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RESEARCH

Clinical and epidemiological characteristics of intensive care unit-acquired weakness in Latin America: A scoping review protocol

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ABSTRACT

INTRODUCTION Intensive care unit-acquired weakness is a condition with a substantial impact on morbidity, mortality, and long-term quality of life. Consolidated evidence on this condition in Latin America remains limited. This gap may be influenced by regional differences in healthcare systems, resource availability, and population characteristics, which restrict a comprehensive understanding of the condition in this context.

OBJECTIVES This scoping review aims to describe and map the evidence on the clinical and epidemiological characteristics of adults hospitalized in intensive care units in Latin America with intensive care unit-acquired weakness.

METHODS This review will follow the Joanna Briggs Institute methodological framework and will be reported in accordance with the PRISMA guidelines. A search strategy will be applied across the main databases and regional repositories. Studies involving adults hospitalized in intensive care units in Latin American countries that address intensive care unit-acquired weakness will be included. Study selection and data extraction will be conducted independently by two reviewers. Extracted data will include study characteristics, demographic and clinical variables, diagnostic approaches, risk factors, and reported strategies for prevention or management.

EXPECTED RESULTS This review is expected to provide a comprehensive description of intensive care unit-acquired weakness in Latin America, highlighting reported clinical and epidemiological patterns, methodological heterogeneity, and both geographic and thematic knowledge gaps. The findings will help design context-specific strategies for evaluation, prevention, and rehabilitation, contributing to strengthen future research within the region.

KEYWORDS Critical illness, Critical care, Intensive care units, Muscle weakness, Latin America, Hispanic or Latino

INTRODUCTION

Intensive care unit-acquired weakness refers to clinically detectable muscle weakness that develops in critically ill patients, in whom no etiology other than the critical illness itself is identified [1,2]. The clinical impact of intensive care unit-acquired weakness is considerable and is associated with increased morbidity and mortality, prolonged hospital stays, and long-term disability [3–6]. However, the evidence supporting these estimates comes primarily from specific international contexts such as Europe, North America, and Asia [7–9], with little or no representation of Latin American studies in current systematic reviews and meta-analyses [9–12]. This disparity highlights the region's marginal representation, which

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MAIN MESSAGES

- This protocol proposes a comprehensive methodological framework for synthesizing the available evidence on intensive care unit-acquired weakness in Latin America, a condition that has been poorly characterized at the regional level.
- This protocol describes a systematic approach to identifying and mapping the reported clinical and epidemiological characteristics, risk factors, diagnostic methods, and management strategies in adults with this condition.
- Possible limitations include the expected heterogeneity in diagnostic criteria and the variable quality of reporting across studies in the region.
- The findings of this review will identify knowledge gaps to guide clinical decision-making and the design of regional policies, thereby strengthening the understanding of the impact of this condition in Latin America.

prevents us from accurately determining the volume, research characteristics, and true epidemiological profile of acquired weakness in the intensive care unit in Latin America.

The importance of addressing the Latin American context lies in the interaction between its biological and structural characteristics. The region exhibits complex demographic diversity, with significant genetic variations among countries such as Brazil, Mexico, and Peru [13]. This heterogeneity, combined with disparities in the organization and resources of healthcare systems, could influence both susceptibility to the disease and strategies for detecting and managing acquired weakness, particularly in the intensive care unit.

A preliminary review of the scientific literature shows that studies conducted in Latin America remain fragmented and address acquired weakness in the intensive care unit from various clinical and epidemiological perspectives. These studies have not been incorporated into systematic or overview reviews focused specifically on the region. Furthermore, the available evidence shows heterogeneity in clinical definitions, assessment methods, and reported outcomes. This lack of regional systematization hinders a comprehensive understanding of the phenomenon in the Latin American context. It also reinforces the need for a synthesis that enables the organization, description, and mapping of existing evidence, the identification of knowledge gaps, and the provision of an integrated view of the current state of research on acquired weakness in the intensive care unit.

Objective

This scoping review aims to describe and map the available evidence on the clinical and epidemiological characteristics of intensive care unit-acquired weakness among adults hospitalized in intensive care units in Latin America.

METHODS

Design

A scoping review will be conducted following the methodology proposed by the Joanna Briggs Institute [14,15], reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR) guidelines for scoping reviews and their updated recommendations for protocols [16]. This methodological approach is appropriate by allowing a comprehensive overview of the available literature [17] without restricting study designs [18]. This is particularly relevant given the expected heterogeneity in assessment methods, clinical definitions, and outcomes used to describe intensive care unit-acquired weakness in the Latin American literature.

