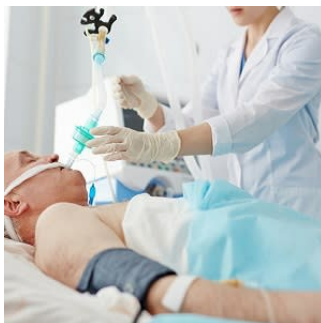


Association of age and mortality among patients discharged from ICU



In high-income countries, ageing patients with chronic comorbidities increase the need for ICU beds. This results in a significant burden for both the individual and the healthcare system. There has been some discussion regarding the benefits of ICU admission for elderly patients as it may lead to unnecessary invasive care and healthcare expenditure that could be avoided. As a result, it is now being debated whether age should be used as a criterion for admission to the ICU.

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A study was conducted in France, where access to ICU care has no financial barriers, mainly because the country has a national health insurance system in place. The objective of the study was to describe the short and long-term mortality at 3 months and at 3 years after hospital discharge in adult patients admitted to the ICU.

Findings from the study showed that overall in-hospital mortality rate was 19%. Mortality rates at 3 months and at 3 years were 23.1% and 39.7% respectively. The median survival of patients who were admitted to the ICU was around 24 months for patients aged 80 to 84 years, 10 months for patients aged 85 to 89 years and 4 months for those who were 90 years or older. 6.8% of the patients who were discharged alive died within 3 months, and 25.8% died by 3 years. The median survival among discharged patients was 35 months for patients between 85 to 89 years and 4 months for patients 90 years or older. In-hospital and 3-year post-discharge mortality rates, respectively, were 30.5% and 44.9% in patients 80 years and older compared with 16.5% and 22.5% in those younger than 80 years. Total 3 years mortality was 61.4% among patients 80 years and older compared with 35.1% in patients younger than 80 years.

These findings suggest that mortality rates increased progressively with age and more sharply in patients 80 years or older. Long term mortality was highest in young surviving patients but not in elderly patients.

Source: [JAMA](#)

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Published on : Wed, 15 May 2019