Comorbidities Associated with In-hospital Death among Hospitalizations with a Diagnosis of Venous Thromboembolism* James Tsai¹ MD, MPH; Althea M. Grant¹ PhD; J. Michael Soucie¹ PhD; Amy Helwig² MD, MS; Hussain R. Yusuf¹ MD, MPH; Sheree L. Boulet¹ DrPH, MPH; Nimia, L. Reyes¹ MD, MPH; Hani K. Atrash¹ MD, MPH

Background



Venous thromboembolism (VTE) is responsible for approximately 100,000-180,000 deaths per year in the US. This study was to determine whether and to what extent medical co-morbidities were associated with inhospital death among hospitalizations with a diagnosis of VTE.

We analyzed data from the 2009 National Inpatient Sample developed by the Agency for Healthcare Research and Quality (AHRQ) to estimate the case-fatality rates for in-hospital death among a sample of 156,180 hospitalizations with a VTE diagnosis and among subgroups stratified by demographic and clinical

Method

characteristics, and 29 comorbidities of AHRQ/Elixhauser index. We produced adjusted rate ratios (aRR) and 95% confidence intervals with multivariate regression models by using demographic, clinical characteristics, and comorbidities as predictors; status of in-hospital death was used as an outcome variable.

Results

Table 1. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes for identification of Venous Thromboembolism, NIS, 2009

/enous Thromboembolism ICD-9-CM Codes^a **Pulmonary embolism** 415.1x, 634.6x, 635.6x, 636.6x, 637.6x, 638.6x, and 673.2x 451.1x, 451.2, 451.8x, 451.9, 453.2, 453.4x, 453.8x, 453.9, 671.3x, 671.4x, and 671.9x Deep vein thrombosis a5-digit codes were included in the corresponding 4-digit codes (e.g., 453.4x includes 453.40, 453.41, and 453.42)

Table 2. Sample Distribution and Case-fatality Rates Among Hospitalizations with a Diagnosis Table 3. Case-fatality Rates and Rate Ratios for In-hospital death by AHRQ/Elixhauser Comorbidity of Venous Thromboembolism by Demographic and Clinical Characteristics, NIS, 2009

Characteristics	Distribution			In-hospital Death			
	nª	%	Nb	Case-fatality (%)	CIc	P-value ^d	
Overall	156,180	100	44,500	5.6	5.4-5.9		
Age						P<0.001	
1–49	35,201	22.4	4,698	2.7	2.5-2.9		
50–79	87,655	56.1	26,415	6.0	5.7-6.2		
≥80	33,324	21.5	13,350	7.9	7.5-8.3		
Sex						P<0.001	
Male	74,045	47.4	22,491	6.0	5.8-6.3		
Female	82,084	52.6	21,970	5.3	5.1-5.5		
Race/ethnicity						P<0.001	
White	95,067	60.9	26,719	5.6	5.3-5.8		
Black	21,302	13.6	6,124	5.7	5.3-6.1		
Hispanic	9,515	6.1	2,863	6.0	5.4-6.6		
Asian or other race/ethnicity	6,450	4.1	2,521	7.6	6.8-8.5		
Not stated	23,846	15.3	6,235	5.3	4.7-5.9		
Days of hospital stay						P<0.001	
< 7 days	85,630	54.9	18,087	4.2	4.0-4.4		
≥ 7 days	70,543	45.1	26,363	7.4	7.1–7.7		
Primary expected payer						P<0.001	
Medicare	85,285	54.9	28,716	6.6	6.4–6.9		
Medicaid	14,961	9.6	3,463	4.6	4.2-5.0		
Private including HMO	43,398	27.8	9,535	4.4	4.1-4.7		
Self-pay or other payers	12,177	7.7	2,672	4.4	4.0-4.9		
Major operating room procedure						P<0.001	
None at all	62,331	40.0	6,013	1.9	1.8-2.1		
Non-major operating room procedure	49,814	31.9	23,856	9.5	9.1–9.9		
Major operating room procedure	44,035	28.1	14,594	6.6	6.3–6.9		
Number of comorbidities						P<0.001	
0	12,128	7.8	970	1.6	1.3–1.9		
1–2	55,227	35.5	10,922	3.9	3.6-4.2		
3–4	55,282	35.4	16,164	5.8	5.5-6.1		
≥5	33,543	21.4	16,406	9.7	9.3-10.2		

