Management of acute exacerbations of COPD in the ICU: an observational study from the OUTCOMEREA database, 1997-2018.

Supplemental digital content.

eTable 1. Patient characteristics at admission to the ICU. Supplemental data	2
eTable 2. Ventilatory support	3
eTable 3. Non-invasive ventilation for AECOPD in intensive care units	4
eTable 4. Evolution in characteristics of the population and outcomes	5
eTable 5. Evolution of pharmacological therapy for acute exacerbation of chronic obstructive pulmonary disease	7
eTable 6. Evolution of ventilatory support used for acute exacerbation of chronic obstructive pulmonary disease	8
eTable 7. Evolution of characteristics of the population and outcomes	10
eTable 8. Trends in pharmacological therapy	11
eTable 9. Trends in ventilation therapy	12
eTable 10. Patients with NIV failure by period	13
eTable 11. Evolution in mortality of the population with NIV failure	13
eFigure 1. Survival at day-28	14
eFigure 2. BMI of patients with acute exacerbation of COPD in the ICU by year	15
eFigure 3. SAPS II of patients with acute exacerbation of COPD in the ICU by year	16
eFigure 4. Hospital mortality of patients with acute exacerbations of COPD in the ICU by year	17
eFigure 5. Corticosteroids for acute exacerbations of COPD in the ICU by year	18
eFigure 6. Antibiotic prescriptions for acute exacerbations of COPD in the ICU by year	19
eFigure 7. Mortality in the ICU and invasive mechanical ventilation	20
Definitions of NIV and IMV as first-intention, NIV and IMV at admission, NIV failure and limitation of therapeutic effort	21
Statistical analysis. Dynamic regression model - ARIMA model	22
Appendix: Members of the OUTCOMEREA NETWORK	23

eTable 1. Patient characteristics at admission to the ICU. Supplemental data.

Periods	1997-2002	2003-2007	2008-2012	2013-2018
Ν	284	435	639	458
	Median [Q1; Q3]	Median [Q1; Q3]	Median [Q1; Q3]	Median [Q1; Q3]
	or N (Percentage)	or N (Percentage)	or N (Percentage)	or N (Percentage)
Characteristics of the AECOPD population		i (i cicciliage)	n (refeelinge)	(i crocinage)
Non-pulmonary SOFA score Day-1	2 [1; 4]	1 [0; 3]	2 [0; 4]	2 [0; 4]
Non-pulmonary SOFA score Day-2	2 [0.5; 3.5]	1 [0; 3]	2 [1; 4]	1 [0; 4]
Blood gases at admission to Intensive Ca	ara Unit			
-	T T	7 24 [7 27, 7 44]	7 22 17 25, 7 41	7 27 [7 2, 7 4]
pH	7.32 [7.26; 7.38] 61 [46.5; 76.5]	7.34 [7.27; 7.41]	7.32 [7.25; 7.4]	7.37 [7.3; 7.4]
PaCO ₂ (mmHg)		55.4 [43; 71.8]	54.1 [42.5; 72]	54.9 [42; 70]
PaO ₂ (mmHg)	79.5 [59.2; 135.5]	76 [63; 110]	77.1 [62.2; 106.5]	72 [61; 92]
HCO ₃ - (mmHg)	28 [25; 31]	28.5 [25; 33]	27 [23; 32.5]	29 [24; 35]
Severity of airflow limitation (n=436)				
FEV1 (% of expected value)	34.5 [27; 40.5]	41 [31; 50]	40 [30; 54]	39 [27; 54]
GOLD 1, number (%)	0 (0)	1 (1.1)	4 (2.2)	5 (3.7)
GOLD 2, number (%)	2 (7.1)	22 (24.2)	58 (31.7)	43 (32.1)
GOLD 3, number (%)	17 (60.7)	49 (53.8)	72 (39.3)	45 (33.6)
GOLD 4, number (%)	9 (32.1)	19 (20.9)	49 (26.8)	41 (30.6)
Survival of patients with limitation of the	rapeutic effort in ICI	I		
Overall mortality of patients with limitation of therapeutic effort in ICU, number (%)	43 (62.3)	39 (42.4)	82 (58.6)	37 (52.9)
Mortality in ICU of patients with limitation of therapeutic effort in ICU, number (%)	29 (72.5)	33 (58.9)	64 (67.4)	26 (56.5)
Mortality in hospital post-ICU of patients with limitation of therapeutic effort in ICU, number (%)	14 (48.3)	6 (16.7)	18 (40)	11 (45.8)
Decision to limit of therapeutic effort				
Limitation of therapeutic effort during stay in ICU, number (%)	59 (20.8)	61 (14)	131 (20.5)	59 (12.9)
Limitation of therapeutic effort on admission, number (%)	20 (7)	36 (8.3)	69 (10.8)	30 (6.5)

FEV1, forced expiratory volume in 1second; GOLD, Global Initiative for Chronic Obstructive Lung Disease.

	Median [Q1; Q3]
	or N (Percentage)
All types of ventilatory support in ICU, number (%)	1474 (81.2)
Non-Invasive Ventilation in ICU, number (%)	1070 (58.9)
NIV in first intention, number (%)	878 (82.1)
NIV at admission, number (%)	855 (79.9)
Failure of NIV, number (%)	205 (19.2)
Decision to limit therapeutic effort, number (%)	187 (17.5)
Decision to limit therapeutic effort, at admission, number (%)	103 (9.6)
NIV duration (days)	3 [2; 5]
Among patients with NIV in ICU and alive at discharge from ICU (n=961)	
NIV at discharge, number (%)	393 (40.9)
Invasive Mechanical Ventilation in ICU, number (%)	772 (42.5)
IMV at admission, number (%)	649 (84.1)
IMV after failure of NIV, number (%)	176 (22.8)
Tracheostomy for IMV weaning, number (%)	56 (7.2)
IMV duration (days)	8 [4; 16]
Among patients alive at weaning from IMV (n= 623)	
IMV duration (days)	8 [4; 16]
NIV after weaning from IMV, number (%)	223 (35.8)

Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation

eTable 3. Non-invasive ventilation for AECOPD in the ICU.

	Median [Q1; Q3]
	or N(Percentage)
NIV in first intention	878 (48.3)
NIV initiated at admission, number (%)	848 (96.6)
Failure of NIV, number (%)	205 (23.3)
Patients with decision to limit therapeutic effort, number (%)	151 (17.2)
Patients with decision to limit therapeutic effort, at admission, number (%)	87 (9.9)
NIV as the unique ventilatory support used in ICU	702 (38.7)
NIV at admission, number (%)	680 (96.9)
Failure of NIV, number (%)	29 (4.1)
Patients with decision to limit therapeutic effort, number (%)	104 (14.8)
Patients with decision to limit therapeutic effort, at admission, number (%)	74 (10.5)
NIV duration	
Patients with NIV in ICU (days) (n=1070)	3 [2; 5]
Ratio NIV duration / LOS in ICU for patients with NIV in ICU (%)	56.0
Patients with NIV, alive at discharge from ICU (days) (n=961)	3 [2; 5]
Ratio NIV duration / LOS in ICU for patients with NIV in ICU, alive at discharge from ICU (%)	56.6
Patients with NIV as the unique ventilatory support in ICU (days) (n=702)	3 [2; 5]
Ratio NIV duration / LOS in ICU for patients with NIV as the unique ventilatory support in ICU (%)	71.4
Patients with NIV as the unique ventilatory support in ICU, alive at discharge from ICU (days) (n=657)	3 [2; 5]
Ratio NIV duration / LOS in ICU for patients with NIV as unique ventilatory support in ICU, alive at discharge from ICU (%)	70.5

Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; LOS, Length of Stay.

eTable 4. Evolution in characteristics of the population and outcomes by year.

