In-Hospital Outcomes and Hospitalizations for Acute Rheumatic Heart Disease: A United States National Study

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Results

Hospitalizations for ARHD represented a very small proportion (0.002%) of the total hospitalizations in the US between the years 2003-2012. Hospitalizations primarily or secondarily for ARHD have decreased by around 50% between 2003-2012 (P_trend<0.005).

Of the 11,186 hospitalizations for ARF (mean patient age 46±28 years; 53.8% women; 50.4% white), a primary or secondary diagnosis of ARHD was present in 6,866 (61.4%) (mean patient age 55±27 years; 57.4% women; 54.2% white). ARHD in ARF patients decreased from 63% in 2003 to 55.9% in 2012 (P_trend<0.005).

Among patients hospitalized for ARF, the likelihood of having ARHD is increased in female sex and white race (both P<0.005).

ARHD is more common (28%, P<0.005) in patients in the lowest quartile of median household income (US $ 1-38,999).

2003 2012
Hospitalizations for ARHD (primary and secondary) 1700 hospitalizations 1240 hospitalizations P< 0.005
ARHD in patients hospitalized for ARF 63% 55.9% P< 0.005

Results

Among patients hospitalized for ARF, ARHD is an independent predictor of increased length of stay (8.4±9.9 vs 6.8±8.5 days in patients with and without ARHD, respectively, P<0.005), increased total hospital charges (US $ 62,926±107,516 vs 46,482±88,796, P<0.005), and increased in-hospital mortality (4.7% vs 3% in patients with and without ARHD, respectively, P<0.005).

Conclusion

• ARHD is uncommon in the US and hospitalizations for ARHD have decreased between 2003 and 2012.
• ARHD is common in patients with ARF and is associated with an increased length of stay, hospital charges, and in-hospital mortality.
• More aggressive preventive interventions in low-income areas might help further reduce the burden of this disease.

Disclosures

• None of the authors have any relevant disclosures.

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