



The link between DEHP exposure and neurocognitive outcome of critically ill children

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Critical illness in children



Critical illness in children



Mechanical ventilation
(endotracheal tube)



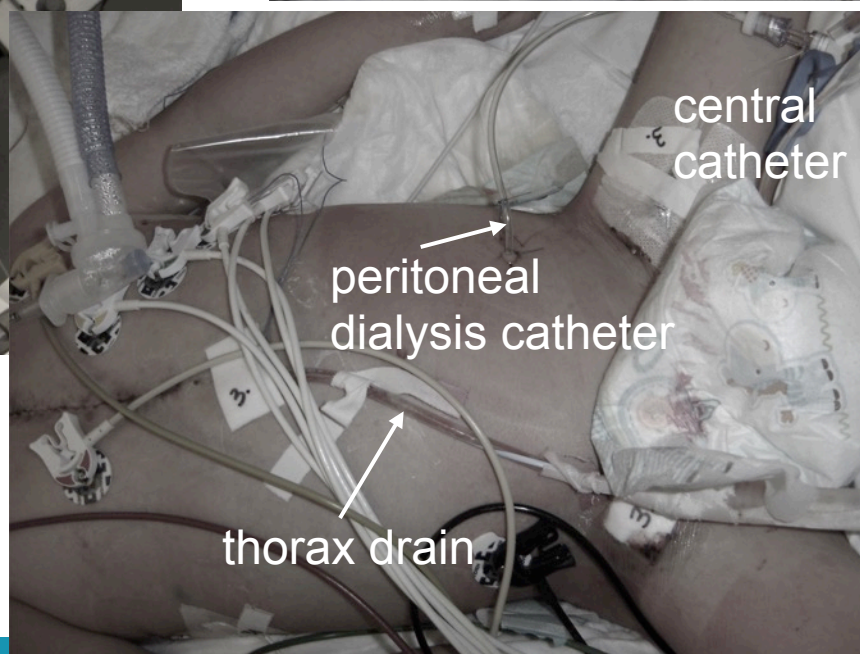
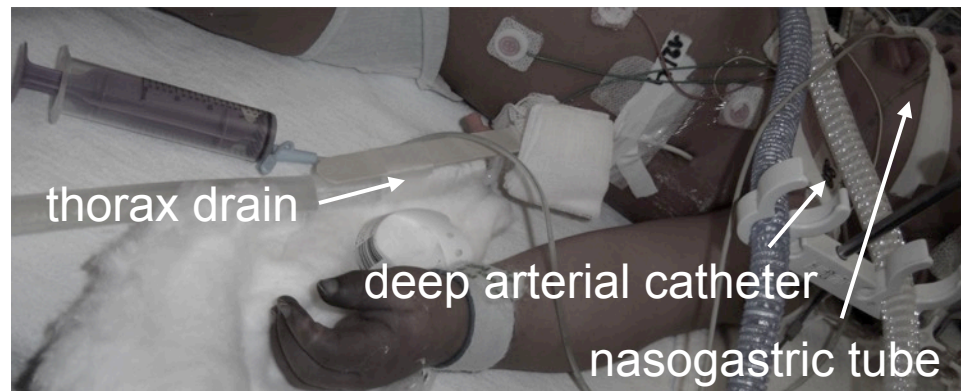
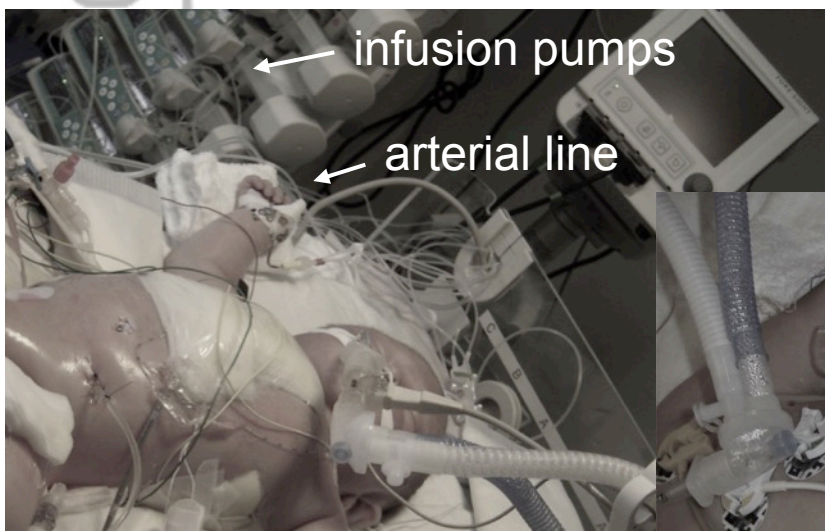
Renal replacement
therapy



Cardiac assist device

Critical illness in children

Intravenous nutrition



Critical illness in children

Major progress in intensive care medicine

SHORT-TERM



Survival



Recovery from the acute insult



LONG-TERM



Adverse consequences
years after hospital discharge ...