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017/2018
١	58	49	47	59	26	45	41	61	55	131	147	178	145	102	99	115	171	110	69	58	50
POPULATION																					
Age (years), median [Q1; Q3]	69.9 [64.0; 76.0]	71.3 [66.2; 79.7]	72.7 [64.0; 76.7]	71.0 [62.8; 77.3]	71.9 [66.4; 75.8]	68.7 [62.0; 79.9]	72.6 [67.2; 77.1]	74.9 [65.0; 79.1]	71.0 [62.9; 76.9]	71.4 [61.7; 79.6]	70.3 [57.9; 77.3]	73.0 [61.9; 79.1]	67.1 [59.4; 76.4]	70.4 [61.8; 78.8]	71.0 [61.1; 76.4]	71.8 [64.2; 79.4]	66.2 [60.7; 76.2]	68.7 [60.8; 78.3]	71.0 [62.6; 77.0]	66.0 [57.2; 74.3]	70.1 [61.7; 75.
Male, number (%)	34 (58.6)	33 (67.3)	27 (57.4)	38 (64.4)	14 (53.8)	26 (57.8)	23 (56.1)	40 (65.6)	37 (67.3)	89 (66.4)	95 (64.6)	113 (63.5)	96 (66.2)	62 (60.8)	65 (65.7)	73 (63.5)	119 (69.6)	68 (61.8)	42 (60.9)	41 (70.7)	32 (64.0
Glasgow Score Scale at admission, Median [Q1; Q3]	15 [15; 15]	15 [15; 15]	15 [15; 15]	15 [15; 15]	14 [8; 15]	15 [14; 15]	15 [14; 15]	15 [13; 15]	15 [13; 15]	15 [13; 15]	15 [14; 15]	15 [12; 15]	15 [13; 15]	14 [9; 15]	15 [12; 15]	14 [12; 15]	15 [11; 15]	15 [14; 15]	15 [12; 15]	15 [14; 15]	15 [11; 15
SAPS II, median [Q1; Q3]	36.5 [28; 46]	40 [31; 54]	41 [29; 48]	33 [26; 41]	36.5 [24; 55]	34 [28; 43]	35 [28; 43]	34 [29; 46]	32 [24; 45]	39 [29; 46]	34 [25; 44]	37.5 [30; 48]	36 [28; 49]	40 [32; 54]	37 [29; 52]	37 [29; 48]	37 [29; 50]	38 [26; 50]	43 [34; 54]	32.5 [26; 48]	39.5 [26; 47]
N Body mass index, n=1420	58	49	47	56	23	38	36	54	30	72	107	130	108	77	75	99	99	95	66	53	48
Body mass index (BMI) (kg/m2), Median [Q1; Q3]	22.5 [20.3; 28. 3]	24.7 [21.5; 29.1]	24.9 [19.5; 28.5]	25.3 [22.9; 29.5]	25.4 [21.3; 32.7]	23.8 [20.3; 32.7]	23.2 [20.4; 27.5]	22.7 [19.1; 27.3]	26.2 [22.3; 31.2]	25.5 [22.9; 29.5]	26.3 [22.1; 31.2]	26.0 [21.7; 31.1]	24.6 [22.0; 28.3]	24.9 [21.3; 29.6]	25.1 [21.4; 30.2]	26.0 [21.9; 30.7]	24.9 [20.8; 31.5]	25.4 [21.0; 29.5]	23.6 [19.5; 28.9]	26.4 [22.6; 32.5]	26.2 [21.3; 31.4
CENTERS																					
Participating enters by year, number	4	4	4	5	5	8	8	8	7	6	10	8	8	6	10	6	8	7	6	10	12
Inclusion by center (n=32 centers), median [Q1; Q3]	13.5 [6.5; 22.5]	12 [5; 19.5]	10 [1.5; 22]	5 [4; 18]	3 [3; 6]	4 [2; 7]	2.5 [2; 5.5]	2.5 [1; 9]	6 [1; 14]	19 [4; 22]	10.5 [1; 26]	17.5 [5.5; 37.5]	6.5 [4; 27.5]	6 [4; 35]	5.5 [3; 9]	16 [10; 22]	10.5 [5; 32.5]	6 [3; 35]	7.5 [1; 20]	3.5 [1; 7]	3 [2; 6]
LENGTH OF STAY, MORTALITY A		N OF THERAPE	UTIC EFFORT																		
ICU length of stay (days), median [Q1; Q3]	9 [6; 15]	9 [6; 27]	9 [6; 18]	6 [4; 12]	6.5 [4; 9]	8 [5; 14]	9 [6; 13]	7 [4; 11]	8 [5; 15]	5 [3; 9]	6 [3; 15]	6 [4; 12]	6 [4; 13]	6.5 [3; 12]	6 [3; 10]	6 [3; 14]	5 [3; 8]	4 [2; 7]	4 [3; 12]	4 [2; 6]	6 [3; 9]
Hospital length of stay (days), median [Q1; Q3]	20.5 [15; 52]	24 [15; 45]	27 [18; 45]	27.5 [14; 57]	20.5 [12; 35]	19 [14; 30]	20 [15; 41]	26 [14; 37.5]	22 [11.5; 29]	21 [11; 33]	22 [12; 39]	19 [11; 32.5]	19 [12; 34]	19 [9; 33]	15 [9; 24]	22.5 [13.5; 40]	14 [8; 23]	14 [8; 20]	14.5 [8; 25]	14.5 [8.5; 23]	14 [8; 19]
Overall mortality, number (%)	17 (29.3)	11 (22.4)	18 (38.3)	8 (13.6)	5 (19.2)	10 (22.2)	13 (31.7)	9 (14.7)	6 (10.9)	32 (24.4)	32 (21.8)	41 (23.0)	31 (21.4)	27 (26.5)	22 (22.2)	19 (16.5)	28 (16.4)	18 (16.4)	17 (24.6)	3 (5.2)	4 (8.0)
Mortality in ICU, number (%)	10 (17.2)	6 (12.2)	10 (21.3)	3 (5.1)	4 (15.4)	7 (15.6)	8 (19.5)	8 (13.1)	5 (9.1)	17 (13.0)	18 (12.2)	32 (18.0)	17 (11.7)	20 (19.6)	13 (13.1)	13 (11.3)	20 (11.7)	11 (10.0)	11 (15.9)	2 (3.4)	2 (4.0)
Mortality in hospital post-ICU, number (%)	7 (12.1)	5 (10.2)	8 (17.0)	5 (8.5)	1 (3.8)	3 (6.7)	5 (12.2)	1 (1.6)	1 (1.8)	15 (11.4)	14 (9.5)	9 (5.1)	14 (9.7)	7 (6.9)	9 (9.1)	6 (5.2)	8 (4.7)	7 (6.4)	6 (8.7)	1 (1.72)	2 (4.0)
Limitation of therapeutic effort, during stay in ICU, number (%)	11 (19.0)	10 (20.4)	13 (27.7)	7 (11.9)	5 (19.2)	13 (28.9)	8 (19.5)	14 (22.9)	2 (3.6)	18 (13.7)	19 (12.9)	29 (16.3)	31 (21.4)	30 (29.4)	22 (22.2)	19 (16.5)	17 (9.9)	13 (11.8)	20 (29.0)	4 (6.9)	5 (10.0)
imitation of therapeutic effort at admission, number (%)	1 (1.7)	2 (4.1)	1 (2.1)	5 (8.5)	2 (7.7)	9 (20.0)	6 (14.6)	13 (21.3)	1 (1.8)	9 (6.9)	7 (4.8)	14 (7.9)	17 (11.7)	18 (17.6)	14 (14.1)	6 (5.2)	6 (3.5)	8 (7.3)	11 (15.9)	2 (3.4)	3 (6.0)
BLOOD GASES AT ADMISSION TO	DICU																				
pH, median [Q1; Q3]	7.32 [7.29; 7.41]	7.29 [7.24; 7.35]	7.29 [7.21; 7.37]	7.35 [7.28; 7.41]	7.32 [7.29; 7.40]	7.33 [7.25; 7.37]	7.37 [7.28; 7.44]	7.32 [7.26; 7.39]	7.35 [7.28; 7.42]	7.34 [7.26; 7.41]	7.34 [7.26; 7.40]	7.31 [7.25; 7.38]	7.33 [7.25; 7.40]	7.34 [7.25; 7.41]	7.32 [7.21; 7.40]	7.31 [7.25; 7.38]	7.37 [7.29; 7.43]	7.37 [7.27; 7.43]	7.37 [7.30; 7.42]	7.39 [7.32; 7.45]	7.33 [7.26; 7.42
PaCO ₂ (mmHg), median [Q1; Q3]	62.5 [48; 77.0]	64.5 [55.0; 77.0]	61.0 [43.0; 78.0]	54.0 [45.0; 70.0]	59.1 [43.0; 80.0]	60.5 [45.8; 74.5]	48.0 [38.0; 63.0]	51.5 [43.0; 73.0]	56.0 [40.5; 69.0]	57.6 [43.0; 74.9]	55.9 [45.0; 71.0]	56.3 [45.0; 76.0]	54.0 [40.8; 69.6]	49.5 [40.1; 70.0]	54.4 [42.1; 76.3]	53.0 [43.0; 66.0]	57.0 [42.8; 70.5]	53.0 [39.0; 68.0]	51.0 [41.0; 63.0]	50.5 [41.5; 65.0]	58.5 [46.5; 75.0
		•					•			•	•			•			•	•			