This protocol was prospectively registered in the International Platform of Registered Systematic Review and Meta-analysis Protocols (INPLASY), registration number: INPLASY202530135.

Review question

What are the clinical and epidemiological characteristics of adult patients with intensive care unit-acquired weakness in Latin America?

Eligibility criteria

The eligibility criteria were defined according to the Joanna Briggs Institute approach: population, concept, and context [14,15].

Population

Studies involving adults (18 years of age or older) with critical illness who are hospitalized in general, medical, surgical, coronary, or mixed intensive care units will be included. Studies that exclusively include patients in neurological intensive care units will be excluded, as well as those that include patients with neuromuscular, acute, or preexisting neurological conditions, such as Guillain-Barré syndrome, myasthenia gravis, stroke, intracranial trauma, or spinal cord injury. All of these conditions can independently affect the musculoskeletal system and complicate the diagnosis.

Concept

This review will consider studies that address intensive care unit-acquired weakness from a clinical and/or epidemiological perspective. Studies that diagnose this condition using validated clinical and functional methods, such as the Medical Research Council Sum Score (MRC-SS), handgrip strength testing, or other recognized methods, will be included. Studies reporting information on the prevalence and/or incidence of intensive care unit-acquired weakness, as well as the sociodemographic and clinical characteristics of patients—including age, gender, reason for admission to the intensive care

unit, and associated comorbidities—will be eligible. Additionally, studies analyzing risk and/or protective factors related to the development of this specific weakness, as well as to the ICU hospitalization process—such as length of stay, days on invasive mechanical ventilation, complications, or pharmacological treatments administered—will be considered.

Context

Studies conducted in intensive care units from Latin American countries will be included, taking into account the region's geographic, cultural, and health system diversity. There will be no restrictions based on the type of intensive care unit, provided that the study population was recruited entirely from Latin American countries. In the case of multicenter studies, they will be included only if all participating centers are located in Latin America or if data on Latin American patients are presented in a clearly differentiated manner. Studies conducted outside the region will be considered only if they explicitly analyzed patients from Latin America and report clearly separated results for this population.

Types of sources

This systematic review will consider various sources of information in order to identify the available evidence on intensive care unit-acquired weakness in Latin America. It will include observational primary studies such as cohort, case-control, and cross-sectional studies, as well as randomized clinical trials, case series, and case reports. Letters to the editor, editorials, and brief communications will also be considered, provided they contain primary data relevant to the review's objectives. Additionally, gray literature—such as conference abstracts and academic theses—will be considered, provided it contains accessible information relevant to this review's objectives. In cases where the same cohort is reported in multiple studies, the study with the most comprehensive report will be selected. On the other hand, studies with purely qualitative methodological approaches (as they do not provide epidemiological or clinical frequencies that can be extracted for the matrices) will be excluded, as well as purely methodological articles, study protocols without results, and systematic reviews, narrative reviews, or meta-analyses. However, the reference lists of these excluded reviews will be thoroughly scrutinized to identify potential additional primary studies.

Search strategy

The search strategy aims to identify published and unpublished studies related to acquired weakness in the intensive care unit in Latin America. Previously, a limited preliminary search was conducted in PubMed, LILACS (BVS), and EMBASE (ELSEVIER) to identify relevant articles and analyze the terms used in titles, abstracts, and subject headings. During this exploratory phase, key free-text terms (such as "ICUAW," "polyneuropathy," and "paresis") and controlled vocabulary (such as the MeSH terms "Polyneuropathies" and "Muscle Weakness") were identified. The results of this search allowed us to define and refine the controlled vocabulary, along with the free-text terms, to form the final search strategy proposed in this protocol. The terms identified in this phase are detailed in the supplementary file. In accordance with the Joanna Briggs Institute Manual, the search will be iterative, refined as we explore the literature or review cross-references. Based on this process, a comprehensive search strategy was developed, which will be applied and adapted to each information source. The search will be conducted in the following electronic databases: PubMed, LILACS (BVS), EMBASE (ELSEVIER), CINAHL (via the EBSCOhost platform), Scopus, and Web of Science. In addition, regional Latin American sources will be consulted, including SciELO, MedicLatina, and Referencia Latina—all accessible through the EBSCOhost platform—aiming to maximize retrieval of regional literature.

The search strategy will combine controlled terms (e.g., MeSH and Emtree) and free-text terms related to neuromuscular weakness, intensive care, and critical illness. To identify studies conducted in Latin America, country-specific geographic terms from the region will be included. Additionally, in databases that allow it (such as PubMed, EMBASE, Scopus, and others), filters by institutional affiliation will be applied based on the authors' affiliation field to identify publications from Latin American institutions or those that include data clearly attributable to the region. Complementarily, a search for gray literature will be conducted on Google Scholar, focusing on the first 300 results [19]. Furthermore, the references of the selected articles will be manually reviewed to identify relevant publications.