Developmental legacy of critical illness

Long-term impairment
physical development



Long-term impairment
neurocognitive development



Impaired neurocognitive development

- ↓ Intelligence
- ↓ Visual-motor integration
- ↓ Attention
- ↓ Motor coordination
- ↓ Executive functions
- ↓ Memory
- ↑ Behavioral problems



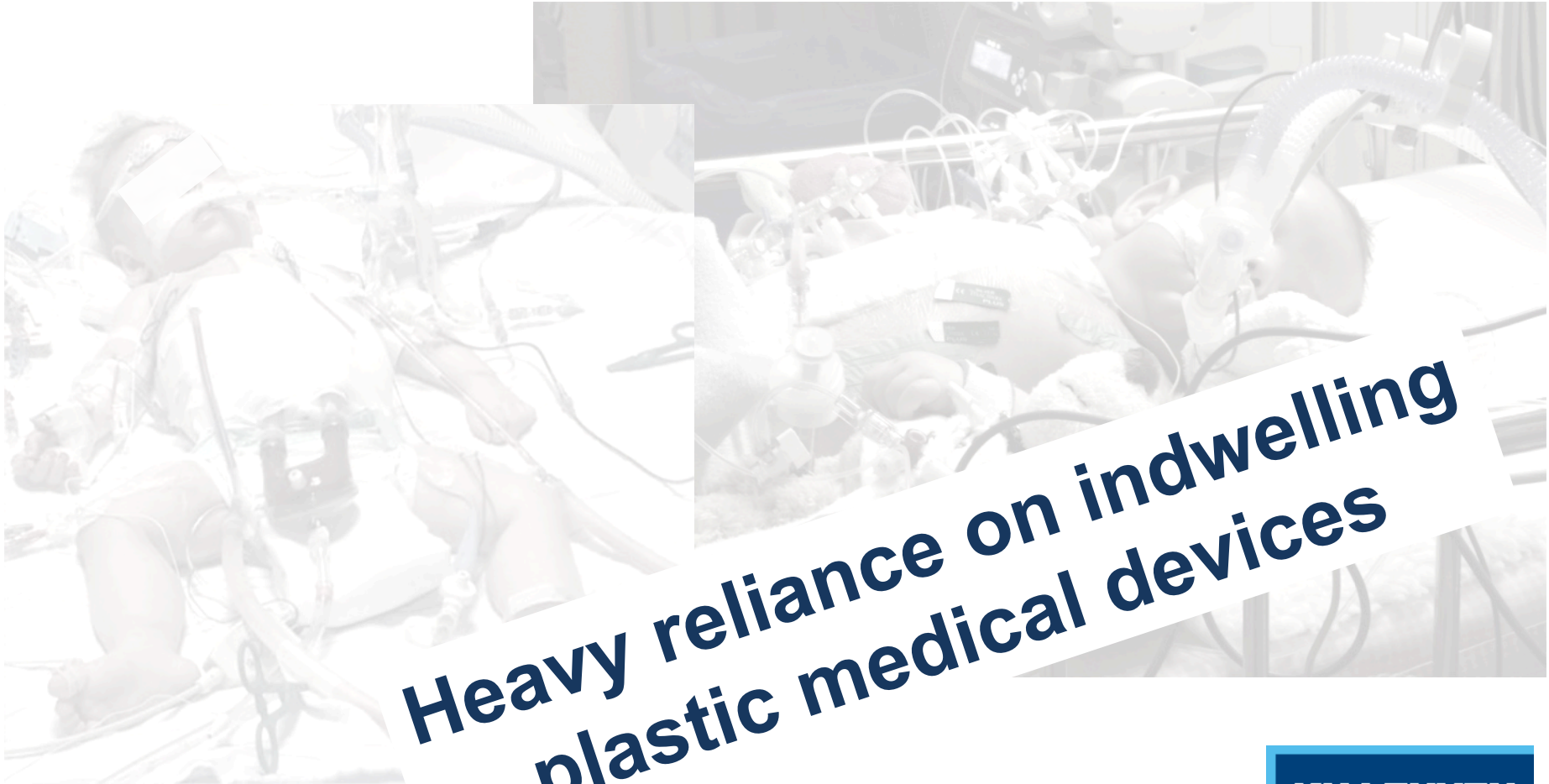
Impaired neurocognitive development

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How can this legacy be explained?
Is this legacy modifiable?



