Acute respiratory distress syndrome (ARDS) is a life-threatening condition where the lungs are unable to work properly. It is caused by injury to the capillary wall either from illness or a physical injury, such as major trauma. This results in the wall becoming leaky, leading to a build-up of fluid and the eventual collapse of the air sacs, leaving the lungs unable to exchange oxygen and carbon dioxide.

Areas for action

- Research is needed to develop pharmacological therapies for treatment
- Strategies looking at how to repair and regenerate the injured parts of the lungs are required
- Improvements should be sought in the treatment of ARDS patients in relation to ventilation techniques
- Further research is needed in new techniques and diagnostic tools
- Common working and standards need to be improved between nurses, physiotherapists and doctors in the intensive care unit

Between 10–58 people per 100,000 develop ARDS depending on location and how the condition is reported.

7.1% of people in critical care have ARDS, rising to 12.5% when patients are in intensive care for more than 24 hours.

Death rates range from between 27% and 45% of people with ARDS.

Young patients with ARDS following trauma are the most likely group of people to fully recover from ARDS over 6–12 months.

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