

Men more likely than women to need urgent hospital care soon after discharge

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Men are significantly more likely than women to need urgent hospital care, including readmission, within a month of being discharged, finds research in the online only journal *BMJ Open*.

The authors base their findings on 367 men and 370 women, all of whom had been admitted to the Boston Medical Center. Their further requirement for urgent hospital care was tracked for 30 days after discharge to see if gender had any part to play.

All the participants were taking part in the Project Re-engineered Discharge trial, which is looking at strategies to cut hospital [readmission](#) rates, in a bid to improve the quality of care and cut costs.

On average, the men tended to be around four years younger than the women, and to be better paid, with access to [private health insurance](#).

The women were significantly more likely to be registered with a family doctor and to have been diagnosed with depression at some time in the past than their male peers. Twice as many women as men were taking [antidepressants](#).

But women were significantly less likely than the men to require further urgent hospital care, the findings showed.

Their return rate was 29 events for every 100 women, compared with 47 for every 100 men, largely because men were twice as likely as women

to turn up at the [emergency care](#) department.

Analysis of the associated factors showed a previous visit to the [emergency department](#) or an admission to hospital within the previous six months more than tripled the likelihood of a requirement for further hospital care within 30 days of discharge for both men and women.

But several other key factors exclusively predicted men's return to hospital, including [social isolation](#) and their involvement with primary care services.

Men were 72% more likely to need hospital care within 30 days of discharge if they were unmarried/retired and 64% more likely to do so if they had not seen their [family doctor](#) during this period.

They were also 53% more likely to need hospital care again if they screened positive for depression.

"Our findings raise the possibility that social isolation—as illustrated by the positive association with being retired, unmarried and symptoms of depression—may be important factors to target for intervention," the authors write.

They point to previous research showing that men's social isolation tends to contribute to poorer health outcomes for them.

Women are also better at using health services than men, as a result of pregnancy and breast and cervical cancer screening programmes, they add.

"However, lower rate of connectedness to primary care among men may also contribute to their excess use of hospital services, and the finding that they may delay accessing care when it is needed," they write.

Provided by British Medical Journal

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