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Hospital Readmission After Surviving Sepsis

Sepsis affects nearly 50 million people globally. Survivors face significant long-term issues like reduced quality of life and frequent hospital readmissions. Studies show that 21.4% of survivors are readmitted within 30 days and 39% by one year, with sepsis-related readmissions being costlier than those for other conditions like heart failure or myocardial infarction.

Many readmissions in sepsis survivors are avoidable, making them a target for healthcare interventions aimed at reducing sepsis morbidity. Identifying survivors at higher risk of readmission is crucial, as they belong to heterogeneous groups with varying risks based on conditions like heart failure, UTIs, or liver disease. Past reviews on readmission diagnoses have provided insights but lacked comprehensive meta-analyses.

A recent review aims to fill that gap by examining readmission rates and patterns across different time periods and age groups to improve healthcare strategies for sepsis survivors.

The analysis included 51 studies, with 90.2% focusing on adult sepsis survivors. Infection or sepsis was the most common cause of readmission in 18 of 21 studies examining multiple diagnoses.

Study researchers reviewed reasons for hospital readmissions in sepsis survivors, finding that infection or sepsis was the most common cause across all time points. Meta-analysis revealed that 4.7% of survivors were readmitted for sepsis within 30 days, rising to 16% at one year. The study also highlighted that less than half of these readmissions were due to recurrent infections, suggesting that immune dysregulation after sepsis increases susceptibility to new infections. This review is the first to assess readmission rates for specific conditions like pneumonia and UTIs at multiple time points.

This review found that 3.5% of adult sepsis survivors were readmitted for cardiovascular disease (CVD) within 30 days, with the rate increasing to 3% at 90 days. The study is the first meta-analysis on CVD and heart failure readmissions in sepsis survivors, suggesting that sepsis may introduce new chronic conditions like CVD.

The review also highlights gaps in research on sepsis survivors from low-middle-income countries and those with sepsis from SARS-CoV-2, calling for more diverse studies to better understand global sepsis survivor morbidity. There is a gap in research on neonatal and paediatric sepsis, with most studies focusing on adult survivors. Future research should address the lack of data for younger populations and improve cohort representativeness and transparency in methods.

Source: Journal of Critical Care
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