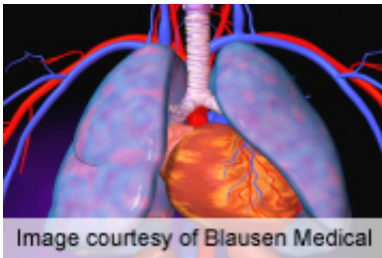


Neighborhood's socioeconomic status tied to readmissions

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(HealthDay)—Neighborhood socioeconomic status (SES) is linked to six-month, all-cause readmission among patients with heart failure, even after adjustment for patient-level factors, according to a study published online July 29 in *Circulation: Cardiovascular Quality and Outcomes*.

Behnood Bikdeli, M.D., from Yale-New Haven Hospital in Connecticut, and colleagues analyzed data from participants of the Telemonitoring to Improve Heart Failure Outcomes trial (recruited from 33 U.S. internal medicine and cardiology practices). The authors examined the association between neighborhood SES and outcomes of 1,557 patients with [heart failure](#) (mean age 61.1 years; 42.2 percent women). Census tracts were used as proxies for [neighborhoods](#) and SES scores were created that incorporated information about wealth and income, education, and occupation.

The researchers found that 524 of the participants were from low, 516 from medium, and 517 from high SES neighborhoods. Over the study period, 47.8 percent of [patients](#) had one or more readmission and 11.5 percent died. Patients living in low SES neighborhoods were more likely to be readmitted than those living in high SES neighborhoods (odds ratio, 1.35; 95 percent confidence interval [CI], 1.01 to 1.82), but there was no significant difference in mortality rates (odds ratio, 0.78; 95 percent CI, 0.50 to 1.18). After multivariable adjustments for individual demographics, clinical factors, and individual SES, the results were consistent.

"Greater number of events and longer follow-up is required to ascertain the potential effect of neighborhood SES on mortality," the authors write.

Several authors disclosed financial ties to the medical device industry.

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