PaO ₂ (mmHg), median [Q1; Q3]	72.0	75.0	95.0	75.0	78.0	86.5	88.0	75.0	81.0	73.0	77.9	76.9	81.3	78.0	77.0	74.0	73.0	70.0	72.0	75.5	69.0
	[57.0;125.0]	[56.0; 115.0]	[69.0; 158.0]	[55.0; 134.0]	[61.0; 143.3]	[70.0; 135.5]	[66.0; 120.0]	[60.0; 102.8]	[64.0; 109.0]	[60.2; 100.0]	[65.5; 117.0]	[61.4; 106.0]	[60.6; 114.0]	[66.7; 105.2]	[63.4; 109.0]	[62.0; 101.0]	[64.0; 93.0]	[60.0; 91.0]	[58.0; 93.0]	[64.0; 88.5]	[56.0; 92.5]
HCO ₃ - (mmHg), median [Q1; Q3]	28.0	28.0	27.0	27.5	31.0	28.5	27.0	27.0	29.0	29.0	29.0	28.0	27.0	26.25	27.0	26.0	30.0	28.0	27.0	27.9	32.0
	[26.0; 30.0]	[26.0; 29.0]	[24.0; 29.0]	[24.0; 31.0]	[27.0; 38.0]	[24.0; 34.0]	[25.0; 31.0]	[22.5; 30.7]	[24.0; 34.0]	[25.7; 34.5]	[25.0; 33.0]	[24.0; 34.3]	[23.0; 31.0]	[23.0; 32.5]	[24.0; 33.0]	[22.0; 31.0]	[25.0; 37.0]	[23.0; 35.0]	[23.6; 33.0]	[24.0; 34.2]	[26.9; 36.0]

Abbreviations: BMI, Body Mass Index; ICU, Intensive Care Unit; SAPS II Score, Simplified Acute Physiology Score (SAPS) II.

eTable 5. Evolution of pharmacological therapy for AECOPD.

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017/2018
N	58	49	47	59	26	45	41	61	55	131	147	178	145	102	99	115	171	110	69	58	50
CORTICOSTEROID THERAPY																					
Corticosteroid therapy in ICU, number (%)	33 (56.9)	18 (36.7)	19 (40.4)	32 (54.2)	9 (34.6)	19 (42.2)	23 (56.1)	30 (49.2)	21 (38.2)	36 (27.5)	72 (49.0)	89 (50.0)	72 (49.7)	57 (55.9)	47 (47.5)	56 (48.7)	68 (38.8)	34 (30.9)	19 (27.5)	10 (17.2)	21 (42.0)
Patients with corticosteroid therapy in ICU and length of stay in ICU \geq 7 days (n= 432), number	22	10	13	12	5	10	17	19	16	17	46	52	34	33	20	30	34	15	13	2	12
Duration of corticosteroid therapy (days), median [Q1; Q3]	7 [5; 14]	9.5 [8; 17]	6 [3; 11]	8 [6; 10]	7 [7; 8]	8.5 [6; 13]	8 [7; 11]	7 [6; 12]	6.5 [3; 9.5]	13 [6; 15]	7.5 [5; 12]	7 [4; 12]	9.5 [5; 12]	8 [5; 12]	4.5 [3.5; 13.5]	9 [5; 14]	7 [5; 10]	6 [4; 9]	6 [4; 8]	6 [3; 9]	7 [4; 9.5]
Duration of corticosteroid therapy > 5 days, number (%)	15 (68.2)	9 (90.0)	8 (61.5)	9 (75.0)	5 (100.0)	8 (80.0)	15 (88.2)	15 (79.0)	9 (56.2)	13 (76.5)	34 (73.9)	31 (59.6)	24 (70.6)	24 (72.7)	8 (40.0)	22 (73.3)	25 (73.5)	9 (60.0)	7 (53.8)	1 (50.0)	8 (66.7)
ANTIBIOTIC THERAPY																					
Antibiotic therapy in ICU, number (%)	49 (84.5)	40 (81.6)	40 (85.1)	49 (83.0)	19 (73.1)	42 (93.3)	30 (73.2)	42 (68.8)	44 (80.0)	92 (70.2)	122 (83.0)	142 (79.8)	112 (77.2)	74 (72.5)	72 (72.7)	93 (80.9)	137 (80.1)	79 (71.8)	55 (79.7)	30 (51.7)	26 (52.0)
Patients with Antibiotic therapy in ICU and length of stay in ICU \geq 7 days (n= 741)	38	26	30	22	12	25	22	27	30	38	65	79	59	44	37	54	58	26	25	9	15
Duration of antibiotic therapy (days), median [Q1; Q3] and length of stay in ICU \geq 7 days (n= 741)	10 [7; 16]	16 [8; 25]	8 [7; 15]	9.5 [7; 19]	8.5 [6; 15.5]	10 [8; 18]	9 [7; 14]	9 [7; 14]	9 [6; 11]	8 [6; 14]	12 [8; 18]	9 [6; 15]	8 [6; 12]	10.5 [7; 18]	9 [7; 12]	9.5 [7; 17]	8 [6; 13]	7.5 [5; 11]	8 [7; 12]	8 [7; 12]	8 [7; 10]

Abbreviations: ICU, Intensive Care Unit.

eTable 6. Evolution of ventilatory support used for AECOPD.

