

October 2015, Vol 148, No. 4_MeetingAbstracts

Diffuse Lung Disease | October 2015

In-Hospital Length of Stay and Mortality for Patients With Idiopathic Pulmonary Fibrosis (IPF) in the US

Karina Raimundo, MS; Eunice Chang, PhD; Michael Broder, MD; James Zazzali, PhD
Genentech Inc, South San Francisco, CA

Chest. 2015;148(4_MeetingAbstracts):402A. doi:10.1378/chest.2247215

Abstract

SESSION TITLE: Diffuse Lung Disease Posters

SESSION TYPE: Original Investigation Poster

PRESENTED ON: Wednesday, October 28, 2015 at 01:30 PM - 02:30 PM

PURPOSE: To describe demographic characteristics, length of stay, and in-hospital mortality of patients hospitalized with IPF

METHODS: We used data from the Nationwide Inpatient Sample (NIS), from 2009-2011 for this retrospective cohort study. Patients were included if they had at least one inpatient claim with IPF as primary or secondary discharging diagnosis (ICD-9-CM code 516.3, 516.31) in the calendar year. Descriptive analyses are reported for hospitalizations in 2011 (findings were similar in 2009-2010). We report data for all IPF hospitalizations, and IPF as the primary code (IPF-P). All variables were weighted to represent national estimates.

RESULTS: In 2011 we identified 16,477 IPF hospitalization claims. 50.9% of those were of male patients, average 71.1 years. Medicare was the primary payer for most hospitalizations (77.4%). Patients had a high number of chronic conditions (mean: 4.6), with 47.9% having cardiovascular comorbid conditions, most commonly ischemic heart disease (30.7%) and congestive heart failure (30.0%). Of all hospitalizations, 26% were for IPF-P. About half (50.3%) of IPF-P hospitalizations had evidence of preceding emergency room (ER) services. In-hospital death occurred in 14.5% of IPF-P (vs. 10.3% in all hospitalizations). Mean length of stay for patients who died in the hospital was longer (10.6 days) than for all hospitalizations (7.6 days). Among patients who died during their hospitalization, IPF-P patients had an even longer length of stay (11.5 days) than non- IPF-P (10.2 days).

CONCLUSIONS: As expected given the overall IPF population, IPF patients who are hospitalized are older and have many comorbid conditions. Half the hospitalizations had evidence of ER services. Patients who die during hospitalization have, on average, longer length of stay. Patients with IPF-P had even longer lengths of stay than non IPF-P.

CLINICAL IMPLICATIONS: Admissions of patients with IPF can be linked to in-hospital mortality, particularly if IPF is the primary reason for admission. Further investigation into predictors of mortality may allow at-risk patients to be identified and their care modified.

DISCLOSURE: Karina Raimundo: Employee: Genentech Inc. Eunice Chang: Consultant fee, speaker bureau, advisory committee, etc.: Genentech Inc. Michael Broder: Consultant fee, speaker bureau, advisory committee, etc.: Genentech Inc. James Zazzali: Employee: Genentech Inc.

No Product/Research Disclosure Information