A detailed description of the search strategies applied to the main databases—including the terms used, Boolean operators, search fields, and filters applied—is available in the repository (online supplementary file). No restrictions based on publication date will be applied. Studies published in Spanish, English, and Portuguese will be considered. This is because these are the predominant languages used for disseminating clinical research in Latin America and reflect the review team's language proficiency. This ensures an accurate interpretation of the extracted data.

Study selection

Once the search is complete, all identified records will be compiled and uploaded to the Rayyan platform (Rayyan Systems Inc., Cambridge, MA, USA) for management and the selection process. Duplicate records will be identified and removed from the Rayyan platform. Subsequently, two independent reviewers (RG and RF) will evaluate the titles and abstracts of the identified studies to determine their eligibility based on the previously defined criteria. Studies that meet the criteria or for which there is reasonable doubt will be retrieved in full text for detailed evaluation. The evaluation of the full-text articles will also be conducted independently by two reviewers (RG and RF), using Rayyan as the platform for this process. Any discrepancies arising during the selection

stages will be resolved through discussion and consensus, and a third reviewer (JN) will be consulted. The results of the selection process will be reported transparently in the final review and presented using a flow diagram in accordance with the PRISMA-ScR statement [20]. We anticipate the presence of conceptual duplicates, particularly when conference abstracts or gray literature correspond to subsequent full-text publications. In these cases, only the most complete or definitive version of the study will be retained.

Data extraction

Data extraction will be performed using a matrix previously designed for this systematic review, developed based on the population, concept, and context framework, as well as the study's objectives. This matrix is available in the repository (see online supplementary file). Data extraction will be conducted independently by two reviewers (FC, JN), who will compile the information using a structured database in Microsoft Excel. Before the data extraction begins, the matrix will be pilot-tested on a subset of 10 included studies to assess its clarity, consistency, and feasibility. Any necessary adjustments will be documented and reported in the final review. The variables to be extracted will include general information about the studies, such as authors, publication year, country, study design, and objectives, as well as data on the study population. Regarding the concept of interest, information will be extracted on the reported frequency and/or incidence of acquired weakness in the intensive care unit, the demographic and clinical characteristics of patients, history of hospitalization in intensive care units, diagnostic and assessment methods used, identified risk factors, and strategies or interventions described for the prevention or management of this condition. In the event of discrepancies among the reviewers during the data extraction process, these will be resolved through discussion and consensus. If disagreement persists, a third reviewer (RF) will be consulted. When missing or unclear data are identified, the authors of the original studies will be contacted to request additional information, as appropriate.

Data analysis and reporting of the results

The results of this scoping review will be analyzed using a descriptive and narrative synthesis, in accordance with the methodology proposed by the Joanna Briggs Institute for scoping reviews [21,22]. Given the exploratory nature of the study and the expected heterogeneity in methodological designs, clinical definitions, assessment methods, and reported outcomes, a quantitative synthesis of the data will not be performed.

The findings will be presented through a narrative synthesis, accompanied by figures and tables that map the extracted evidence. Following the recommendations of the Joanna Briggs Institute Manual, a presentation plan has been structured including the following preliminary summary tables:

- General characteristics of the included studies.
- Demographic and clinical characteristics of the study populations.
- Diagnostic methods and epidemiological findings (prevalence, incidence, and severity of acquired weakness in the intensive care unit).
- Risk factors and prevention or management strategies.

The complete and detailed format of the extraction matrices is available in the supplementary file hosted on Figshare. Additionally, we will present the distribution of studies by country of origin along with their characteristics (language, year, and place of publication), using a geographic flowchart (Sankey diagram) to map the publication pathways from clinical settings in Latin America to international and local journals. Specific diagrams and maps will then be developed to visualize the detected regional epidemiological patterns (e.g., the density of study populations and reported clinical characteristics or incidence rates).

EXPECTED OUTCOMES

It is expected that the results of this scoping review will provide a comprehensive characterization of intensive care unit-acquired weakness in Latin America, taking into account both its clinical and epidemiological dimensions. In particular, the results will allow us to describe the reported prevalence of this condition in the region, as well as the demographic and clinical characteristics of the studied populations, the contexts of hospitalization, and the diagnostic methods identified in clinical practice and regional research.

Furthermore, the results will enable us to identify and organize the available information on risk factors associated with intensive care unit-acquired weakness—where reported—as well as the management, prevention, or rehabilitation strategies described in the included studies. In this way, the review will provide a structured overview of how this condition is addressed across Latin American countries and different contexts, facilitating conceptual comparisons between studies, even when direct quantitative comparisons are not possible. However, it will allow us to discuss the information available from the rest of the world.

