

Discharge destination alters rehospitalization rates

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(HealthDay)—Destination of discharge alters the association between cognitive impairment and rehospitalization, according to a study published in the November issue of the *Journal of the American Geriatrics Society*.

Arif Nazir, M.D., from Indiana University in Indianapolis, and colleagues examined rates of rehospitalization (any [hospital admission](#) after the index admission) among 976 individuals aged 65 and older admitted to the [medical service](#) of a public hospital. The effect of cognitive impairment, defined as having two or more errors on the Short Portable Mental Status Questionnaire, on rehospitalization was evaluated.

The researchers found that cognitive impairment and discharge location significantly predicted rehospitalization rates ($P = 0.008$) and time to one-year rehospitalization ($P = 0.03$), after adjusting for confounders. Compared to [participants](#) with no cognitive impairment, participants with cognitive impairment discharged to a facility had a longer time to rehospitalization (median 142 versus 98 days; hazard ratio, 0.77; $P = 0.07$). Participants with cognitive impairment discharged to home had a slightly shorter time to rehospitalization versus those without cognitive impairment (median 182 versus 224 days; hazard ratio, 1.15; $P = 0.23$). While each interaction was non-significant, they were significantly different from each other ($P = 0.03$).

"Discharge destination modifies the association between [cognitive impairment](#) and rehospitalization," the authors conclude.

More information: [Abstract](#)
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