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017/2018
N	58	49	47	59	26	45	41	61	55	131	147	178	145	102	99	115	171	110	69	58	50
Ventilatory support																					
All types of ventilatory support in ICU, number (%)	43 (74.1)	32 (65.3)	40 (85.1)	42 (71.2)	22 (84.6)	41 (91.1)	34 (82.9)	53 (86.9)	45 (81.8)	111 (84.8)	118 (80.3)	144 (80.9)	128 (88.3)	85 (83.3)	85 (85.9)	101 (87.8)	132 (77.2)	79 (71.8)	62 (89.9)	39 (67.2)	38 (76.0)
NIV in ICU, number (%) (n=1070)	25 (43.1)	19 (38.8)	24 (51.1)	29 (49.1)	11 (42.3)	31 (68.9)	23 (56.1)	32 (52.4)	28 (50.9)	90 (68.7)	90 (61.2)	104 (58.4)	86 (59.3)	61 (59.8)	66 (66.7)	74 (64.3)	99 (57.9)	71 (64.5)	49 (71.0)	28 (48.3)	30 (60.0)
NIV in first intention, number (%)	20 (80.0)	15 (79.0)	19 (79.2)	22 (75.9)	9 (81.8)	27 (87.1)	19 (82.6)	30 (93.7)	25 (89.3)	81 (90.0)	76 (84.4)	87 (83.6)	75 (87.2)	43 (70.5)	52 (78.8)	56 (75.7)	80 (80.8)	60 (84.5)	38 (77.5)	21 (75.0)	23 (76.7)
NIV at admission, number (%)	18 (72.0)	14 (73.7)	16 (66.7)	23 (79.3)	8 (72.7)	26 (83.9)	17 (73.9)	28 (87.5)	24 (85.7)	79 (87.8)	76 (84.4)	84 (80.8)	74 (86.0)	42 (68.8)	51 (77.3)	53 (71.6)	80 (80.8)	59 (83.1)	39 (79.6)	22 (78.6)	22 (73.3)
Failure of NIV, number (%)	9 (36.0)	3 (15.8)	8 (33.3)	5 (17.2)	2 (18.2)	12 (38.7)	6 (26.1)	7 (21.9)	2 (7.1)	19 (21.1)	25 (27.8)	22 (21.1)	14 (16.3)	6 (9.8)	9 (13.6)	15 (20.3)	14 (14.1)	13 (18.3)	11 (22.4)	1 (3.6)	2 (6.7)
Patients with decision of limitation of therapeutic effort, number (%)	3 (12.0)	2 (10.5)	7 (29.2)	3 (10.3)	2 (18.2)	12 (38.7)	5 (21.7)	9 (28.1)	0 (0)	13 (14.4)	13 (14.4)	17 (16.3)	14 (16.3)	18 (29.5)	15 (22.7)	14 (18.9)	10 (10.1)	10 (14.1)	13 (26.5)	2 (7.1)	5 (16.7)
Patients with decision of limitation of therapeutic effort at admission, number (%)	0 (0)	0 (0)	1 (4.2)	2 (6.9)	1 (9.1)	9 (29.0)	3 (13.0)	9 (28.1)	0 (0)	6 (6.7)	6 (6.7)	9 (8.6)	8 (9.3)	13 (21.3)	9 (13.6)	5 (6.8)	3 (3.0)	7 (9.9)	8 (16.3)	1 (3.6)	3 (10.0)
NIV in first intention, number (%) (n=878)	20 (34.5)	16 (30.6)	19 (40.4)	22 (37.3)	9 (34.6)	27 (60.0)	19 (46.3)	30 (49.2)	25 (45.4)	81 (61.8)	76 (51.7)	87 (48.9)	75 (51.7)	43 (42.1)	52 (52.5)	56 (48.7)	81 (46.8)	60 (54.5)	38 (55.1)	21 (36.2)	23 (46.0)
NIV at admission, number (%)	18 (90.0)	14 (93.3)	16 (84.2)	22 (100.0)	8 (88.9)	26 (96.3)	17 (89.5)	28 (93.3)	24 (96.0)	79 (97.5)	76 (100.0)	84 (96.5)	74 (98.7)	41 (95.3)	50 (96.1)	53 (94.6)	79 (98.7)	59 (98.3)	37 (97.4)	21 (100.0)	22 (95.7)
Failure of NIV, number (%)	9 (45.0)	3 (20.0)	8 (42.1)	5 (22.7)	2 (22.2)	12 (44.4)	6 (31.6)	7 (23.3)	2 (8.0)	19 (23.5)	25 (32.9)	22 (25.3)	14 (18.7)	6 (13.9)	9 (17.3)	15 (26.8)	14 (17.5)	13 (21.7)	11 (28.9)	1 (4.8)	2 (8.7)
Patients with decision of limitation of therapeutic effort, number (%)	3 (15.0)	1 (6.7)	6 (31.6)	2 (9.1)	1 (11.1)	8 (29.6)	2 (10.5)	9 (30.0)	0 (0)	12 (14.8)	11 (14.5)	14 (16.1)	12 (16.0)	11 (25.6)	12 (23.1)	10 (17.9)	9 (11.2)	10 (16.7)	12 (31.6)	1 (4.8)	5 (21.7)
Patients with decision of limitation of the rapeutic effort at admission, number $(\%)$	0 (0)	0 (0)	1 (5.3)	2 (9.1)	1 (11.1)	5 (18.5)	0 (0.0)	9 (30.0)	0 (0)	6 (7.4)	5 (6.6)	7 (8.0)	8 (10.7)	8 (18.6)	8 (15.4)	5 (8.9)	3 (3.7)	7 (11.7)	8 (21.0)	1 (4.8)	3 (13.0)
NIV as the unique ventilatory support used in ICU, number (%) (n=702)	11 (19.0)	12 (24.5)	12 (24.5)	17 (28.8)	7 (26.9)	15 (33.3)	13 (31.7)	25 (41.0)	23 (41.8)	66 (50.4)	54 (36.7)	69 (38.8)	63 (43.4)	40 (39.2)	44 (44.4)	43 (37.4)	68 (39.8)	48 (43.6)	30 (43.5)	21 (36.2)	21 (42.0)
NIV at admission, number (%)	10 (90.9)	12 (100.0)	11 (91.7)	17 (100.0)	6 (85.7)	14 (93.3)	11 (84.6)	24 (96.0)	22 (95.6)	66 (100.0)	54 (100.0)	66 (95.6)	62 (98.4)	38 (95.0)	42 (95.4)	41 (95.3)	67 (98.5)	47 (97.9)	29 (96.7)	21 (100.0)	20 (95.2)
Failure of NIV, number (%)	0 (0)	0 (0)	1 (8.3)	0 (0)	0 (0)	0 (0)	0 (0)	2 (8.0)	0 (0)	4(6.1)	3 (5.6)	4 (5.8)	2 (3.2)	3 (7.5)	1 (2.3)	2 (4.6)	2 (2.9)	1 (2.1)	3 (10.0)	1 (4.8)	0 (0)
Patients with decision of limitation of therapeutic effort, number (%)	1 (9.1)	1 (8.3)	3 (25.0)	1 (5.9)	1 (14.3)	4 (26.7)	0 (0)	6 (24.0)	0 (0)	7 (10.6)	5 (9.3)	9 (13.0)	9 (14.3)	11 (27.5)	12 (27.3)	5 (11.6)	7 (10.3)	8 (16.7)	8 (26.7)	1 (4.8)	5 (23.8)
Patients with decision of limitation of the rapeutic effort at admission, number $(\%)$	0 (0)	0 (0)	1 (8.3)	1 (5.9)	1 (14.3)	4 (26.7)	0 (0)	6 (24.0)	0 (0)	5 (7.6)	2 (3.7)	7 (10.1)	6 (9.5)	8 (20.0)	8 (18.2)	4 (9.3)	3 (4.4)	7 (14.6)	7 (23.3)	1 (4.8)	3 (14.3)
Length of use of NIV																					
Patients with NIV in ICU (days) (n=1070), median [Q1; Q3]	5 [2; 6]	3 [2; 6]	2.5 [1; 6.5]	3 [2; 5]	5 [3; 7]	3 [2; 6]	5 [3; 7]	3 [2; 6.5]	5 [2; 8]	3 [2; 5]	3 [2; 5]	4 [2; 5]	3 [2; 5]	3 [2; 6]	3 [2; 4]	3 [1; 4]	2 [1; 5]	2 [1; 3]	2 [1; 3]	2 [1; 3]	2.5 [2; 6]
Ratio NIV duration / LOS in ICU for patients with NIV in ICU (%)	40.5	67.4	38.8	49.0	54.6	48.6	51.6	65.0	65.7	68.2	54.5	59.3	66.0	60.00	60.2	51.4	52.8	49.0	50.4	54.1	56.1
Patients with NIV, alive at discharge from ICU (days) (n=961), median [Q1; Q3]	5 [2; 7]	3 [2; 4]	3 [1; 7]	3.5 [2; 5]	5 [3; 7]	3.5 [2; 6]	4.5 [3; 6]	3 [2; 7]	5 [2; 8]	3 [2; 5]	3 [2; 5]	4 [2; 5.5]	3 [2; 5]	3.5 [2; 6]	3 [2; 5]	3 [1; 4]	3 [1; 5]	2 [1; 3]	2 [1; 3]	2 [1; 3]	2 [2; 6]
Ratio NIV duration / LOS in ICU for patients with NIV, alive at discharge from ICU (%)	39.7	34.3	37.7	50.4	54.6	52.3	53.1	65.8	65.7	70.4	57.2	59.6	66.2	61.7	61.6	51.7	53.0	48.5	47.3	52.4	55.3
Patients with NIV as the unique ventilatory support in ICU (days) (n=702), median [Q1; Q3]	5 [3; 7]	3.5 [2; 6]	3.5 [1; 7.5]	4 [2; 5]	3 [1; 5]	3 [2; 5]	5 [3; 6]	3 [2; 6]	6 [2; 10]	3 [2; 5]	3 [2; 5]	4 [2; 5]	3 [2; 5]	4 [2; 6]	2 [2; 3]	3 [2; 5]	3 [1; 5]	2 [1; 3]	2 [1; 3]	2 [1; 3]	4 [2; 6]
Ratio NIV duration / LOS in ICU for patients with NIV as the unique ventilatory support in ICU (%)	64.7	50.3	59.3	65.2	61.4	63.5	62.3	75.6	73.5	81.3	74.5	76.9	79.5	78.9	72.0	74.0	66.0	59.1	63.3	65.2	66.5
Patients with NIV as the unique ventilatory support in ICU, alive at discharge from ICU (days) (n=657), median [Q1; Q3]	5 [3; 7]	3.5 [2; 6]	3.5 [1; 8]	4 [2; 5]	3 [1; 5]	3 [2; 5]	5 [3; 6]	3 [2; 6]	6 [2; 10]	3 [2; 5]	3 [2; 5]	4 [2; 5]	3.5 [2; 5]	4 [2; 6]	2 [2; 3]	3 [2; 5]	3 [1; 5]	2 [1; 3]	2 [1; 3]	2 [1; 3]	3.5 [2; 6]
Ratio NIV duration / LOS in ICU for patients with NIV as unique ventilatory support in ICU, alive at discharge from ICU (%)	64.7	48.0	59.1	65.2	61.4	63.5	62.3	74.6	73.5	80.6	74.0	75.1	79.1	77.9	72.2	72.7	65.5	58.4	59.3	63.5	65.8
NIV at discharge for patients alive at discharge from ICU																					
For patients with NIV in ICU, number (%)	5 (21.7)	2 (11.1)	2 (10.5)	7 (25.0)	5 (45.4)	2 (7.7)	4 (22.2)	12 (44.4)	12 (42.9)	47 (58.7)	29 (37.2)	45 (51.1)	44 (52.4)	31 (62.0)	34 (56.7)	26 (38.9)	35 (38.9)	20 (30.3)	10 (22.7)	10 (37.0)	11 (37.9)
For patients with NIV as the unique ventilatory support in ICU, number (%)	3 (27.3)	1 (9.1)	2 (20.0)	5 (29.4)	3 (42.9)	2 (13.3)	2 (15.4)	12 (54.5)	11 (47.8)	39 (62.9)	23 (45.1)	37 (60.7)	36 (58.1)	22 (62.9)	23 (56.1)	19 (46.3)	29 (46.8)	15 (32.6)	7 (25.9)	8 (40.0)	6 (30.0)
Invasive mechanical ventilation in ICU, number (%) (n=772)	32 (55.2)	20 (40.8)	28 (59.6)	25 (42.4)	15 (57.7)	26 (57.8)	21 (51.2)	28 (45.9)	22 (40.0)	45 (34.3)	64 (43.5)	75 (42.1)	65 (44.8)	45 (44.1)	41 (41.4)	58 (50.4)	64 (37.4)	31 (28.2)	32 (46.4)	18 (31.0)	17 (34.0)

