

COPD readmission may be tied to unmodifiable risk factors

October 22 2012

National efforts are underway to reduce 30-day readmission for chronic obstructive pulmonary disease (COPD); however, new research suggests that COPD readmissions may be related to risk factors that cannot be modified, including advanced disease and psychosocial factors.

Researchers from the University of Texas Medical Branch in Galveston performed a retrospective chart review of all patients with primary discharge diagnosis of COPD. Of the 160 patients admitted for a total of 193 hospitalizations, 30 patients were readmitted within 30 days. Patients who were readmitted were more likely to be black, had [congestive heart failure](#), [coronary artery disease](#), history of alcohol abuse, and were using supplemental oxygen. There was no difference in baseline medication use, length of stay, or serum bicarbonate values, and whether or not the patient had a follow-up postdischarge.

In a multivariate analysis, odds of 30-day readmission was 2.56 in patients using supplemental oxygen, and 2.17 in patients with alcohol abuse. Researchers conclude that 30-day readmission in patients with COPD was related to advanced disease and [psychosocial factors](#) that are unlikely to be modifiable. This study was presented during CHEST 2012, the annual meeting of the [American College of Chest Physicians](#), held October 20 – 25, in Atlanta, Georgia.

Provided by American College of Chest Physicians

Citation: COPD readmission may be tied to unmodifiable risk factors (2012, October 22)
retrieved 19 April 2024 from

<https://medicalxpress.com/news/2012-10-copd-readmission-tied-unmodifiable-factors.html>

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