Intensive care and plastic medical devices



**Heavy reliance on indwelling
plastic medical devices**

Softening indwelling plastic medical devices

- Plastic indwelling medical devices:
 - made smaller for use in small children
 - plastic made more soft and pliable with phthalates

- Phthalates
 - not chemically bound to the devices
 - gradually leach during use

Di(2-ethylhexyl)phthalate (DEHP)

- One of the most widespread phthalates

Concerns about potential toxicity of DEHP

- Chronic environmental exposure to DEHP
 - ◆ may compromise fertility
 - ◆ may compromise neurocognitive development
 - *in vitro* studies
 - studies in animal models
 - observational studies in humans
 - ➔ increased prevalence of **ATTENTION DEFICIT** disorders in young children

Di(2-ethylhexyl)phthalate (DEHP)

- Prohibited in cosmetics
- Prohibited in materials in contact with food
- Banned from children's toys
- Still used to soften plastic medical devices!!!
 - significant exposure with long-term hemodialysis
 - long-term blood transfusions



Concerns about potential toxicity of DEHP

- Premature neonates
 - ◆ High urinary levels of DEHP metabolites
 - ◆ Inferred to originate from indwelling medical devices

- Adult critically ill patients
 - ◆ High urinary and serum levels of DEHP metabolites
 - ◆ Very high in patients on CVVH or ECMO

Hypothesis

High circulating DEHP metabolite levels are present in critically ill children treated in the PICU, contributing to the attention deficit and possibly other aspects of the long-term neurocognitive legacy

Leaching of DEHP from indwelling devices

Intravascular

Intravenous, central: catheters and accessories
Intravenous, peripheral: catheters and accessories
Arterial catheters and accessories
Blood transfusion sets and accessories
Parenteral nutrition

Extravascular

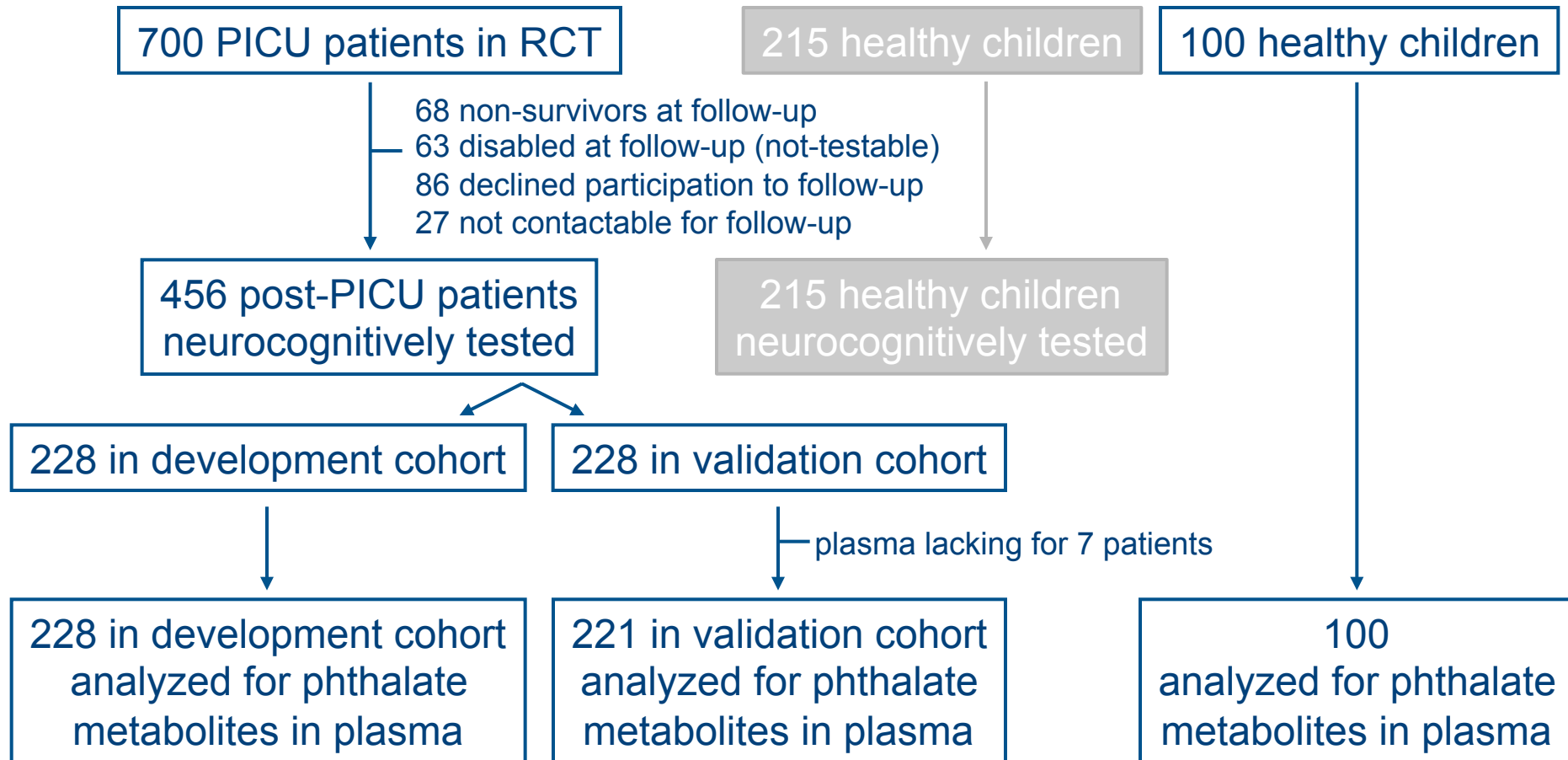
Endotracheal tubes
Gastric tubes
Chest tubes and accessories
Bladder catheters

All leached DEHP !