Maximum subgroup sample size. ⁶Estimated number of in-hospital deaths. ⁶95% confidence interval. ⁶P-value for Pearson Chi-Square test. Index Among Hospitalizations with a Diagnosis of Venous Thromhoembolism NIS 2009

n ^a =156,112	In-hospital Death								
AHRQ/Elixhauser comorbidity index ^b	%	95% CI ^c	RR ^d	95% CI	aRR ^e	95% CI			
Acquired immune deficiency syndrome	4.0	2.6-6.3	0.71	0.46-1.10	0.79	0.50-1.23			
Alcohol abuse	4.7	4.2-5.3	0.84	0.74-0.95	0.83	0.73-0.94			
Anemia (deficiency)	5.9	5.5-6.2	1.06	1.00-1.13	0.72	0.68-0.76			
Arthritis (rheumatoid)/collagen vascular diseases	4.9	4.3-5.5	0.87	0.77-0.98	0.96	0.85-1.08			
Chronic blood loss anemia	5.0	4.2-5.8	0.88	0.75-1.03	0.65	0.56-0.76			
Congestive heart failure	10.8	10.3-11.4	2.21	2.10-2.32	1.43	1.37-1.50			
Chronic pulmonary disease	6.7	6.4-7.1	1.26	1.20-1.33	1.07	1.02-1.12			
Coagulopathy	13.5	12.7-14.2	2.72	2.57-2.89	1.84	1.75-1.95			
Depression	3.6	3.3-4.0	0.62	0.56-0.68	0.72	0.66-0.78			
Diabetes, uncomplicated	5.6	5.3-6.0	0.99	0.94-1.06	0.96	0.91-1.0			
Diabetes with chronic complications	5.5	4.9-6.1	0.97	0.87-1.09	0.82	0.74-0.9			
Drug abuse	3.3	2.8-4.0	0.58	0.49-0.70	0.80	0.68-0.9			
Hypertension (uncomplicated and complicated)	5.0	4.7-5.2	0.78	0.73-0.82	0.70	0.67-0.74			
lypothyroidism	5.0	4.6-5.4	0.87	0.80-0.94	0.88	0.82-0.94			
iver disease	8.0	7.1-8.9	1.42	1.26-1.61	1.18	1.05-1.3			
ymphoma	9.4	8.3-10.6	1.68	1.49-1.90	1.44	1.27-1.62			
luid and electrolyte disorders	10.8	10.3-11.2	2.95	2.81-3.09	1.91	1.83-1.9			
Metastatic cancer	11.4	10.7-12.1	2.18	2.05-2.32	1.90	1.78-2.02			
Other neurological disorders	6.2	5.8-6.7	1.12	1.04-1.20	1.05	0.98-1.12			
Dbesity	3.7	3.4-4.1	0.63	0.58-0.69	0.87	0.80-0.94			
Paralysis	6.9	6.2-7.6	1.23	1.12-1.36	1.10	1.00-1.2			
Peripheral vascular disorders	8.3	7.7-8.9	1.51	1.40-1.63	1.21	1.13-1.3			
Psychoses	4.0	3.5-4.6	0.71	0.62-0.81	0.79	0.69-0.89			
Pulmonary circulation disorders	10.9	10.4-11.4	2.50	2.38-2.63	2.06	1.97-2.10			
Renal failure	8.2	7.8-8.7	1.59	1.50-1.68	1.38	1.31-1.4			
olid tumor without metastasis	7.6	7.0-8.3	1.37	1.25-1.49	1.35	1.24-1.42			
Peptic ulcer disease excluding bleeding	_f	-	-	-	-	-			
/alvular disease	7.5	6.8-8.2	1.34	1.22-1.48	0.86	0.79-0.94			
Weight loss	13.0	12.3-13.7	2.65	2.49-2.81	1.38	1.31-1.40			

Reference groups were hospitalizations without the corresponding comorbidities

^c95% confidence interval ^dUnadjusted rate ratios.

eRate ratios from log-linear regression model that adjusted for age, sex, race/ethnicity, days of hospital stay, primary expected payer, major operating room procedure. and all comorbidities listed in table. ^fUnstable estimate due to small subgroup size

National Center on Birth Defects and Developmental Disabilities

Division of Blood Disorders

In 2009, approximately 44,500 in-hospital deaths occurred among hospitalizations with a VTE diagnosis in the US, representing an overall casefatality rate of 5.6%. The likelihoods of in-hospital death increased significantly (P<0.01) among hospitalizations with a VTE diagnosis and comorbidity of congestive heart failure [adjusted rate ratio (aRR)=1.43], chronic pulmonary disease (aRR=1.07), coagulopathy (aRR=1.84), liver disease (aRR=1.18), lymphoma (aRR=1.44), fluid and electrolyte disorders (aRR=1.91), metastatic cancer (aRR=1.90), peripheral vascular disorders (aRR=1.21), pulmonary circulation disorders (aRR=2.06), renal failure (aRR=1.38), solid tumor without metastasis (aRR=1.35), or weight loss (aRR=1.38), when compared to hospitalizations without the corresponding comorbidities.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Agency for Healthcare Research and Quality

Conclusion

The findings of this study underscore the importance of risk assessment and management of hospitalized VTE patients with concurrent medical comorbidities that may place them at an increased risk of death.



Learning Objective

To learn whether and to what extent medical co-morbidities are associated with in-hospital death among hospitalizations with a diagnosis of venous thromboembolism in the United States.

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