IMV duration (days), median [Q1; Q3]	9 [5; 17.5]	14.5 [7; 25.5]	12 [6; 18.5]	10 [5; 16]	4 [2; 10]	8.5 [4; 18]	10 [5; 12]	7 [4; 14.5]	10 [6; 20]	6 [3; 13]	11 [5; 20]	8 [4; 21]	10 [5; 15]	10 [6; 22]	7 [4; 14]	10 [4; 20]	5.5 [2; 12]	6 [2; 11]	7.5 [3; 12.5]	4.5 [2; 7]	7 [3; 8]
IMV at admission, number (%)	22 (68.7)	16 (80.0)	24 (85.7)	20 (80.0)	14 (93.3)	22 (84.6)	17 (80.9)	26 (92.9)	19 (86.4)	33 (73.3)	46 (71.9)	60 (80.0)	56 (85.1)	43 (95.6)	38 (92.7)	49 (84.5)	57 (89.1)	29 (93.5)	25 (78.1)	18 (100.0)	15 (88.2)
Patients with IMV after failure of NIV, number (%)	9 (28.1)	3 (15.0)	7 (25.0)	5 (20.0)	2 (13.3)	12 (46.1)	6 (28.6)	5 (17.9)	2 (9.1)	15 (33.3)	22 (34.4)	18 (24.0)	12 (18.5)	3 (6.7)	8 (19.5)	13 (22.4)	12 (18.7)	12 (38.7)	8 (25.0)	0 (0.0)	2 (11.8)
Patients underwent tracheostomy, number (%)	7 (21.9)	4 (20.0)	4 (14.3)	3 (12.0)	2 (13.3)	2 (7.7)	0 (0.0)	1 (3.6)	3 (13.6)	2 (4.4)	3 (4.7)	6 (8.0)	6 (9.2)	4 (8.9)	1 (2.4)	4 (6.9)	3 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.9)
Among patients alive at weaning from IMV (n= 623), number (%)	23 (71.9)	18 (90.0)	21 (75.0)	22 (88.0)	13 (86.7)	24 (92.3)	17 (80.9)	24 (85.7)	17 (77.3)	36 (80.0)	53 (82.8)	55 (73.3)	52 (80.0)	34 (75.6)	33 (80.5)	49 (84.5)	51 (79.7)	23 (74.2)	25 (78.1)	17 (94.4)	16 (94.1)
IMV duration (days), median [Q1; Q3]	8 [5; 20]	14.5 [9; 24]	12 [7; 19]	9.5 [5; 16]	4 [3; 10]	8.5 [4; 17.5]	11 [4; 14]	7 [4; 14.5]	9 [6;16]	6.5 [3; 12.5]	9 [4; 16]	7 [4; 15]	10 [5; 14.5]	9 [6; 16]	8 [4; 14]	10 [4; 19]	4 [2; 12]	6 [2; 8]	7 [3; 12]	5 [2; 7]	6 [3; 8]
NIV after weaning of IMV, number (%)	4 (17.4)	4 (22.2)	6 (28.6)	8 (36.4)	3 (23.1)	9 (37.5)	3 (17.6)	3(12.5)	3 (17.6)	14 (38.9)	18 (34.00)	19 (34.5)	14 (26.9)	17 (50.0)	15 (45.4)	19 (38.8)	22 (43.1)	14 (60.9)	14 (56.0)	6 (35.3)	8 (50.0)

Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation; LOS, Lengths of Stay.

eTable 7. Evolution of characteristics of the population and outcomes.

	Variation per year	Standard Error	<i>p</i> -value
Characteristics of the population			
Variation in age (year/year)	-0.09	0.06	0.12
Variation in sex (% of males/year)	0.004	1.12	0.99
Variation in BMI (%/year)	0.32	0.13	0.02
Variation in SAPS II Score (%/year)	0.61	0.22	<.01
Variation in SOFA Score Day-1 (%/year)	0.82	0.36	0.02
COPD characteristics (n=1069)			
Long-term oxygen therapy, number (%)	-4.29	1.92	0.03
Non-Invasive Ventilation at home, number (%)	5.73	3.37	0.09
Very severe COPD (Long-term oxygen therapy and/or GOLD 4), number (%)	-3.37	1.88	0.07
Length of ICU stay			
Variation in LOS in ICU (% /year)	-3.21	0.46	<.01
Variation in LOS in ICU among patients alive at discharge from ICU (%/year)	-3.2	0.46	<.01
Variation in LOS in Hospital (%/year)	-2.6	0.51	<.01
Variation in LOS in Hospital among patients alive at discharge from hospital (%/year)	-2.45	0.54	<.01
Mortality			
Variation in overall hospital mortality (%/year)	-5.81	1.66	<.01
Variation in mortality in ICU (%/year)	-4.09	1.92	0.03
Variation in mortality in hospital post-ICU (%/year)	-4.21	1.76	0.02
Mortality D-28, number (%)	-2	1.52	0.18
Mortality D-90, number (%) (n=1287)	-4.98	2.17	0.02

Notes: Variations in length of stay and variation in mortality were adjusted on age, sex, BMI, SAPS Score, decision of limitation of therapeutic effort and severity status of COPD.

Abbreviations: BMI, Body Mass Index; SAPS II Score, Simplified Acute Physiology Score II; SOFA Score, Sequential Organ Failure Assessment Score; COPD, Chronic Obstructive Pulmonary Disease; ICU, Intensive Care Unit; LOS, Length of Stay; ICU, Intensive Care Unit.

eTable 8. Trends in pharmacological therapy.

	Variation	Standard Error	<i>p</i> -value
	per year	EII0	
Corticosteroid Therapy			
Variation in prescription of corticosteroids (%/year)	-4.75	1.18	<.01
	T		
Variation in prescription of corticosteroids > 5 days among patients with ICU length of stay \geq 7 days (%/year) (n=432)	-6.01	2.52	0.02
Antibiotic Therapy			
Variation in prescription of antibiotics (%/year)	-5.78	1.37	<.01
Variation in duration of antibiotic therapy among patients with ICU stays in ICU \geq 7 days and given antibiotics (%/year) (n=741)	-1.10	0.43	0.01

Notes: Variation in prescription of corticosteroids, in prescription of corticosteroids > 5 days, prescription of antibiotics, in use of NIV at admission to ICU, in failure of NIV, in use of IMV, in use of weaning tracheostomy, in duration on IMV and use of NIV after weaning from IMV were adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort and severity status of COPD.