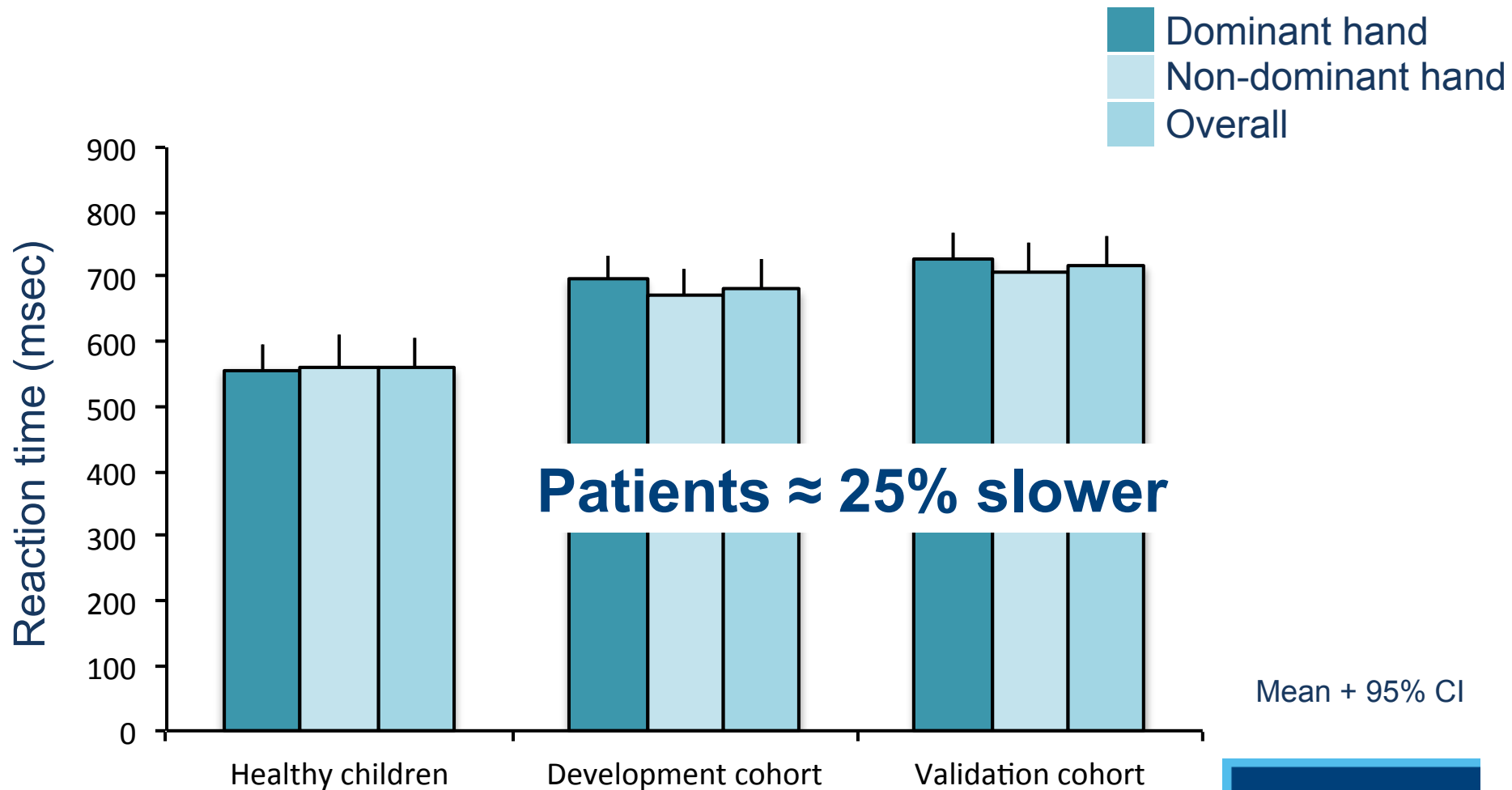
Study participants

 **4** Years After Critical Illness and Treatment
With Tight Glucose Control
A Randomized Controlled Trial

