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Abstract 11954: Readmission After Discharge Against Medical Advice for Persons With Opioid-Associated Infective Endocarditis

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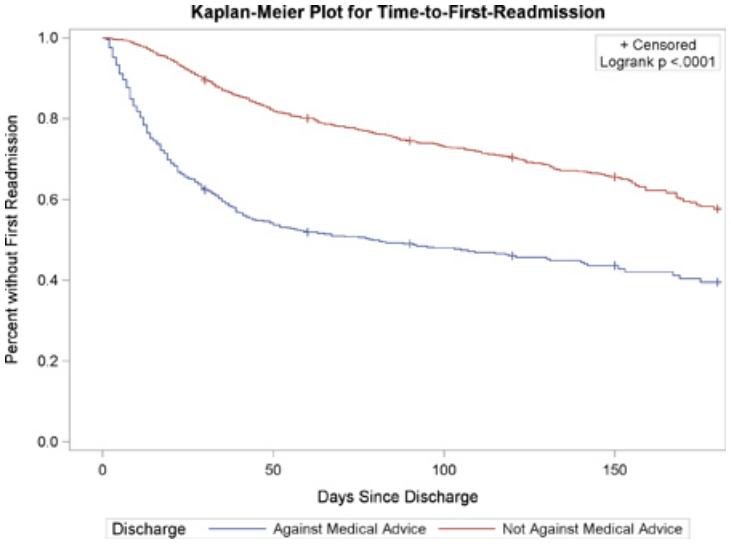
Abstract

Background: Infective endocarditis (IE), an increasingly-recognized consequence of the opioid epidemic, is linked to frequent discharge against medical advice (DAMA). We characterized readmissions after DAMA from a hospitalization for IE due to opioid misuse (O-IE).

Methods: We analyzed in-state readmissions in the 2016 Nationwide Readmissions Database, a source of hospital discharges from 27 states. We included persons aged 17-55 with O-IE, as determined by ICD-10-CM codes, discharged from February to November. We excluded those who died during hospitalization. Persons were stratified by DAMA. 30- and 90-day readmissions rates were compared by chi-square tests. Kaplan-Meier analysis assessed time to first readmission. Multiple logistic regression examined the association of DAMA with 30-day readmission.

Results: 3,264 persons with O-IE were included. 729 (22%) were DAMA, and 2,535 (78%) were not. Compared with non-DAMA, greater proportions of persons discharged against medical advice were female (60% vs 52%), from metropolitan areas (92% vs 87%), uninsured (22% vs 13%), managed nonoperatively (95% vs 84%), also used other drugs (53% vs 47%) and had shorter length of stay (median 7 vs 18 days). There were significantly more readmissions after DAMA at 30 days (32% vs 7%) and 90 days (41% vs 17%) (p<0.01). Among readmissions after DAMA, a lower proportion occurred at the same hospital, compared with non-DAMA (53% vs. 69%), and median time to readmission was shorter (17 vs 45 days) (p<0.01). DAMA was associated with >4 times higher odds of 30-day readmission (adjusted odds ratio 4.66, 95% CI 3.71-5.85).

Conclusions: DAMA is common in O-IE, occurring in nearly a quarter of affected persons, and is linked to frequent and early readmission. DAMA may occur due to inadequate addiction care and may limit opportunities to link to outpatient follow-up care. Determining reasons for DAMA in O-IE and strategies to mitigate premature discharge are critical to improving outcomes.



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