

Acute respiratory distress syndrome

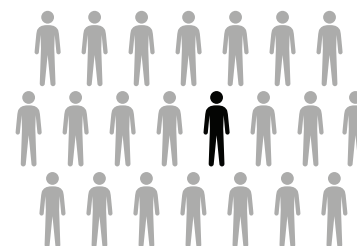
europeanlung.org/acute-respiratory-distress-syndrome/

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.

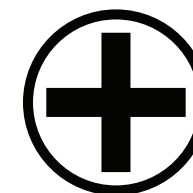


Areas for action

- 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



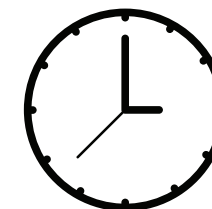
Between **10–58 people per 100,000** develop **ARDS** depending on location and how the condition is reported



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**