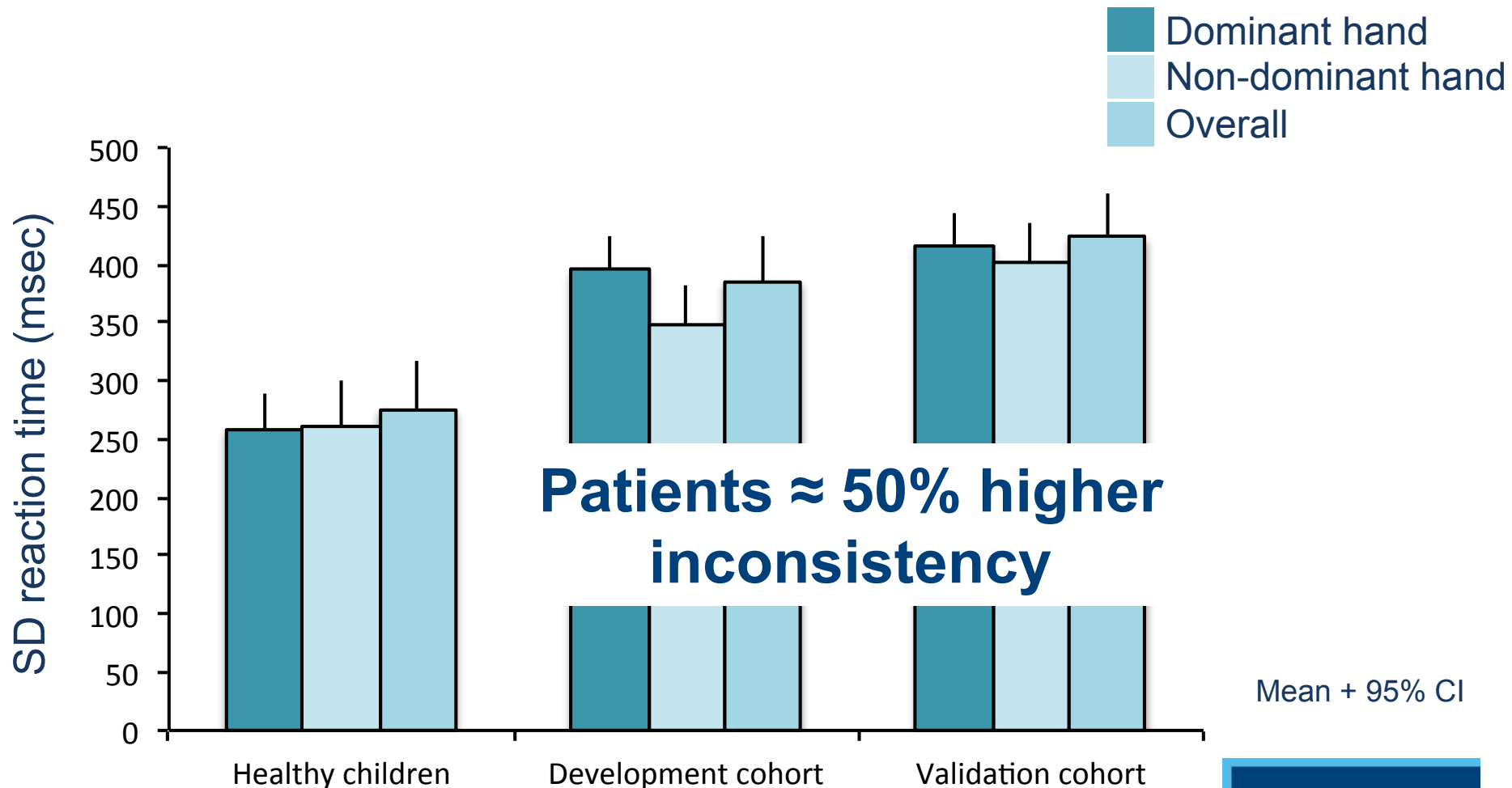
Study participants



Attention deficit in critically ill children

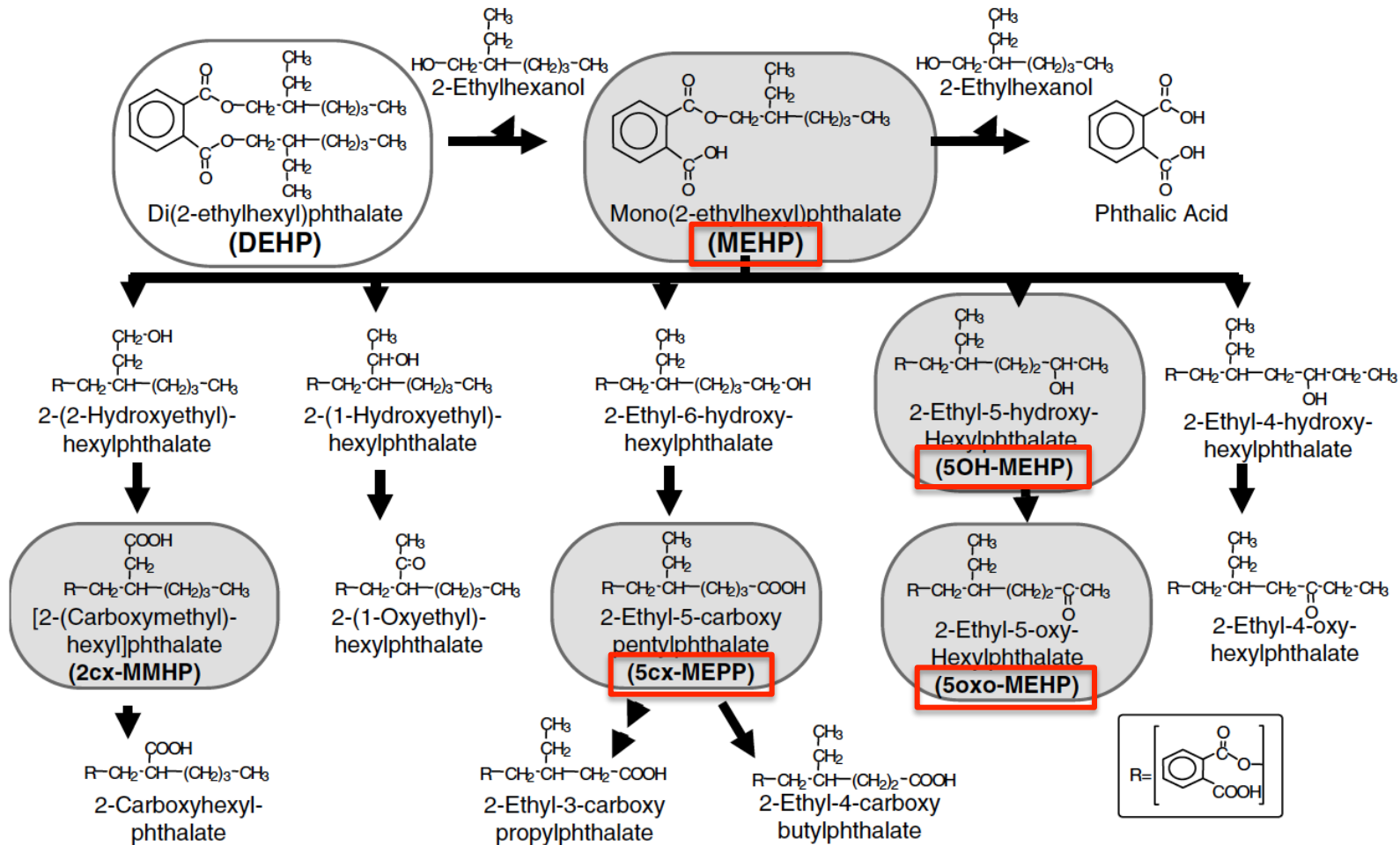


Attention deficit in critically ill children

