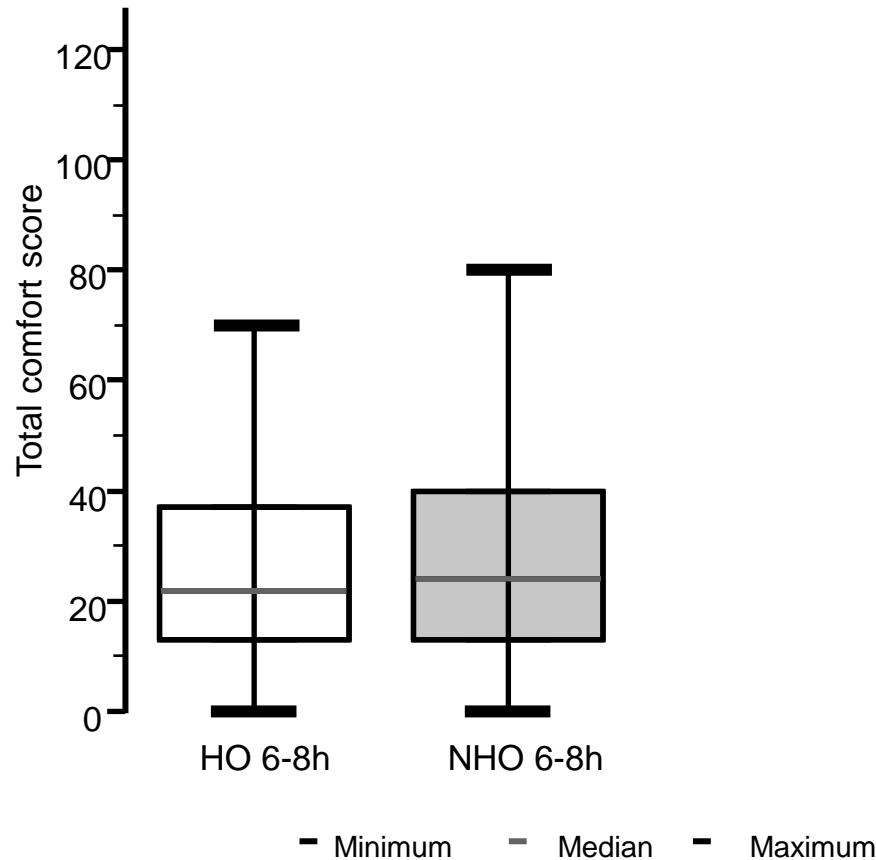
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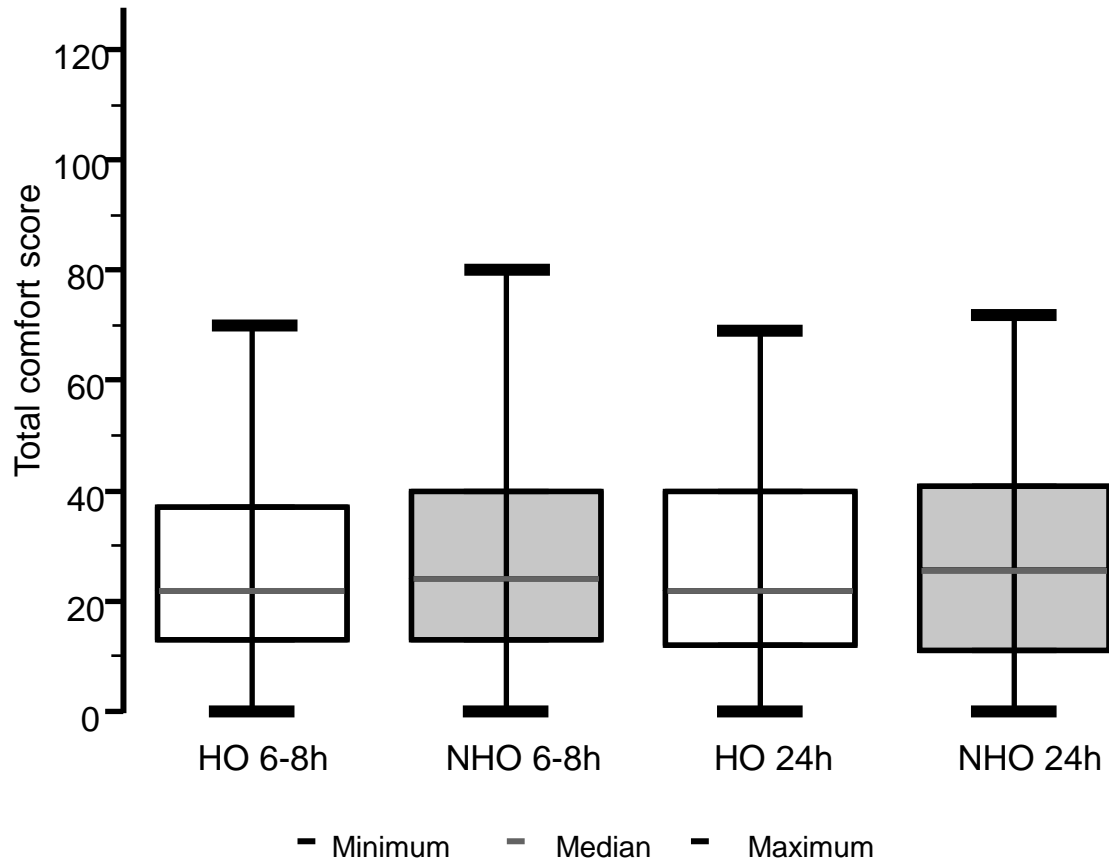
+ Les résultats

	Total score for HO therapy	Total score for NHO therapy	p
Specific comfort 6-8h	22,0 [13,0-37,0]	24,0 [13,0-40,0]	0.45



+ Les résultats

	Total score for HO therapy	Total score for NHO therapy	p
Specific comfort 6-8h	22,0 [13,0-37,0]	24,0 [13,0-40,0]	0.45
Specific comfort 24h	(22,0 [12,0-40,0])	25,5 [11,0-40,8]	0.93



+ Les résultats

	Total score 6-8h for HO therapy	Total score 6-8h for NHO therapy	p
Oxygen flow \leq 4L/min	21.0 [11.3-39.0]	22.0 [11.0-39.8]	0.76
Oxygen flow $>$ 4L/min	22.0 [16.5-32.0]	24.0 [16.5-44.8]	0.41
Interface: nasal prongs	21.0 [12.3-38.5]	22.0 [11.0-40.0]	0.79
Interface: masks	23 [14.5-32]	25 [18.5-46]	0.34



OUI MERDE YOU

**I WANT YOU
FOR
CLINICAL
RESEARCH**

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