
Trends in Sepsis-Related Mortality in the U.S.



Sepsis is a life-threatening organ dysfunction. It is the leading cause of death in the U.S. It is also one of the most expensive conditions to treat. However, the burden of sepsis-related mortality in the U.S. in recent years is not well-characterised. Previous studies utilise hospital databases and electronic health records to determine trends, but these have been limited to only a few hospital systems and geographic areas and are not representative of the whole population.

In this retrospective population-based study, the researchers describe sepsis-related mortality and mortality trends in the U.S. from 2005 to 2018. Researchers used the multiple cause of death database available through the CDC.

Their analysis shows that from 2005 to 2018, 6.7% of decedents had a diagnosis of sepsis. Sepsis-related mortality rate was 50.2 per 100,000. Overall sepsis-related mortality rates were stable in both males and females during this period. Sepsis-related mortality rates were higher in Blacks, Native Americans and Hispanics but were lower in Asians. Mortality rates related to sepsis declined in Blacks, Hispanics and Asians but increased in Whites and Native Americans. Majority of the deaths related to sepsis occurred in the hospital. Deaths in nursing homes decreased, but deaths occurring at home and hospice increased.

Mortality rates also varied by region, with the highest risk in the South and the lowest risk in the West. There was variation in mortality rates for sepsis among states with the highest mortality in the District of Columbia and Mississippi and lowest rates in Vermont and Minnesota.

Overall, study findings show that sepsis-related mortality rates from 2005-2018 were stable, but there were significant racial and gender disparities in mortality trends. Also, researchers note an increase in mortality rates in certain age groups. The largest increase in sepsis-related deaths between 2005 and 2018 was in the 55-64 years age group in men and 45-64 years in women.

It is important to conduct further research to evaluate whether genetic and environmental factors contributed to these differences.

Source: [Critical Care Medicine](#)

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