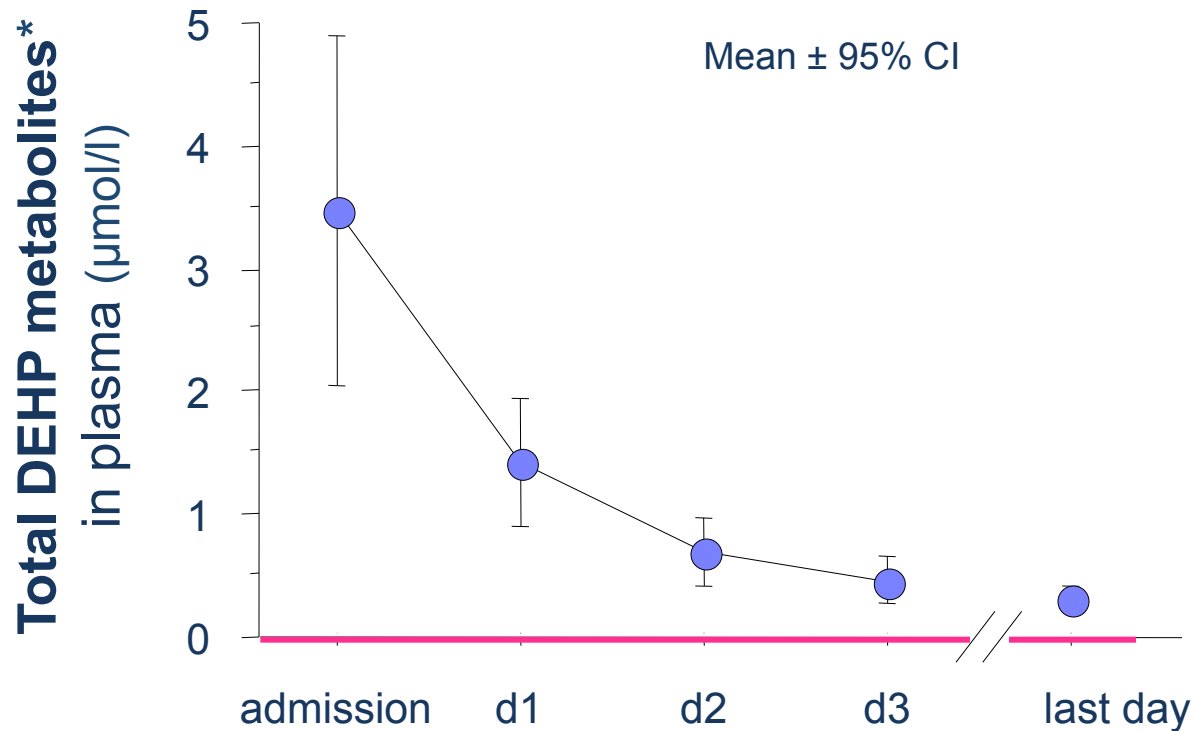


DEHP exposure of critically ill children

DEHP metabolism



DEHP metabolites in critically ill children



* [MEHP] + [5cx-MEPP] + [5OH-MEHP] + [5oxo-MEHP]

