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# Is gender inequity in ventilator management a “women’s issue”?

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**Caregivers involved in artificial ventilation need to pay more and special attention to females: due to their shorter height they are at higher risk of receiving non-protective ventilation, which may affect their outcomes** <http://bit.ly/2HbkG4n>

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Artificial ventilation acts as a double-edged sword in patients with acute respiratory distress syndrome (ARDS). While maintaining oxygenation and unloading the respiratory muscles it may worsen lung injury, especially when the applied volumes are too large or when pressures become too high [1]. The results of the seminal ARMA trial, a clinical study in patients with ARDS comparing ventilation with a low tidal volume ( $V_T$ ) to ventilation with a high  $V_T$ , convinced us that use of low volumes improves survival and shortens duration of ventilatory support [2]. The findings in a recently published meta-analysis, using individual patient data of patients with ARDS under ventilation with a low  $V_T$  recruited in nine investigations, made us think that ventilation with a low driving pressure ( $\Delta P$ ) may have additional protective effects [3]. A cut-off of 6 mL per kg of predicted body weight (PBW) for  $V_T$ , and of 15 cmH<sub>2</sub>O for  $\Delta P$ , are by now widely proposed as safety limits in patients with ARDS. We cannot think of any reason why a female lung would be different from a male lung, and therefore of no good reason for differences in these safety cut-offs between sexes.