# HEALTHCARE-RELATED TRENDS OF SPONTANEOUS BACTERIAL PERITONITIS IN PATIENTS WITH LIVER DISEASE - A NATIONAL INPATIENT SAMPLE (NIS)-BASED STUDY 

Pranav D Patel, MD ${ }^{1}$; Deepa P Budh², MD; Yash Shah, MD³; Deep Mehta, MD4; Sahil Raval, MD ${ }^{5}$; Pooja Shah, MBBS, MS ${ }^{6}$; Rutikbhai Desai, MBBS7; Benyam D Addissie, MD ${ }^{1}$
1.Geisinger Medical Center, Danville, PA; 2. St Barnabas Health System, Bronx, NY, 3.Heckensack Meridian Hospital, Brick, NJ 4.St Francis Medical Center, Trenton, NJ 5.Saint Peter's Medical 1.Geisinger Medical Center, Danville, PA; 2. St Barnabas Health System, Bronx, NY, 3.Heckensack Meridian Hospital, Brick,
Center, New Brunswick, NJ 6. Baroda Medical College, Baroda, India 7.GMERS Medical College-Sola, Ahmedabad, India

## Introduction

- Spontaneous Bacterial Peritonitis (SBP) is an acute infection in patients with decompensated cirrhosis and ascites. It can lead to organ failures and death.
> It is associated with a $20 \%$ in-hospital mortality rate. Although we know about some of the risk factors of SBP such as prior episodes of SBP, increasing age, and proton-pump inhibitors use.
- Further updated characterization of patients with SBP is still needed to better understand trends and guide healthcare resource utilization.
> The aim of this study was to evaluate the most recent healthcare trends of SBP in patients with decompensated cirrhosis.


## Methods and materials

-We analyzed Nationwide Inpatient Sample (NIS) and Healthcare Cost and Utilization Project (HCUP) data from 2018 to 2019.
-We included alcoholic liver disease, hepatitis B and C, and NASH as causes of liver diseases using ICD-10-CM codes and subsequently divided them into SBP and non-SBP groups.
-We performed weighted analyses using Chi-Square and paired Student's t-test to compare the groups of SBP and non-SBP cases.

The co-morbidities were also studied along with demographic data.

