Wind study
Editorial Comment

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Strengths of the study

- Very nice acronym
- Tackles a relevant problem
- Large sample size (2729 patients) from three countries
- «Real life picture»
- Successful extubation: «...whatever the use of post extubation NIV or not...”
Study Limitations

- Limited geographical spread, three European nations with a common «cultural heritage»

- What is the purpose of a new «weaning classification»?
  - Speaking a common language (e.g. to enter patients in RCTs)
  - Would this affect treatment?

- Low incidence of tracheotomies: 69 (G0)+47 (G3b)= 116 (4.4%) [10.6 % Penuelas et al. 2011]
Do we really need a GØ?

- 79.7% deaths

- «How is that patient with septic shock doing?»
- «Unfortunately he didn’t make it. He turned «GØ» last night….»

- Patients receiving tracheotomies for reasons other than weaning still need to be weaned off the ventilator!

- Don’t understand how to classify patients undergoing tracheostomy before weaning attempt (but not for neurological or upper ariway reasons)
What is an «SBT»?

«SBT= all “tests” used to decide extubation”
«T-tube/ZEEP»

How much PSV?

What about CPAP?

Bellani G et al. Anesthesiology, 2010

Rasen et al: Chest 1985; 87: 158-162
Still hard[er] to classify weaning when «reduction of support» is used.

When did «weaning» begin?

When did we achieve «successful SBT»?

CMV

Level of Support

Time
Proposed classification allows to «classify» more patients (but most were not classified due «death»), need demonstration this is «better»

**Weaning classification in 2014 is still a «Babel tower»**

«...[Part of] The answer is blowing in the WIND [study]...»
Thank you

Duomo di Monza