Variation in duration of antibiotic therapy among patients with ICU stay \geq 7 days and given antibiotics were adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort, severity status of COPD and length of stay in the ICU.

Abbreviations: BMI, Body Mass Index; ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation; LOS, Length of Stay; SAPS II Score, Simplified Acute Physiology Score II. COPD, Chronic Obstructive Pulmonary Disease.

eTable 9. Trends in ventilation therapy.

	Variation per year	Standard Error	<i>p</i> -value
Variation in use of all types of ventilation (%/year)	2.61	1.53	0.09
Non-Invasive Ventilation			
Variation in use of NIV (%/year)	5.15	1.16	<.01
Patients with NIV during hospitalization in ICU (n=1070)			
Variation in use of NIV in first-intention in ICU (%/year)	0.45	1.99	0.82
Variation in use of NIV at admission to ICU (%/year)	1.69	1.94	0.38
Variation in failure of NIV (%/year)	-6.21	1.75	<.01
Variation in NIV duration in ICU (%/year)	-2.07	0.56	<.01
Among patients treated with NIV in ICU and alive at ICU discharge (n=961)			
Variation in NIV at discharge from ICU (%/year)	2.05	1.92	0.29
Invasive Mechanical Ventilation			
Variation in use of IMV (%/year)	-3.71	1.34	0.01
Patients with IMV during hospitalization in ICU (n=772)			
Variation in use of tracheostomy (%/year)	-10.2	2.72	<.01
Among patients alive at weaning from IMV (n= 623)			
Variation in IMV duration (%/year)	-3.13	0.93	<.01
Variation of use of NIV after weaning from IMV (%/year)	8.14	2.18	<.01

Notes: Variation in use of all types of ventilation, in use of NIV in ICU, in use of NIV in first-intention in ICU, in use of NIV at admission to ICU, in failure of NIV, in use of IMV, in use of weaning tracheostomy, on duration on IMV and use of NIV after weaning from IMV were adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort and severity status of COPD.

Variationion length of use of NIV in ICU among patients with NIV was adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort, severity status of COPD and LOS in ICU.

Variation in use of NIV at discharge from patients with NIV in ICU and alive at discharge from ICU was adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort, severity status of COPD and diagnosis of obstructive sleep apnea.

Abbreviations: BMI, Body Mass Index; ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation; LOS, Length of Stay; SAPS II Score, Simplified Acute Physiology Score II. COPD, Chronic Obstructive Pulmonary Disease.

eTable 10. Patients with NIV failure by period

Periods	1997-2002	2003-2007	2008-2012	2013-2018
Patients with Non-Invasive Ventilation in ICU, number	139	263	391	277
NIV failure, number (%)	39 (28.1)	59 (22.4)	66 (16.9)	41 (14.8)
Death in hospital after NIV failure, number (% of NIV failure)	12 (30.8)	31 (52.5)	29 (44.0)	16 (39.0)
Death in ICU after NIV failure, number (% of NIV failure)	9 (23.1)	26 (44.1)	26 (39.4)	13 (31.7)

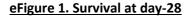
Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation.

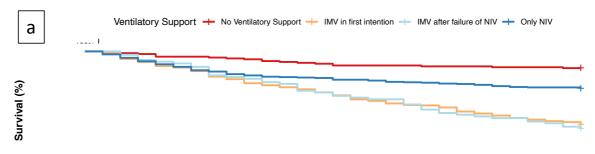
eTable 11. Evolution in mortality of the population with NIV failure

	Variation per year	Standard Error	<i>p</i> -value
Variation in overall mortality after NIV failure (%/year)	-4.88	4.33	0.26
Variation in mortality in ICU after NIV failure (%/year)	-3.43	4.38	0.43

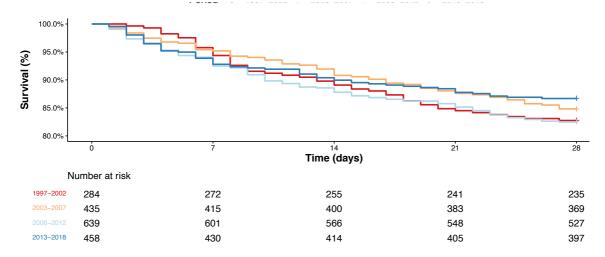
Notes: Variation in overall mortality after NIV failure and Variation in mortality in ICU after NIV failure are adjusted on age, sex, BMI, SAPS Score, decision to limit therapeutic effort, severity status of COPD and LOS in ICU.

Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation.





N	lumber at risk				
No Ventilatory Support	342	336	328	325	323
342		336	328	325	323
596		557	515	485	456
176		167	152	140	132
702		658	640	627	618



a. Survival at day-28 according to type of ventilatory support

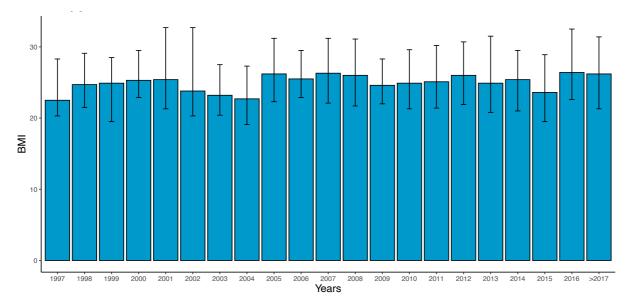
Notes: Log rank test used for survival statistical analysis. No ventilatory support vs. IMV in first intention: p<0.01; No ventilatory support vs. IMV after failure of NIV: p<0.01; No ventilatory support vs. Only NIV: p<0.01; IMV in first intention vs. IMV after failure of NIV: p<0.01; IMV in first intention vs. Only NIV: p<0.01; IMV after failure of NIV: p<0.01.

Hospital-acquired pneumonia (defined as a diagnosis of pneumonia after more than 24 hours in intensive care) was proportionally more common in patients who received IMV (Incidence of hospital-acquired pneumonia was 3 (0.9%) for no ventilatory support group, 133 (22.3%) for IMV in first intention group, 43 (24.4%) for IMV after failure of NIV group and 4 (0.6%) for Only NIV group. (p<.01, chi2 test)).

Abbreviations: NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation.

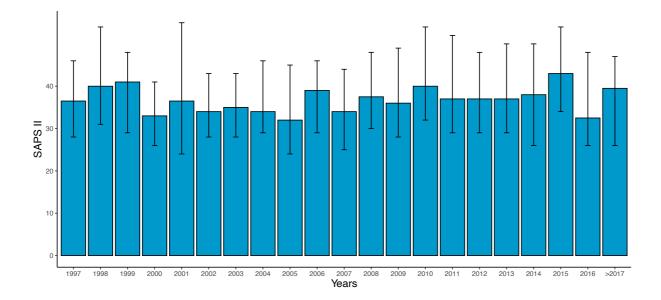
b. Survival at day-28 by period

Notes: Log rank test used for survival statistical analysis. Period 1 vs. Period 2: p=0.45; Period 1 vs. Period 3: p=0.87; Period 1 vs. Period 4: p=0.17; Period 2 vs. Period 3: p=0.28; Period 2 vs. Period 4: p=0.49; Period 3 vs. Period 4: p=0.24. The variation in mortality 28 days after admission is -2%/year (p=0.18) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.



eFigure 2. BMI of patients with AECOPD in the ICU by year.

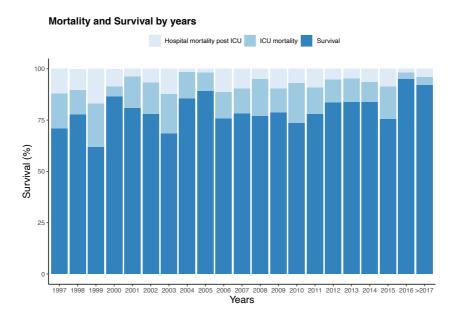
Notes: Representation of median and interquartile [Q1; Q3] of BMI in ICU by years. The variation of BMI in the ICU is +0.32%/year (p=0.01) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.



eFigure 3. SAPS II of patients with AECOPD in the ICU by year.

Notes: Representation of median and interquartile [Q1; Q3] of SAPS II in ICU by years. The variation in SAPS II in ICU was +0.61%/year (p=<.01) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.

