



Frequent ED Use Linked to Higher Admissions, Deaths



Frequent users of emergency department (ED) care are more than twice as likely as infrequent users to die, be admitted to hospital, or require other outpatient treatment. The new findings are based on a systematic review of available evidence and published online in *Emergency Medicine Journal*.

Relevant data analysed by researchers from the University of Alberta (Canada) indicate that frequent emergency care users account for up to one in 12 patients seeking ED care, and for around one in four of all visits.

The investigators conducted a thorough search of seven electronic databases of relevant research relating to the frequency and outcomes of emergency department use by adults. The search strategy identified 4,004 potential studies, from which researchers selected 31 relevant pieces of research published between 1990 and 2013 that were included in the final analysis.

According to the research team, frequent users were variously defined as visiting emergency care departments from four or more times up to 20 times a year. Most of the studies included hospital admission as an outcome, and these showed that frequent users were around 2.5 times as likely to be admitted as infrequent users.

Among the seven studies looking at deaths, the analysis by the Canadian team showed that frequent attenders at emergency care departments were more than twice as likely to die as those who rarely sought emergency care.

There were 10 studies that looked at use of other hospital outpatient care, revealing that frequent users were more than 2.5 times as likely to require at least one outpatient clinic after their visit to the emergency care department.

"Our results suggest that, despite heterogeneity, frequent users are a distinct and high-risk group," the research team said, adding that these ED care users might benefit from a more targeted proactive approach.

The lack of any consensus as to what constitutes a frequent user is striking, the researchers point out, and this makes it difficult to permit comparison and come up with potentially generalisable recommendations. This problem needs addressing as a matter of urgency, says the research team.

Source: [BMJ](#)

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