

Readmit predictors for congenital heart disease are lesion specific

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(HealthDay)—For adults with congenital heart disease, readmission is

more likely among those with a primary diagnosis of congestive heart failure, and predictors of readmission are lesion specific, according to a study published online Sept. 13 in *Circulation: Cardiovascular Quality and Outcomes*.

Ari M. Cedars, M.D., from the Baylor University Hospital in Dallas, and colleagues conducted an analysis of admissions in patients aged over 18 years with *International Classification of Diseases-Ninth Revision* codes of 745 to 747. Variables thought to be associated with increased rates of one-year admission were selected and multivariable regression models were constructed to examine the relative contribution of variables to [readmission](#) risk. Data from 64,420 patients were included in the final analyses.

The researchers found that 39 percent of patients were readmitted within 12 months of the index admission. Patients who experienced a readmission were more likely to have had a primary diagnosis of congestive heart failure at the time of index admission than those who did not experience a readmission; congestive heart failure and arrhythmia were the most common diagnoses at the time of readmission. Lesion-specific heterogeneity was identified in risk factors for readmission.

"Patients with adult [congenital heart disease](#) have high rates of readmission, predominantly for [congestive heart failure](#) and arrhythmia," the authors write. "Predictors of readmission are lesion specific, and future strategies aimed at decreasing readmission rate will likely need to be individualized."

More information: [Abstract](#)
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