To the Editor:

We are unaware of published controlled trials that examine the efficacy and outcomes of continuous vs intermittent lorazepam. In the absence of controlled trials, we are uncertain whether continuous infusion should be recommended as the preferred route of administration of lorazepam. The risks attendant in continuous infusion may include respiratory depression with prolonged weaning, cognitive dysfunction, and prolonged immobility, which could predispose patients to deconditioning and pressure ulcers. On the other hand, Dr. Wagner’s encouraging results with continuous lorazepam infusion supports the need for controlled clinical trials to establish optimum agents, routes, and doses for the sedation and analgesia of critically ill, mechanically ventilated patients.

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