

Cirrhosis deaths drop 41 percent from 2002 to 2012

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A new study by UNC researchers has found dramatic improvements in the survival of patients with cirrhosis and liver failure supporting improved treatment strategies for patients with cirrhosis and concurrent bacterial infections.

The study analyzed more than 780,000 hospitalizations of patients with cirrhosis from 2002 to 2010 and found that inpatient mortality decreased steadily during that period despite increases in patient age and the necessity for more complex medical care. The study used the Health Care Cost and Utilization Project National Inpatient Sample, the largest sampling of U.S. hospitals to date.

Monica Schmidt, MPH, research associate at the UNC Liver Center and doctoral candidate at the Gillings School of Global Public Health, is lead author of the study, which is published in the May 2015 issue of the journal, *Gastroenterology*.

"While the number of cirrhosis hospitalizations increased during the sample period, the rate of hospital deaths fell by 41 percent," Schmidt said. "In addition, the decline in mortality for cirrhosis patients dropped significantly compared to non-cirrhotic patients. Increased awareness of disease management and earlier diagnosis for cirrhosis-related complications may have led to better survival rates."

Coauthoring and overseeing the study were A. Sidney Barritt, MD, MSCR, assistant professor of medicine, Eric Orman, MD, MSCR,

assistant professor of medicine and Paul H. Hayashi, MD, MPH, associate professor of medicine in UNC's Division of Gastroenterology and Hepatology.

"These data are encouraging because there has been a lot of research effort put into improving inpatient cirrhosis care over the years, and it appears it may be paying off," Hayashi said.

Liver disease, or cirrhosis, is the eighth-leading cause of death in the U.S. and often requires hospitalization for complications that can include bleeding, confusion, cancer and susceptibility to bacterial infections.

Cirrhosis-related admissions to hospitals continue to grow. Care of cirrhosis patients is complex and often managed by a team of gastroenterologists, hepatologists, intensivists and nephrologists. The study targeted all causes and forms of [liver cirrhosis](#).

While the decline in patient deaths was good news, the study found that cirrhosis patients do much worse than other patients with sepsis (bacterial infections). The mortality risk for infections actually increased over time, despite the ongoing "surviving sepsis campaign." The increased risk for cirrhosis patients may be related to abnormal blood-flow issues and immune responses that could hinder survival.

The study suggests that improving cirrhosis care may be leading to better overall survival, but notes that rising mortality risks for sepsis suggest a more tailored approach is needed for treating sepsis in patients with [cirrhosis](#). The study's authors suggest that these data can help in setting appropriate quality care indicators and setting guideline use as well as determining adjusted [mortality risk](#) and use of palliative care.

Provided by University of North Carolina Health Care

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