- Critically ill children
- Healthy children

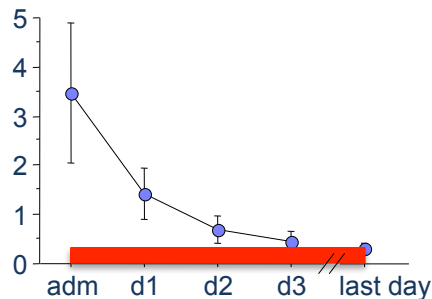
DEHP exposure and outcome of critically ill children

Measure of DEHP metabolite exposure

[circulating DEHP metabolites]
to which the brain is exposed

duration of exposure

eventual long-term
neurocognitive harm



“minimal” phthalate exposure
=
last day [phthalate] x PICU stay

Total DEHP metabolites
Total MEHP metabolites
MEHP
5cx-MEPP
5OH-MEHP
5oxo-MEHP

Development cohort

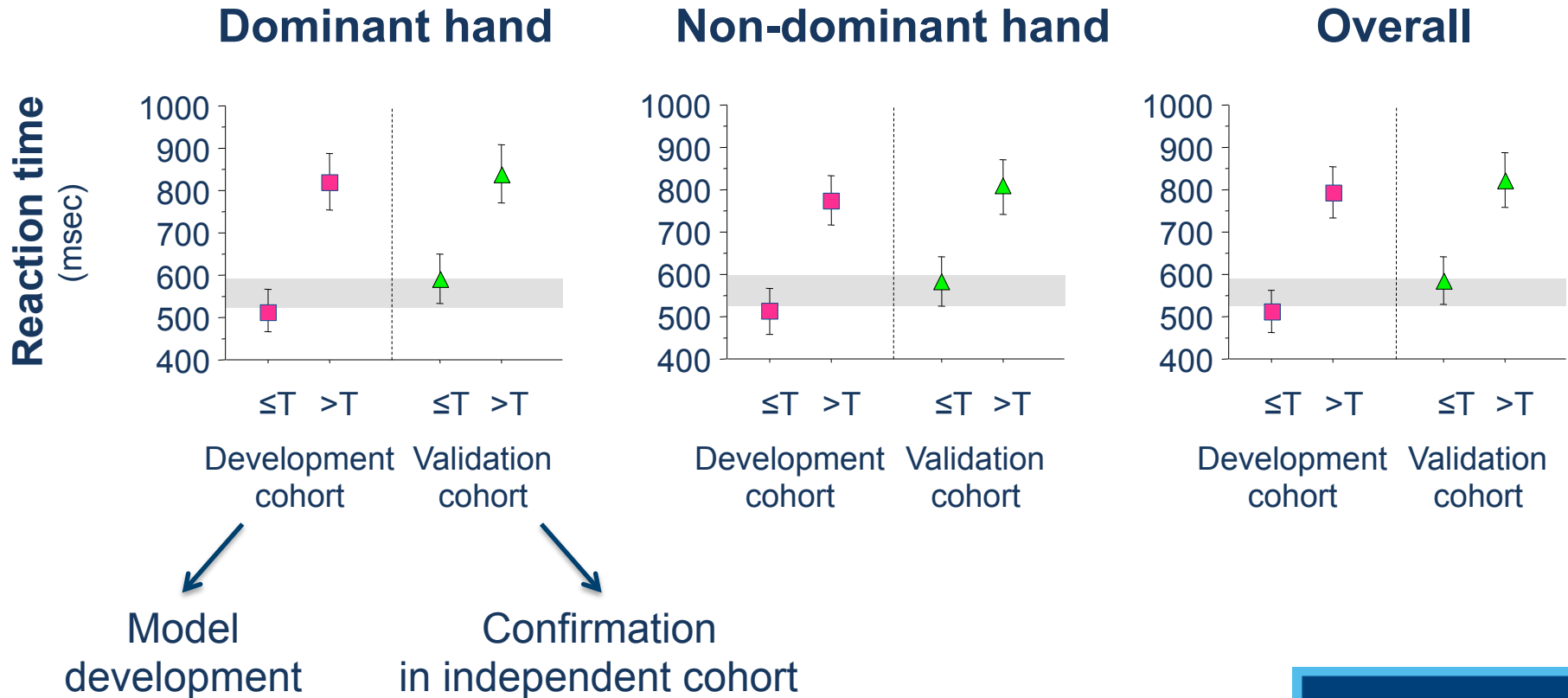
Multivariable regression analyses
400 bootstrap resamplings (stability)

