



Deadly Heart Risks Remain High After Hospital Discharge



According to a new study by Yale School of Medicine researchers, there is a one in five risk of rehospitalisation or death in the month following an older heart patient's hospital discharge. The researchers found that the risks remain high for up to a year but can be more effectively addressed with targeted care. The study has been published in the *British Medical Journal*.

The study looked at 3 million Medicare patients aged 65 or older who had survived hospitalisation for heart failure, acute myocardial infarction and pneumonia from 2008 to 2010. The researchers defined the risks of rehospitalisation and death on each day during the year after discharge.

The study found that the risk of rehospitalisation and death declined slowly following hospital discharge but was elevated for many months. The findings also show that the risks varied with discharge diagnosis and outcomes. Risk was elevated for a longer period of time for patients hospitalised with heart failure as compared with those hospitalised for acute myocardial infarction and pneumonia. However, the risk of hospitalisation remained elevated for a longer period of time than risk of death for all three conditions.

According to Kumar Dharmarajan, M.D., assistant professor of medicine (cardiology) at Yale School of Medicine and lead author of this study, "As our health system increasingly focuses on improving long-term health and personalising care, this information can help hospitals focus their interventions during the highest risk periods for patients. Patients should remain vigilant for deterioration in health for an extended time after hospitalisation. This might mean checking in more often with a primary care physician or specialist."

The researchers believe that tracking absolute risks and their changes over time can provide critical information and can help both patients and hospitals set realistic expectations and goals for recovery and appropriate care. The team plans to conduct future studies to understand other factors that could have an impact on the long-term risks and how this information can be integrated to provide more effective and efficient care.

Source: British Medical Journal

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