

Study shows high rates, rising costs of alcohol/drug disorders in hospitalized patients

June 25 2008

Alcohol abuse more common in insured patients, drug abuse in uninsured

Fourteen percent of patients admitted to the hospital have alcohol/drug abuse and addiction (ADAA) disorders, costs for which have risen sharply in recent years, according to a study in the June issue of the *Journal of Substance Abuse Treatment (JSAT)*.

"Our results demonstrated the high prevalence of hospital admissions with co-occurring ADAA and the striking financial costs placed on the hospital, government programs, and insurers," write Patricia B. Santora, Ph.D., and Heidi E. Hutton, Ph.D., of The Johns Hopkins University School of Medicine, Baltimore.

The researchers analyzed 43,000 patients with ADAA disorders—mainly in addition to other medical diagnoses—who were admitted to Johns Hopkins Hospital from 1994 to 2002. Patients with ADAA accounted for 13.7 percent of all hospital admissions during that time. About one-half of the patients used a combination of two or more drugs, one-fourth used alcohol only, and the rest used opioids (like heroin) or cocaine only. The number of opioid abusers rose sharply during the period studied, reflecting the recent resurgence of heroin in Baltimore. Patient characteristics differed by insurance status. In particular, patients on Medicaid/Medicare and uninsured patients were more likely to have drug addictions, while patients with private insurance were more likely

to abuse alcohol only.

Adjusted for inflation, overall hospital costs for patients with ADAA disorders increased by 134 percent from 1994 to 2002.

Medicaid/Medicare patients accounted for 70 percent of patients and 70 percent of the costs. Although costs increased for all types of ADAA disorders, the greatest increase was seen for opioid abuse—482 percent from 1994 to 2002. However, patients with alcohol abuse/addiction accounted for the highest proportion of costs.

Only about one percent of patients had an ADAA disorder as their only diagnosis—the remaining 99 percent had other medical problems as well. "[T]hus most of these escalating costs were for treatment the medical illnesses (primary diagnosis of admissions with co-occurring ADAA," the researchers write.

The results lend insights into the scope and costs of ADAA disorders in hospitalized patients. "Understanding ADAA's broad impact has implications for delivering better health care, decreasing ADAA-related illnesses and mortality, and reducing health care costs," the researchers write. Since alcohol and drug abuse are major contributors to leading causes of death—heart disease, cancer, and stroke—investing appropriate resources to ADAA treatment could reduce the costs of treating associated medical disorders.

Drs. Santora and Hutton emphasize the need for health care providers to provide screening and intervention services for hospitalized patients with ADAA—just as they do for patients with other chronic illnesses, such as diabetes or high blood pressure. This is especially important because drug or alcohol abuse increases the likelihood that patients will not follow their prescribed care, thus increasing the risk of poor treatment outcomes and higher costs. The researchers hope their results will serve as a baseline for evaluating efforts to manage ADAA in hospitalized

patients, and to control their impact on health care costs.

Source: Elsevier

Citation: Study shows high rates, rising costs of alcohol/drug disorders in hospitalized patients (2008, June 25) retrieved 11 May 2024 from <https://medicalxpress.com/news/2008-06-high-alcoholdrug-disorders-hospitalized-patients.html>

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