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## Study: ICU May Be Overused for Some COPD, Acute MI, HF Patients



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For patients with COPD, heart failure and myocardial infarction, who are not critically ill, a stay in the ICU may be no more beneficial than staying on a ward, according to an analysis just published in the *Annals of the ATS*.

Thomas Valley, MD, MSc, a pulmonary and critical care researcher at the University of Michigan Medical School, and colleagues, analysed more than 1.5 million Medicare records. They estimated that approximately one in six patients was admitted to the ICU only because of living closest to a hospital that places a high percentage of its patients in ICU beds.

See Also: [Study: More than Half of ICU Admissions May Be Inappropriate](#)

The researchers looked at 30-day mortality and also at cost of care. "We wanted to evaluate whether ICU care is always beneficial," said Valley, in a [media release](#). "ICU care can save lives, but it is also very costly."

There was no difference in mortality between patients treated in the ICU and those treated as regular inpatients. As might be expected, however, the cost of ICU care for heart failure exacerbation was significantly higher (\$2,608 more) and heart attack (\$4,922 more) than regular inpatient care. There was no difference in the cost of treating COPD patients between the two settings.

Dr. Valley noted that their findings show that the ICU may not always be the answer for this group of patients, adding: "Now, we need to help doctors decide who needs the ICU and who doesn't."

Study limitations include the fact that only Medicare patients were part of the study so results may not apply to younger patients. Costs include only hospital charges, not physician fees.

The authors concluded, "These findings suggest that the ICU may be overused for some COPD, heart failure, or acute myocardial infarction patients with an uncertain indication for intensive care, and opportunities exist to decrease health care costs by reducing ICU admissions for certain patients."

Source and image credit: [American Thoracic Society](#)

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