

Limited English proficiency may worsen chronic disease outcome

October 23 2019



(HealthDay)—In predominantly English-speaking settings, patients with

limited English proficiency (LEP) and chronic conditions have higher rates of emergency department revisits and hospital readmissions than patients with English proficiency (EP), according to a research letter published in the Oct. 22/29 issue of the *Journal of the American Medical Association*.

Shail Rawal, M.D., from the University of Toronto, and colleagues examined whether emergency department visits or readmissions at two academic hospitals in Toronto differed between 7,545 EP and 2,336 LEP adult patients discharged with acute conditions (pneumonia or hip fracture) and exacerbations of [chronic conditions](#) ([chronic obstructive pulmonary disease](#) [COPD] or heart failure).

The researchers found that individuals with LEP were older, were more likely to be women, and had lower income and more comorbidities compared with EP patients. Overall, 14.7 percent of patients had a 30-day emergency department visit, 12.5 percent had a 30-day readmission, and 22 percent had a 90-day readmission. There was an increased risk for a 30-day emergency department visit (relative risk [RR], 1.32; 95 percent confidence interval [CI], 1.12 to 1.55), 30-day readmission (RR, 1.29; 95 percent CI, 1.08 to 1.54), and 90-day readmission (RR, 1.24; 95 percent CI, 1.09 to 1.40) for LEP patients with heart failure versus EP patients. Similarly, patients with LEP and COPD also had a greater risk for 30-day readmission (RR, 1.51; 95 percent CI, 1.11 to 2.06) and 90-day readmission (RR, 1.32; 95 percent CI, 1.06 to 1.65), but did not have a significantly increased risk for a 30-day emergency department visit (RR, 1.25; 95 percent CI, 0.95 to 1.66) compared to EP patients. There were no significant differences noted in emergency department visits or readmissions between patients with LEP and EP for those discharged with acute conditions.

"COPD and [heart failure](#) may represent communication-sensitive conditions, and strategies to improve discharge communication and

postdischarge support may be required," the authors write.

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Citation: Limited English proficiency may worsen chronic disease outcome (2019, October 23)
retrieved 1 May 2024 from
<https://medicalxpress.com/news/2019-10-limited-english-proficiency-worsen-chronic.html>

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