

SARS-CoV-2 mortality mainly linked to older age, comorbidity

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(HealthDay)—For U.S. veterans with COVID-19, mortality is mainly

associated with older age, male sex, and comorbidity, according to a study published online Sept. 23 in *JAMA Network Open*.

George N. Ioannou, B.M.B.Ch., from the Veterans Affairs Puget Sound Healthcare System in Seattle, and colleagues examined excess risk and [risk factors](#) associated with hospitalization, mechanical ventilation, and mortality in COVID-19. The study included 88,747 patients tested for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), of whom 10,131 tested positive.

The researchers found that of those who tested positive for SARS-CoV-2, characteristics significantly associated with mortality included [older age](#), high regional COVID-19 disease burden, higher Charlson comorbidity index score, fever, dyspnea, and abnormalities in certain blood tests that exhibited dose-response links to mortality, including aspartate aminotransferase, creatinine, and neutrophil-to-lymphocyte ratio. The same characteristics were independently associated with [mechanical ventilation](#), with the exception of geographic region and with the addition of Black race, male sex, diabetes, and hypertension. Obesity, Black race, Hispanic ethnicity, [chronic obstructive pulmonary disease](#), hypertension, and smoking were not significantly associated with mortality in adjusted analyses. In this cohort, most deaths occurred in patients aged ≥ 50 years, male patients, and those with a Charlson comorbidity score of at least 1 (63.4, 12.3, and 11.1 percent, respectively).

"Recognizing risk factors for adverse outcomes is a preliminary step toward developing prognostic models that will allow for real-time identification of patients most and least likely to benefit from available interventions," the authors write.

One author disclosed ties to the pharmaceutical and medical technology industries.

More information: [Abstract/Full Text](#)

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