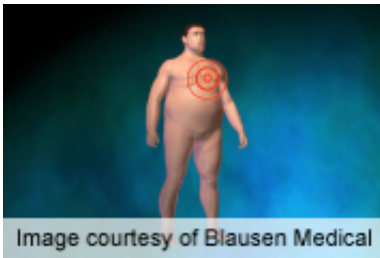


Chest complaints more costly in obese patients

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(HealthDay)—Higher body mass index (BMI) is associated with increased cost of care and longer hospital stays for patients who present to the emergency department with chest pain and dyspnea, according to research published online March 4 in *Circulation: Cardiovascular Quality and Outcomes*.

Geoffrey W. Peitz, of the Indiana University School of Medicine in Indianapolis, and colleagues prospectively analyzed costs and outcomes stratified by BMI for patients presenting to the [emergency department](#) with [chest pain](#) and dyspnea.

The researchers found that costs of care were 41 percent higher for morbidly [obese patients](#) ($P = 0.015$), 28 percent higher for obese patients ($P = 0.020$), and 22 percent higher for [overweight patients](#) ($P = 0.077$), than for normal-weight patients. Compared with normal-weight patients,

morbidly obese patients had longer lengths of hospital stay with or without computed tomography (CT) scanning (44 percent longer with CT [P = 0.083]; 34 percent longer without CT [P = 0.073]). Morbidly obese patients had the highest rate (87 percent) of no significant cardiopulmonary diagnosis for 90 days after CT pulmonary angiography.

"These findings substantiate the need for clinical protocols that reduce overuse of imaging in patients with high BMI and chest complaints," the authors write.

More information: [Abstract](#)
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