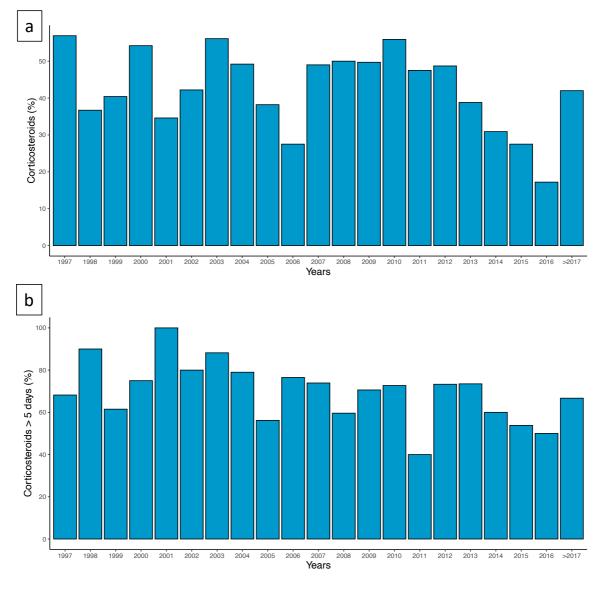
eFigure 4. Mortality of patients with AECOPD in the ICU by year.



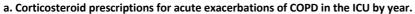
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	>2017
Overall population, n	58	49	47	59	26	45	41	61	55	131	147	178	145	102	99	115	171	110	69	58	50
Mortality in hospital	7	5	8	5	1	3	5	1	1	15	14	9	14	7	9	6	8	7	6	1	2
post-ICU, n (%)	(12.1)	(10.2)	(17.0)	(8.5)	(3.8)	(6.7)	(12.2)	(1.6)	(1.8)	(11.4)	(9.5)	(5.1)	(9.7)	(6.9)	(9.1)	(5.2)	(4.7)	(6.4)	(8.7)	(1.72)	(4.0)
Mortality in ICU,	10	6	10	3	4	7	8	8	5	17	18	32	17	20	13	13	20	11	11	2	2
n (%)	(17.2)	(12.2)	(21.3)	(5.1)	(15.4)	(15.6)	(19.5)	(13.1)	(9.1)	(13.0)	(12.2)	(18.0)	(11.7)	(19.6)	(13.1)	(11.3)	(11.7)	(10.0)	(15.9)	(3.4)	(4.0)
Survival, n (%)	41	38	29	51	21	35	28	52	49	99	115	137	114	75	77	96	143	92	52	55	46
	(70.7)	(77.6)	(61.7)	(86.4)	(80.8)	(77.8)	(68.3)	(85.2)	(89.1)	(75.6)	(78.2)	(77.0)	(78.6)	(73.5)	(77.8)	(83.5)	(83.6)	(83.6)	(75.4)	(94.8)	(92.0)

Notes: The variation in ICU mortality is -4.09%/year (p=0.03) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD. The variation of post-ICU hospital mortality is -4.21%/year (p=0.02) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.

Abbreviation: ICU, Intensive Care Unit.



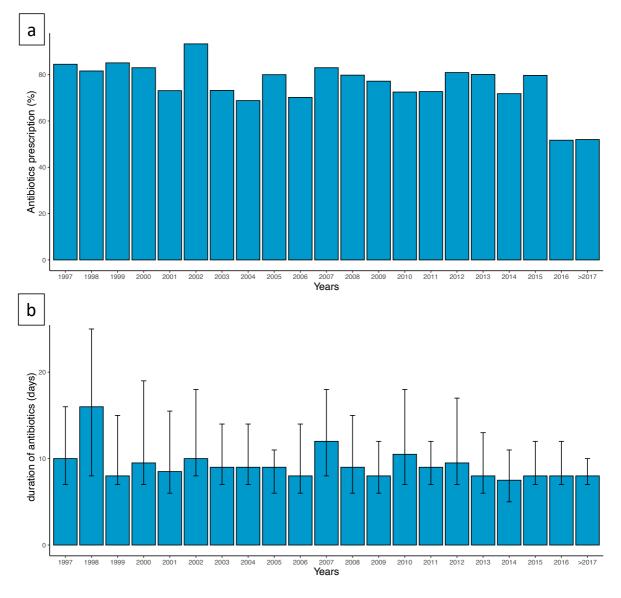
eFigure 5. Corticosteroids for AECOPD in the ICU by year.



Notes: The variation in Corticosteroid prescriptions was -4.75%/year (p<.01) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.

b. Corticosteroids prescription > 5 days among patients with ICU length of stay \geq 7 days for acute exacerbations of COPD in the ICU by year.

Notes: The variation in Corticosteroid prescription for > 5 days among patients with ICU length of stay \geq 7 days was - 6.01%/year (p=0.02) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.



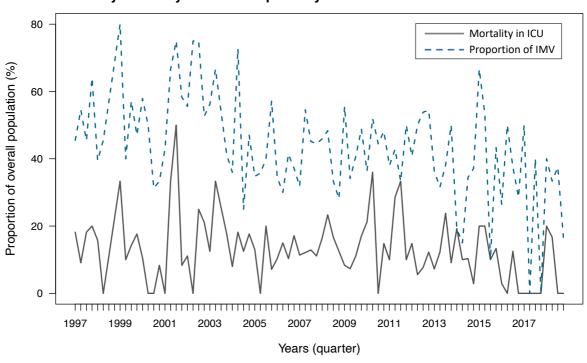
eFigure 6. Antibiotic prescriptions for AECOPD in the ICU by year.

a. Antibiotic prescriptions for acute exacerbations of COPD in the ICU by year.

Notes: The variation in antibiotic prescriptions was -5.78%/year (p<.01) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort and severity status of COPD.

b. Duration of antibiotic therapy among patients with ICU stays ≥ 7 days and given antibiotics for acute exacerbations of COPD in the ICU by year.

Notes: The variation in duration of antibiotic therapy among patients with ICU stays \geq 7 days and given antibiotics was - 1.1%/year (p=0.01) with an analysis using a mixed model and adjusted on age, BMI, SPAS II Score, decision to limit therapeutic effort, severity status of COPD and length of stay in the ICU in addition to the other adjustments previously specified



Quarterly mortality in ICU and quarterly use of Invasive Mechanical Ventilation

Notes: The quarters when no patient was included are not shown (Q3 1998, Q4 1998, Q3 2003). The time series analysis showed a positive correlation between use of IMV and mortality (p<0.01).

Abbreviations: ICU, Intensive Care Unit; NIV, Non-Invasive Ventilation; IMV, Invasive Mechanical Ventilation.

Definitions of NIV and IMV as first-intention, NIV and IMV at admission, NIV failure and limitation of therapeutic effort are given below:

NIV as first-intention was defined as the use of NIV as the unique ventilatory support or NIV before the use of IMV.

IMV as first-intention was defined as the use of the IMV without the prior use NIV.

NIV at admission and IMV at admission were defined as the use of one or other of these ventilatory supports during the first day of the patient's ICU stay.

NIV failure was defined as use of IMV after NIV in first-intention or by death despite ongoing noninvasive ventilation in patients receiving only NIV as ventilatory support.

The decision to limit therapeutic effort was defined as a decision by the medical team during hospitalization in the ICU to reduce the invasiveness of therapeutic interventions or to stop therapeutic interventions.

Decision to limit therapeutic effort at admission was defined as a decision to limit therapeutic effort during the first day in the ICU.

Statistical analysis. Dynamic regression model - ARIMA model.

The relationship between quarterly mortality in the ICU and the use of corticosteroids, antibiotics and IMV were assessed using a dynamic regression model. No patients had been included during certain quarters in some years (Q3 1998, Q4 1998, Q3 2003), probably due to inclusion in the cohort and follow-up having only just started and the seasonality of AECOPD (more frequent in the winter). These quarters in which no patient was included were censored for this analysis. In our study, this method consisted of modeling mortality in the ICUs using an ARIMA model and adding use of corticosteroids, antibiotics or invasive mechanical ventilation as explanatory variables through a specific function (called a 'transfer function'). The ARIMA model [1] was designed to model a series over time by identifying the correlation with the past values of the same variable (AR stands for autoregressive) and abrupt changes in the recent past (MA stands for moving average). The model-building process involved three steps: (i) an ARIMA model was fitted to the ICU mortality series, to the use of corticosteroids series, to the use of antibiotics series and to the use of IMV series; (ii) the crosscorrelations of the series were estimated to identify any significant and relevant association over time; and (iii) these series were entered in the ICU mortality model using the transfer function in ARIMA (1,1,1). In our case, there was no lag for the occurrence of the potential effect of corticosteroids, antibiotics and IMV on mortality in the ICU. Series stationarity was checked graphically and confirmed by data differencing or transformation. The model yielding the lowest Akaike information criterion was chosen as the best model. Goodness-of-fit was assessed throughout model fitting process using a white noise test of residuals and cross-correlation check of residuals.

