

Trends of Alcohol hepatitis related hospitalization from 2011 to 2017 NIH study

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Background:

Alcoholic hepatitis (AH) is the most florid manifestation of alcoholic liver disease which accounts for significant morbidity, mortality, and financial burden. Aim of this study is to evaluate temporal trend of hospitalizations from AH, patients demographics, mortality, mortality related risk factors, clinical outcomes and evaluate its financial impact.

Methods:

The National Inpatient Sample databases (from 2011 to 2017) to which are collected as part of Healthcare Cost and Utilization Project by Agency for Healthcare Research and Quality were utilized. Individuals aged 21 years and older were included. The hospitalizations with primary diagnosis of AH and secondary AH were captured by ICD-9 and it's correspondent ICD-10 codes. Confounders such as steatohepatitis, viral hepatitis, chronic hepatitis, cirrhosis without mentioning alcohol, hepatocellular carcinoma were captured by ICD-9 and their correspondent ICD-10 and were removed. The national estimates of hospitalization were derived using sample weights provided by National Inpatient Sample.

Results:

We observed the increased in total cases of AH-related hospitalization from 281506 (0.7% of total admission in 2011) to 324050 (0.9% of total admission in 2017). Median age ranges between 54 and 55. most common age group 45-65 range (57.8% - 60.7%). Most common race is white (63.2%-66.4). Mostly in males (69.7-71.2%). Primary health care payer is Medicare (29.4-30.7%) and Medicaid (21.5-32.5%). Most common geographical location is the south (33.6-34.4%). Majority of patients were admitted to large hospitals (50.2-62.3%) in urban areas. Most common presenting diagnosis was alcoholic cirrhosis of liver (63.5-69%). Most common outcome was routine discharge (60-63.3%). Length of stay median was 4. Mortality of AH (5.3-5.5%). Most common mortality risk factor is acute renal failure (59.6-72.1) and GI hemorrhage (17.2-20.3%). Total charges range was between 25242.62 and 34874.50.

Conclusion:

AH-related hospitalization continued to increase during the study period. Substantial increases in health care cost and utilization among hospitalized AH patients were observed. Mortality remained the same throughout the study period.