This review is expected to reveal significant heterogeneity in the reported outcomes, as well as both geographic and thematic knowledge gaps, reflected in the concentration of studies in certain countries, populations, or clinical approaches. Identifying these gaps will help define priority areas for future research, including observational studies, clinical interventions, and systematic reviews focused on specific subgroups or contexts.

From an applied perspective, the findings of this review will inform healthcare professionals, researchers, and decision-makers, contributing to a better understanding of the impact of weakness acquired in the intensive care unit within the Latin American context. This synthesis will serve as a conceptual and

methodological foundation for planning assessment, prevention, and rehabilitation strategies tailored to local realities. Similarly, it will help strengthen the generation of regional evidence and its integration into the fields of intensive care and rehabilitation.

Contributor roles RFA: Conceptualization, methodology, literature search, coordination of the review process, manuscript drafting, and manuscript revision. JNF: Conceptualization, literature search, study selection, data extraction, and data organization. FGS: Methodological review, critical editing, and final approval of the manuscript. RGA: Design and implementation of the search strategy and study selection. MFCF: Data extraction and organization. PS: Methodological supervision, critical revision, and final approval of the manuscript.

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Conflictos de intereses The authors declare that they have no conflicts of interest related to this work

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Protocol registry This protocol was registered in the INPLASY database (registration number: INPLASY202530135; DOI: 10.37766/inplasy2025.3.0135).

Ethics This study is a scoping review based exclusively on previously published literature and does not involve primary data collection or human participants. Therefore, approval by an ethics committee was not required. The study will be conducted in accordance with the principles of scientific integrity and the responsible use of information.

Data sharing statement The data extraction matrix and search strategies used in this review are publicly available in the Figshare repository. Full citations and corresponding links are provided in the Supplementary Files section.

Supplementary files The supplementary material associated with this protocol (search strategies and data extraction matrices) is available for anonymous peer review in the Figshare repository through the following private review links:**Search Strategies:**(Study Authors) (2026). Search strategies (Scoping Review LATAM DAUCI). Figshare.Review link: https://figshare.com/s/f679c906d2570152f47a (DOI reserved; it will be activated upon publication).**Data Extraction Matrices:**(Study Authors) (2026). Data extraction matrices (Scoping Review LATAM DAUCI). Figshare.Review link: https://figshare.com/s/297b5d827276c45a4194 (DOI reserved; it will be activated upon publication).

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Características clínicas y epidemiológicas de debilidad adquirida en unidad de cuidados intensivos en América Latina: protocolo de una revisión panorámica

RESUMEN

INTRODUCCIÓN La debilidad adquirida en la unidad de cuidados intensivos es una afección que tiene impacto considerable en la morbilidad, la mortalidad y la calidad de vida a largo plazo. La evidencia consolidada sobre esta afección en América Latina sigue siendo limitada. Esta brecha puede verse influida por las diferencias regionales en los sistemas de salud, la disponibilidad de recursos y las características de la población, lo que dificulta una comprensión exhaustiva de la afección en este contexto.
OBJETIVOS Esta revisión panorámica tiene como objetivo describir y sistematizar la evidencia sobre las características clínicas y epidemiológicas de los adultos con debilidad adquirida en la unidad de cuidados intensivos hospitalizados en unidades localizadas en América Latina.
MÉTODOS Esta revisión seguirá el marco metodológico propuesto por el Instituto Joanna Briggs y se presentará de acuerdo a la extensión PRISMA. Se aplicará una estrategia de búsqueda en las principales bases de datos y repositorios regionales. Se incluirán los estudios que incorporen a adultos hospitalizados en unidades de países latinoamericanos, y que aborden la debilidad adquirida en la unidad de cuidados intensivos. La selección de los estudios y la extracción de los datos serán realizadas de forma independiente por dos revisores. Los datos extraídos abarcarán las características de los estudios, las variables demográficas y clínicas, los enfoques diagnósticos, los factores de riesgo y las estrategias descritas para la prevención o manejo.
RESULTADOS ESPERADOS Se espera que esta revisión ofrezca una descripción integral de la debilidad adquirida en las unidades de cuidados intensivos en América Latina, destacando los patrones clínicos y epidemiológicos de dicha población, la heterogeneidad metodológica y las brechas de conocimiento tanto geográficas como temáticas. Los resultados servirán de base para respaldar estrategias para el contexto en específico en materia de evaluación, prevención y rehabilitación. Además, contribuirán a reforzar la investigación futura en la región.