

ABSTRACT

Background: Stress ulcers develop due to extreme physiological stress among critically ill patients. Data on its management is scant in resource limited settings.

Objectives: To determine the incidence, risk factors and management of stress ulcers among adult patients admitted to the Critical Care Unit of a Kenyan referral hospital, Kenyatta National Hospital. The outcome of the prophylaxis was also evaluated.

Methodology: This was a retrospective cohort study among 186 critically ill adult patients admitted between January and December, 2012. The data was extracted from patient files. Logistic regression was performed to determine the risk factors for development of stress ulcers by manual forward stepwise model building.

Results: Ninety percent of the patients received prophylaxis and this was done within 72 hours of admission. Twenty patients did not qualify for prophylaxis but received it. Most (76.4%) patients received prophylaxis with histamine 2 receptor blockers. The incidence of stress ulcers was 36.6% which was mainly treated with ranitidine (57.4% of cases) and omeprazole (38.8% of cases). The only diagnostic criteria were presence of the following clinical signs: epigastric tenderness (60 patients, 36.6%) and melena (3, 4.4%) and hematemesis (5, 7.4%). Mechanical ventilation of patients was the most important risk factor for stress ulcer development (adjusted OR: 43.76, 95% CI [5.067, 377.9]); followed by hospital stay for more than 7 days (adjusted OR: 11.88, 95% CI [3.923, 36.9]). Antibiotics (adjusted OR: 0.044, 95% CI [0.002, 0.936]) and benzodiazepines (adjusted OR: 0.074, 95% CI [0.013, 0.419]) appeared to confer protection. Prophylaxis with histamine receptor antagonists did not seem to confer protection.

Conclusion: The incidence of stress ulcers was high and methods for prophylaxis of stress ulcer need to be improved.