## Geisinger

|  |  | ${ }_{\text {SBP }}^{\text {S }}$ |  |
| :---: | :---: | :---: | :---: |
| $\frac{\text { Variale }}{\text { Age in years atadmision }}$ | ${ }^{324.1155745 .65)}$ |  | $\underset{\substack{\text { p-value } \\ \text { couel }}}{\text { cosel }}$ |
| Agee y years atamisson |  |  | <0001 |
|  | 3,2,903 $7,775(24 \%)$ | 297 (15\%) |  |
| Elective versus nonelective admission | 3,2,7,76740,853 (13\%) | $49(24 \%)$ | $<0.001$ |
| foal | 3,24,091 |  | <0.001 |
| Wale | 181,509(56\%) | 1,334(67\%) |  |
| HOSP BEDSIIE Female | 140,549(44\%) | $679\left(33^{\circ}\right)$ |  |
| Small | 64,283(20\%) | 337(1\%) |  |
| Medium | ${ }^{92,330(23 \%)}$ | 527 (28\%) |  |
| Large | 165,48 (51\%) | 1,169 (58\%) |  |
| HOSPLOCTEACH | 3,24,111 |  | <0.001 |
| Rural | 20,256.2\%) | ${ }^{1356.60 \%)}$ |  |
| Uran nomeaching | 50,5(8) | 200 ${ }^{\text {cta }}$ |  |
| HoSPREGION Untan leaching |  | 1,008(79\%) | <0.001 |
| $\frac{\text { North East }}{\text { MidWest }}$ | 58,680(18\%) | ${ }^{307}(15 \%)$ |  |
| $\frac{d \text { West }}{\text { South }}$ | 64,30 (200\% | $37(19 \%)$ |  |
| West |  | 608 (30\%) |  |
|  |  |  |  |
| Length of stay (creaneo) (days) | 3,24,024 40, (20, 6.0) | 6.0 (3,0, 10.0) | <0.001 |
| Insurance Type | 3,23,699 |  | <0.001 |
| Meedicare | 117,061 (36\%) | $696(34 \%)$ |  |
| Medicaid | ${ }^{93,301(20 \%)}$ | ${ }^{736686 \%)}$ |  |
| $\frac{\text { Private l insurance }}{\text { Seffray }}$ | 77,709 (24\%) | ${ }^{375}(19 \%)$ |  |
| Sof Phay | 21,712(6.8\%) | ${ }^{132(6) .5 \%)}$ |  |
| No charge | ${ }^{1,98990.0 .6)}$ | ${ }^{15(0) 7 \%)}$ |  |
| Other | 3.17.988 $9.880\left(3.1{ }^{10}\right)$ | $13(3.6 \%)$ | 2000 |
| White | 199,014(33\%) | 1.172 (59\%) |  |
| Black | ${ }^{46,060(155 \%)}$ | ${ }^{2635(13 \%)}$ |  |
| Asian or Pachific Ispander | $4,465(15 \%)$ | 350) |  |
| Astan or Pachicic stander $\begin{aligned} & \text { Native American }\end{aligned}$ | 9,54(1.0.0) | 91(4.60) |  |
| Natve Aneitican OH | ${ }^{4} 9.5686$ (1.3\%) |  |  |
| Total charges (cleaned) | 3,22,755 38,870 (21,705, 72,187) | 60,551(32,871, 114,384) | <0.001 |
| YEAR | 3,24,11 |  | 0.003 |
| ${ }_{2018}^{2019}$ | $\xrightarrow{157,447(99 \%)} 1$ | ${ }^{1.0061(520)}$ |  |
| hold income national quartil for pratent | $164,631(51 \%)$ | 972 (48\%) |  |
|  | 3.14,75 |  | 0.009 |
| \$5124,999 | 105,207 (3\%) | $687(35 \%)$ |  |
| ${ }_{\text {S2, }}^{53,000-3.4,4,999}$ | ${ }^{80,774(26 \%)}$ | 522(3\%) |  |
| S3,.000.4,999 45,000 or more | 72,599(23\%) | $442(22 \%)$ |  |
| 45,000 or more | 54,043(17\%) | $283(15 \%)$ |  |
| No | ${ }^{3}, 24,111{ }_{16,2020}(52 \%)$ | 1,659 (82\%) | <0.001 |
| Yes | 154, 58 (48\%) | 354(18\%) |  |
| Hepatis_B No | 3,24,111 |  | 80.001 |
| $\stackrel{\text { No }}{\text { Yes }}$ |  | ${ }_{\text {c }}^{1.814(889 \%)}$ |  |
| Hepatits_C | 3,24,1717, 6 , |  | 80.001 |
| $\stackrel{\text { No }}{\text { Ves }}$ |  |  |  |
| Alcoholic Liver Disease | 3,24,111 |  | 0.2 |
| No | 257,242 (80\%) | 1,645 (81\%) |  |
| Yes | ${ }^{64,8868(200 \%)}$ | 388 (19\%) |  |
| Hepatis | ${ }_{3,24.111132 .078 \text { (100\% }}$ | 2,033 (100\%) | 8.001 |
| ${ }^{\text {HeN }}$ - ${ }^{\text {cesease }}$ | ${ }_{3,24.111}$ | 2,03(100\%) | <0.001 |
| No | 153,32 (48\%) | 1,131 (56\%) |  |
| HLD Yes | ${ }_{3.24,1111}^{1686886(52 \%)}$ | $902(44 \%)$ | . 001 |
| No | 227,415 (71\%) | ${ }^{1,782(88 \% \%)}$ |  |
| OM Yes | 94,663(29\%) | 251 (12\%) |  |
| No | 203,56(82\%) |  |  |
| Yes | 58,502(18\%) | $264(13 \%)$ |  |
| ${ }^{\text {Age Group }} \quad 1{ }^{18.27}$ | ${ }^{3,24,111} 11.777(3,7 \%)$ |  | 80.001 |
| ${ }_{\text {28.37 }}^{18.27}$ |  |  |  |
| ${ }_{3847}^{28.37}$ | 34,722(17) 47.099 (15\%) |  |  |
| 48.57 | 79,578 [25\%) | $646\left(32^{2 \%}\right)$ |  |
| ${ }^{5667}$ | 90,120(28\%) | ${ }^{730}\left(36^{\circ}\right)$ |  |
| ${ }_{78 \text { b }}^{68}$ | ${ }^{4}$ | $\frac{219}{21+120)}$ |  |
| ${ }^{88} 8$ and above | ${ }_{2}^{2,525000.89 \%)}$ | 3 3(0.17) |  |

## Results

$>$ We included 324,111 patients with liver disease in the final analysis. Inpatient mortality of those with SBP ( $15 \%$ ) was found to be significantly higher than those without SBP $(2.4 \%)$ with a p-value of $<0.001$.
$>$ It was observed that males were having higher percentage to have SBP (67\%) as compared to females (33\%).
> The age group of 48-67 tends to have SBP more than the other age groups ( $p$-value $<0.001$ )
> The length of stay ( $\sim 6$ days) and cost of healthcare utilization for the SBP cases ( $\$ 60,551$ ) were higher as compared to the non-SBP cases ( $\$ 38,870$ )
> $35 \%$ of patients with SBP were from lower household income groups of \$1-24,999.
>Patients with Hepatitis C had higher inpatient admissions due to SBP as compared to other causes of ( $56 \%$ vs $44 \%$, p-value $<0.001$ ).

## Discussion

>Mortality is quite high in SBP patients when they develop sepsis. Appropriate initiation of antibiotics leads to better outcomes.
>Patients with Hepatitis C, those aged above 50 years and lower socioeconomic status are associated with a higher incidence of SBP.
>Despite high mortality and increased healthcare utilization in patients diagnosed with SBP, the incidence of SBP is trending down.
> Outcome improves with vigilance of diagnostic procedures and keeping a low threshold for diagnosing and prophylactically treating SBP in patients with liver cirrhosis.

## References

Niu B, Kim B, Limketkai BN, Sun J, Li Z, Woreta T, Chen PH. Mortality from Spontaneous Bacterial Peritonitis Among Hospitalized Patients in the USA
Dig Dis Sci. 2018 May; $63(5): 1327-1333$. doi: $10.1007 /$ s $10620-018-4990-y$. Epub 2018 Feb 26. PMID: 29480417: PMCID: PMC5897146.

