Supplementary Online Content


eSupplement. Intensive Insulin Therapy Procedures
eTable. Participating Sites and Glucose Control Practices
eFigure. Overall Survival of Those Treated With Intensive Insulin Therapy and Those Treated With Fludrocortisone

Study Organization

This supplementary material has been provided by the authors to give readers additional information about their work.
eSupplement. Intensive Insulin Therapy Procedures

Insulin was initiated when blood glucose levels were >110 mg/dL at an infusion rate of 2 UI/h. Blood glucose levels were checked at least on an hourly basis up to blood glucose levels were maintained between 80 and 110 mg/dL at 3 consecutives measurements. Insulin doses were increased by 1 to 2 UI/h if blood glucose levels were >140 mg/dL, by 0.5 to 1 UI/h if blood glucose levels were between 120 and 140 mg/dL, by 0.1 to 0.5 UI/h if blood glucose levels were between 110 and 120 mg/dL, insulin remained unchanged if blood glucose levels were between 80 and 110 mg/dL, and stopped if blood glucose levels were <80 mg/dL. Subsequent insulin dose were adjusted according to variations in blood glucose levels which were obtained at least every 4 hours, and in within one hour following any change in insulin infusion rate. For example, if blood glucose levels decrease by 50%, insulin infusion rate must be decreased by 50%. A drop in blood glucose levels of 20% or more while blood glucose levels have remained stable in between 80 and 110 mg/dL, was considered as a recovery from insulin resistance and insulin infusion rate were reduced by 20% or even stopped. When blood glucose levels were <80 mg/dL, 10g of glucose were given as an intravenous bolus. Any interruption in nutrition prompted interruption of insulin infusion, which was restarted only one hour after nutrition was restarted. Finally, insulin infusion was stopped upon ICU discharge unless the patient presented with insulin dependency.
**eTable 1. Participating Sites and Glucose Control Practices**

<table>
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<tr>
<th>Sites number</th>
<th>Date starting glucose control as a routine practice</th>
<th>Target for blood glucose levels mg/dL</th>
<th>Algorithm</th>
<th>Total number of patients included in the study</th>
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<td>80 – 110</td>
<td>Yes- static</td>
<td>76</td>
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<tr>
<td>2</td>
<td>January 2004</td>
<td>80 – 130</td>
<td>Yes- dynamic</td>
<td>17</td>
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<td>3</td>
<td>January 2005</td>
<td>80 – 115</td>
<td>Yes- static</td>
<td>76</td>
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<tr>
<td>4</td>
<td>January 2002</td>
<td>100 - 126</td>
<td>Yes- static</td>
<td>79</td>
</tr>
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<td>5</td>
<td>December 2000</td>
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<td>Yes- static</td>
<td>52</td>
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<td>&lt;200</td>
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<td>80 – 130</td>
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</tr>
</tbody>
</table>
eFigure. Overall Survival by Treatment

A, Intensive insulin therapy

Survival

- Conventional Glucose Control
- Intensive Insulin Therapy

Days

B, Fludrocortisone treatment

Survival

- Hydrocortisone alone
- Hydrocortisone + Fludrocortisone

Days

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**Study Organization and Investigators**

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