Rate and Reasons for Non-Elective 30-day Readmissions for Functional Dyspepsia in the US

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BACKGROUND

Functional dyspepsia (FD), a diagnosis of exclusion, has a 10–20% prevalence[1,2,3]. The pathophysiology is often multi-factorial, and treatment involves detailed education about its benign nature. Tricyclic antidepressants and psychotherapy are warranted if functional dyspepsia is refractory or severe, leading to a decreased quality of life which can place a significant cost burden on healthcare services.

AIM

Our study sought to determine the rate and reasons for 30-day all-cause readmissions for FD to help identify potentially modifiable factors and decrease the burden of readmissions.

METHODS

From the NRD, we identified all adults discharged with a principal diagnosis of FD after hospitalization from 2016 to 2019. Then, we identified any readmission of the same patient within 30-days for FD, excluding elective and traumatic encounters.

Outcomes assessed included 30-day all-cause readmissions, top principal diagnosis for the readmitted patients, comparison of mortality, length of stay (LOS), and total hospital charges (THC) following readmission.

We set a p-value of <0.05 for statistical significance throughout the study.

RESULTS

4 917 patients with FD during index admissions were identified.

The 30-day all-cause readmission rate was 19.3%. The Kaplan-Meier curve for 30-day all-cause readmissions was split by sex (Fig.1).

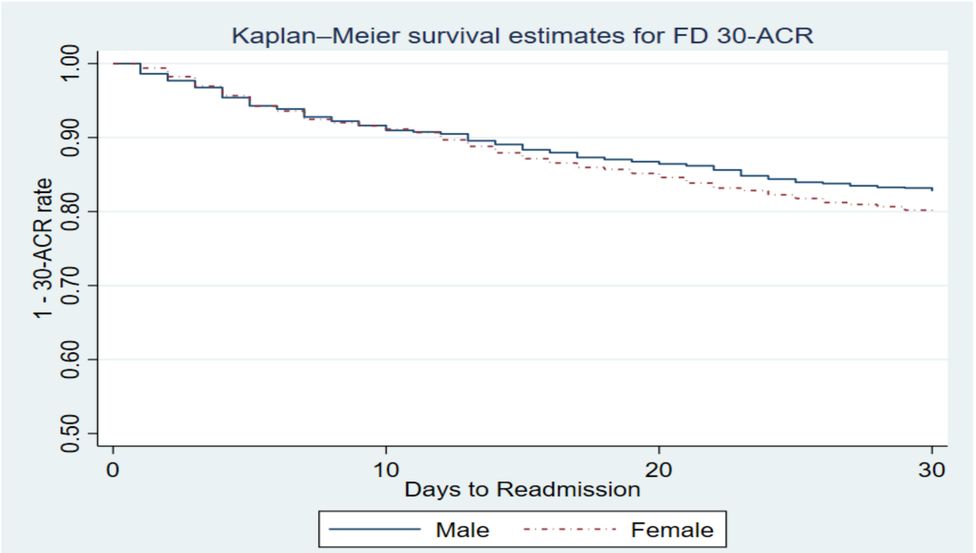
There was no significant difference in age and sex distribution between patients with initial hospitalizations and those with readmissions.

The most common reasons for readmissions in patients with FD were gastroparesis (5.9%), FD (5.8%), sepsis unspecified (5.2%), unspecified nausea and vomiting (3.1%), unspecified abdominal pain (2.1%), and acute renal failure (2.0%).

Readmission was associated with higher odds of mortality (2.8% vs. < 0.01%, p< 0.001), longer LOS (6.0 vs. 5.0 days, p< 0.001), and higher THC.

Over the period, readmissions for FD accounted for a cumulative 5.694 days of hospitalization, costing over $14 million.

Survival estimates for 30-day all-cause Readmissions in male and Female patients with Functional dyspepsia



CONCLUSION

The findings of our study suggest that 1 in 4 patients were readmitted with FD within 30 days. Gastroparesis contributed more to readmissions than a primary diagnosis of FD.

Higher rates of poorer outcomes were found with 30-day readmissions. Cohort studies are needed to validate these results.

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DISCLOSURES

The authors declare that they have no conflicts of interest.

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