

Factors ID'd in withdrawal of life support in severe TBI patients

August 12 2020



(HealthDay)—In addition to clinical factors, socioeconomic factors may

play a role in the decision regarding withdrawal of life-supporting treatment (WLST) in patients with severe traumatic brain injury (sTBI), according to a study recently published in *JAMA Surgery*.

Theresa Williamson, M.D., from Duke University in Durham, North Carolina, and colleagues assessed demographic and clinical factors associated with the decision to withdraw LST in [patients](#) with sTBI. The analysis included data from 37,931 [adult patients](#) treated at more than 825 U.S. trauma centers from 2013 through 2015.

The researchers found that 20.7 percent had WLST. Compared with [white patients](#) (73.7 percent), black patients (13.2 percent; odds ratio [OR], 0.66) and patients of other races (13.2 percent; OR, 0.83) were less likely to have WLST. WLST was more common among patients from hospitals in the Midwest (OR, 1.12) or Northeast (OR, 1.23) versus patients from hospitals in the South. WLST was also more common among patients with Medicare (OR, 1.55) and self-pay patients (OR, 1.36) versus patients with private insurance. WLST was more common among older patients and those with lower Glasgow Coma Scale scores, higher Injury Severity Scores, or craniotomy. Patients with functionally dependent health status (OR, 1.30), hematoma (OR, 1.19), dementia (OR, 1.29), and disseminated cancer (OR, 2.82) were more likely to have WLST versus patients without these conditions.

"These results highlight potential challenges in decision making in sTBI," the authors write.

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Citation: Factors ID'd in withdrawal of life support in severe TBI patients (2020, August 12)
retrieved 25 April 2024 from
<https://medicalxpress.com/news/2020-08-factors-idd-life-severe-tbi.html>

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