

# Patient Characteristics and In-Hospital Outcomes of Nonalcoholic **Steatohepatitis in Patients With Stroke: A Propensity-Matched Analysis**

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## BACKGROUND

- Nonalcoholic steatohepatitis (NASH) is the commonest chronic liver disease which affects a large group of general population.
- NASH appears to increase risk of ischemic stroke, a leading cause of mortality and disability worldwide.
- Moreover, emerging data shows that patient with NASH experience more sever ischemic stroke and have more unfavorable outcomes after an acute ischemic stroke.

### METHODS

- Adult patients admitted with NASH, with and without Stroke were analyzed from September **2015 to December 2020 using the National Inpatient Sample database.**
- We used propensity score matching to balance the differences in baseline characteristics and comorbidities between the two groups.
- The primary outcome was to determine the burden of stroke in NASH hospitalization.
- Secondary outcomes included all- cause inhospital mortality, length of stay (LOS), and total hospital costs. SAS 9.4 software was used for statistical analysis.



RESULTS							
Unadjusted Analysis with and without stroke in NASH				Elective	4.4%	12.8%	
Variable	NASH with	NASH	P value	Propensity Matched Outcomes			
	Stroke (n=3645)	without Stroke (n=432,200)		In-hospital mortality, %	9.1%	2.9%	< 0.001
				Mortality adjusted odds ratio	3.66(2.87 – < 0.001 4.66)		
Age, in years (Mean ± SD*) Age groups, %	66.2 ± 11.7	61.8 ± 13.2	< 0.001 < 0.001	Length of stay, in days (mean ± SD)	7.6 ± 9.1	6.1 ± 6.9	0.0007
18 - 40 years	2.7%	7.3%		Total hospitalization cost, in	25728	17221 ±	< 0.001
41 – 60 years	25.8%	33.1%		\$ (mean ± SD)	± 43929	31454	
61 – 80 years	61%	54.1%		Disposition, %			< 0.001
>80 years	10.4%	5.5%	07				
Gender, % Male	38.3%	38%	0.7	Discharge to home	28.2%	51.9%	
Female	61.7%	61.9%		Other	42.9%	17.3%	
Race, %			< 0.001	other	42.370	17.370	
		74 70/	< 0.001	Home health care	15.4%	23.1%	
Caucasians African Americans	76.1% 5.6%	74.7% 4.2%					
Others	18.2%	21.1%		Against medical advice	0.7%	1.1%	
Comorbidities, %	10.270	21.1/0					
	77 40/	CD 40/	< 0.001				
Hypertension Diabetes mellitus	77.4% 68.2%	62.4% 61.3%	< 0.001 < 0.001	CONCLUSION			
Congestive heart failure	25.5%	22.1%	< 0.001				
CAD*	33.3%	23%	< 0.001	<ul> <li>Our study suggested that incidence of stroke is higher in Caucasians and females with NASH.</li> <li>In hospital mortality noted to be higher in patients with NASH who</li> </ul>			
Peripheral Vascular disease	8.5%	4.5%	< 0.001				
COPD*	20.2%	22.2%	0.002	• •	noted to be m	gner in patients v	
Renal failure	25.1%	27.3%	0.002	<ul> <li>suffered from stroke.</li> <li>It also showed a higher cost burden, higher LOS and increase requirement of inpatient rehab post-hospital discharge among patients with NASH and concurrent stroke.</li> <li>Thus, it is important to manage patients with NASH more aggressively to prevent stroke. More studies need to be done in thi</li> </ul>			
Coagulopathy	26.9%	32.5%	< 0.001				
Obesity	33.7%	36.7%	0.0002				
Drug abuse	2.5%	2.4%	0.75				
Alcohol abuse	3.6%	3.7%	0.69				
Smoking	31.1%	31.9%	0.35				
Atrial fibrillation	22.9%	14.2%	< 0.001				
Admission Type, %			< 0.001	field to establish whe	ether manager	nent of NASH wil	l reduce the ris
Emergent	95.%	87.2%		and improve the outcome of stroke.			





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