 Nelson BK. Statistical methodology: V. Time series analysis using autoregressive integrated moving average (ARIMA) models. Acad. Emerg. Med. Off. J. Soc. Acad. Emerg. Med. 1998; 5: 739–744.

<u>Appendix</u>

OUTCOMEREA NETWORK

Scientific Committee: Jean-François Timsit (Medical and Infectious Diseases ICU, Bichat-Claude Bernard Hospital, Paris, France; UMR 1137 Inserm –Paris Diderot university IAME, F75018, Paris); Elie Azoulay (Medical ICU, Saint Louis Hospital, Paris, France); Maïté Garrouste-Orgeas (Paliative care, Institut Franco Britanique, Paris, France); Jean-Ralph Zahar (Infection Control Unit, Angers Hospital, Angers, France); Bruno Mourvillier (Medical ICU, CHU Reims, France); Michael Darmon (Medical ICU, APHP Saint Louis hospital Paris, France);.

Biostatistical and Information System Expertise: Jean-Francois Timsit (Medical and Infectious Diseases ICU, Bichat-Claude Bernard Hospital, Paris, France; UMR 1137 Inserm –Paris Diderot university IAME, F75018, Paris); Corinne Alberti (Medical Computer Sciences and Biostatistics Department, Robert Debré Hospital, Paris, France); Stephane Ruckly (OUTCOMEREA organization and Inserm UMR 1137 IAME, F75018, Paris); Sébastien Bailly (Grenoble Alpes University, INSERM 1300, HP2, Grenoble, France) and Aurélien Vannieuwenhuyze (Tourcoing, France).

Investigators of the OUTCOMEREA Database: Christophe Adrie (ICU, CH Melun, and Physiology, Cochin Hospital, Paris, France); Carole Agasse (medical ICU, university hospital Nantes, France); Bernard Allaouchiche (ICU, Hospices civils de lyon, Lyon sud, Lyon, France); Olivier Andremont (ICU, Bichat Hospital, Paris, France); Pascal Andreu (CHU Dijon, Dijon, France); Laurent Argaud (Medical ICU, Hospices Civils de Lyon, Lyon, France); Claire Ara-Somohano (Medical ICU, University Hospital, Grenoble, France); Elie Azoulay (Medical ICU, Saint Louis Hospital, Paris, France); Francois Barbier (medical-surgical ICU, Orleans, France), Jean-Pierre Bedos (ICU, Versailles Hospital, Versailles, France); Thomas Baudry (Medial ICU, Edouard Heriot hospital, Lyon France), Jérome Bedel (ICU, Versailles Hospital, Versailles, France), Julien Bohé (ICU, Hôpital Pierre Benite, Lyon France), Lila Bouadma (ICU, Bichat Hospital, Paris, France); Jeremy Bourenne (Réanimation des urgences, Timone-2; APHM, Marseille, France); Noel Brule (medical ICU, university hospital Nantes, France); Frank Chemouni (Grand Hôpital de l'Est Francilien Site Marne La vallée ; Polyvalent ICU, Jossigny Polyvalent ICU) ; Julien Carvelli (Réanimation des urgences, Timone-2; APHM, Marseille, France); Elisabeth Coupez (ICU, G Montpied Hospital, Clermont-Ferrand, France); Martin Cour Medial ICU, Edouard Heriot hospital, Lyon France), Michael Darmon (ICU, APHP St louis, Paris France); Claire Dupuis (ICU, G Montpied Hospital, Clermont-Ferrand, France), Etienne de Montmollin (ICU, Bichat Hospital, Paris, France), Loa Dopeux (ICU, G Montpied Hospital, Clermont-Ferrand, France); Anne-Sylvie Dumenil (Antoine Béclère Hospital, Clamart, France); Claire Dupuis (Bichat hospital and UMR 1137 Inserm - Paris Diderot university IAME, F75018, Paris, France), Jean-Marc Forel (AP HM, Medical ICU, Hôpital Nord Marseille), Marc Gainnier (Réanimation des urgences, Timone-2; APHM, Marseille, France), Charlotte Garret (medical ICU, university hospital Nantes, France); Dany Goldgran-Tonedano (CH le Raincy-Montfermeil; France); Steven Grangé (ICU, CHU Rouen, France), Antoine Gros (ICU, Versailles Hospital, Versailles, France), Hédia Hammed (CH le Raincy-Montfermeil) ; Akim Haouache (Surgical

ICU, H Mondor Hospital, Creteil, France); Tarik Hissem (ICU, Eaubonne, France), Vivien Hong Tuan Ha (ICU, CH Meaux, France); Sébastien Jochmans (ICU, CH Melun); Jean-Baptiste Joffredo (ICU, G Montpied Hospital, Clermont-Ferrand, France); Hatem Kallel (ICU, Cayenne General Hospital, Cayenne, France); Guillaume Lacave (ICU, Versailles Hospital, Versailles, France), Virgine Laurent (ICU, Versailles Hospital, Versailles, France), Alexandre Lautrette (ICU, G Montpied Hospital, Clermont-Ferrand, France); Clément Le bihan (ICU, Bichat Hospital, Paris, France), Virgine Lemiale (Medical ICU, Saint Louis Hospital, Paris, France); David Luis (Médecine intensive et réanimation, CH Simone Veil, Beauvais, France), Guillaume Marcotte (Surgical ICU, Hospices Civils de Lyon, Lyon, France); Jordane Lebut (ICU, Bichat Hospital, Paris, France); Bruno Mourvillier (ICU, Bichat Hospital, Paris, France); Benoît Misset (ICU, Saint-Joseph Hospital, Paris, France); Bruno Mourvillier (ICU, Medical ICU, Reims France); Mathild Neuville (ICU, Foch Hospital, Paris, France); Laurent Nicolet (medical ICU, university hospital Nantes, France); Johanna Oziel (Medico-surgical ICU, hôpital Avicenne APHP, Bobigny, France), Laurent Papazian (Hopital Nord, Marseille, France), Juliette Patrier (ICU, Bichat Hospital, Paris, France), Benjamin Planquette (pulmonology ICU, George Pompidou hospital Hospital, Paris, France); Aguila Radjou (ICU, Bichat Hospital, Paris, France), Marie Simon (Medial ICU, Edouard Heriot hospital, Lyon France), Romain Sonneville (ICU, Bichat Hospital, Paris, France), Jean Reignier (medical ICU, university hospital Nantes, France); Bertrand Souweine (ICU, G Montpied Hospital, Clermont-Ferrand, France); Carole Schwebel (ICU, A Michallon Hospital, Grenoble, France); Shidasp Siami (ICU, Eaubonne, France); Romain Sonneville (ICU, Bichat Hospital, Paris, France); Nicolas Terzi (ICU, A Michallon Hospital, Grenoble, France); (Gilles Troché (ICU, Antoine Béclère Hospital, Clamart, France); Fabrice Thiollieres (ICU, Hospices civils de lyon, Lyon sud, Lyon, France); Guillaume Thierry (ICU, St Etienne, France); Guillaume Van Der Meersch (Medical Surgical ICU, university hospital Avicenne), Marion Venot (Medical ICU, Saint Louis Hospital, Paris, France); Florent Wallet (ICU, Hospices civils de lyon, Lyon sud, Lyon, France) : Sondes Yaacoubi (CH le Raincy-Montfermeil); Olivier Zambon (medical ICU, university hospital Nantes, France); Jonathan Zarka (reanimation polyvalente, centre hospitalier de Marne la Vallee, France).

Study Monitors: Mireille Adda, Vanessa Vindrieux, Marion Provent, Sylvie de la Salle, Pauline Enguerrand, Vincent Gobert, Stéphane Guessens, Helene Merle, Nadira Kaddour, Boris Berthe, Samir Bekkhouche, Kaouttar Mellouk, Mélaine Lebrazic, Carole Ouisse, Diane Maugars, Christelle Aparicio, Igor Theodose, Manal Nouacer, Veronique Deiler, Fariza Lamara, Myriam Moussa, Atika Mouaci, Nassima Viguier.