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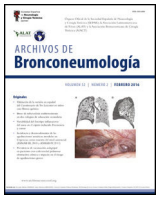

Discussion Letter

Intermediate Respiratory Care Units and Specialised Weaning Centres: Complementary Models for Chronic Critically Ill Patients

We read with great interest the editorial by Doblas and colleagues on chronic critically ill patients dependent on invasive mechanical ventilation, recently published in Archivos de Bronconeumología [1]. We warmly congratulate the authors for highlighting the priority of developing intermediate respiratory care units (UCRIs) in Spain, a timely initiative that addresses growing clinical needs.

We fully agree with the authors that the design and implementation of respiratory step-down units should be adapted to the characteristics of each healthcare system. Far from proposing universal models, we believe that sharing documented experiences can enrich the debate and help define the most effective and human-centred approaches.

In Argentina, UCRIs are not yet formally established. Instead, specialised weaning centres (SWCs) have emerged as an alternative model, primarily dedicated to prolonged weaning of tracheostomised patients [2]. These centres arose in response to the absence of UCRIs and have provided invaluable experience over the past decade.

It is important to underline that UCRIs and SWCs are not competing structures but rather complementary responses to different patient profiles. UCRIs generally admit acute or exacerbated cases requiring non-invasive support and relatively shorter stays, whereas SWCs focus on long-term ventilator-dependent patients with tracheostomy, extended rehabilitation, and complex multidisciplinary needs [3,4]. Both fulfil essential roles within their respective contexts.

The Argentine Re.Des Consortium (Rehabilitación y Desvinculación) reported encouraging outcomes in SWCs: among 315 tracheostomised ventilator-dependent patients, 72.4% achieved successful weaning, 75.2% were decannulated, and 64.5% were discharged home [2]. These results underscore the value of structured rehabilitation pathways and highlight the importance of follow-up after discharge. Moreover, our recent multicenter cohort study showed that, one-year post-discharge, tracheostomized post-COVID-19 patients still face significant HRQoL impairments, underlining the urgent need for sustained rehabilitation strategies and support systems, especially in resource-limited settings [5].

The authors' proposal to expand UCRIs is timely, yet key questions remain. How can these units best address the complex, evolving needs of chronic critically ill patients? What short-term outcomes (e.g., weaning success, decannulation rates) and long-term results (e.g., health-related quality of life) have been documented in these units, and how are patients followed up beyond discharge? Are those results comparable across systems, such as long-term acute care hospitals (LTACs) or SWCs? We eagerly await further data from Spanish UCRIs, as comparative analyses could illuminate strategies to enhance care globally. A standardised framework – defining scope, infrastructure, and workflows – would be an important step toward advancing patient-centred care and healthcare sustainability.

Once again, we congratulate the Spanish initiative and hope this dialogue inspires collaborative research to bridge existing gaps.

CRediT authorship contribution statement

Eduardo Luis De Vito conceived the idea and drafted the manuscript. Miguel Antonio Escobar and Emiliano Navarro contributed to manuscript revision, bibliographic updates, and critical suggestions. All authors approved the final version.

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Conflicts of interest

The authors declare not to have any conflicts of interest that may be considered to influence directly or indirectly the content of the manuscript. The authors' institutional affiliations, including Hospital Santa Catalina, are provided solely for academic and professional identification and do not constitute a conflict of interest.

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Eduardo Luis De Vito[a,b,*], Miguel Antonio Escobar[b], Emiliano Navarro[b,c]

[a] *Navarrabiomed, CHN, UPNA, Spain*

[b] *Santa Catalina Sede del Parque, Buenos Aires, Argentina*

[c] *Departamento de Medicina, Universitat Internacional de Catalunya, Spain*

*Corresponding author.
E-mail address: eldevito@gmail.com (E.L. De Vito).