Threshold for potential neurocognitive harm

Threshold total DEHP metabolites and attention

Univariable analysis

Mean \pm 95% CI




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Total DEHP metabolite exposure and attention deficit

Independent impact of **exceeding potentially toxic threshold**
 Multivariable regression analysis *

	Development cohort		Validation cohort		Average %
	Estimate	% of deficit	Estimate	% of deficit	
Reaction time RT (msec)					
dominant hand	79.37	57	61.47	36	46
non-dominant hand	70.51	65	50.89	35	50
overall	74.37	62	57.59	36	49

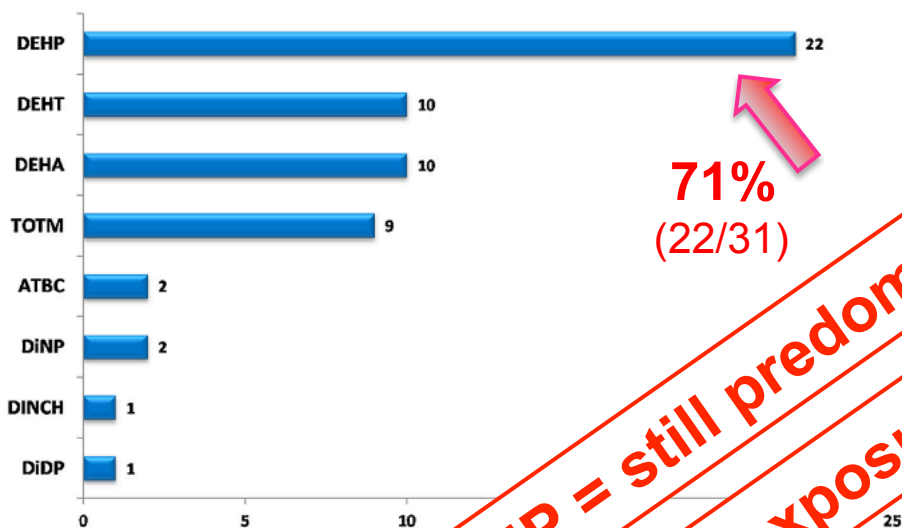
 **Approximately half of the attention deficit statistically explained by exceeding the threshold of DEHP exposure**



Is DEHP exposure avoidable?

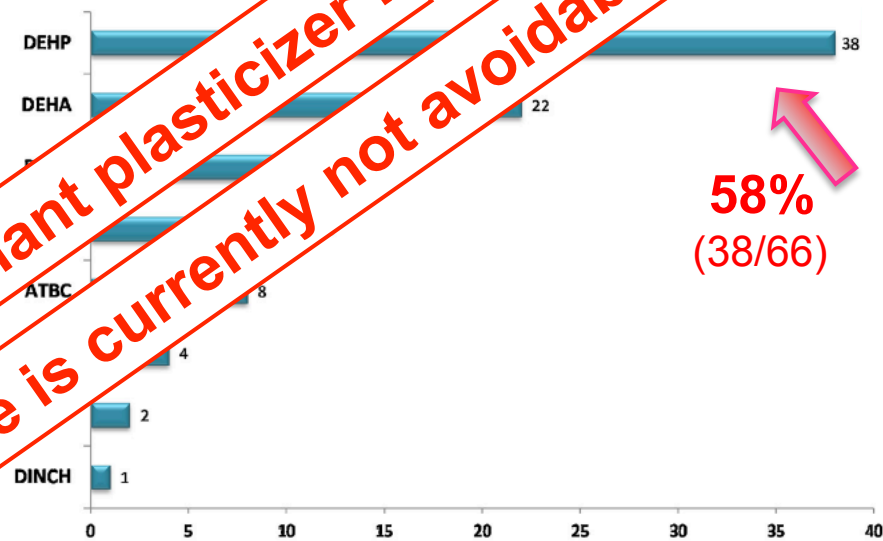
Plasticizers present in indwelling medical devices and essential accessories commonly used in the PICU of two academic hospitals

Hospital 1



71%
(22/31)

Hospital 2



58%
(38/66)

DEHP = still predominant plasticizer !

DEHP exposure is currently not avoidable !

Conclusions

- Iatrogenic exposure to DEHP metabolites during intensive care was independently and robustly associated with the important attention deficit observed in children 4 years after critical illness
- Approximately half of the attention deficit was statistically explained by exceeding a certain threshold of DEHP exposure
- Whenever possible, medical devices with low DEHP release potential should be used
- A large proportion of indwelling medical devices still contains DEHP and hence, exposure to DEHP and its metabolites is currently unavoidable



Safer alternatives
...

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