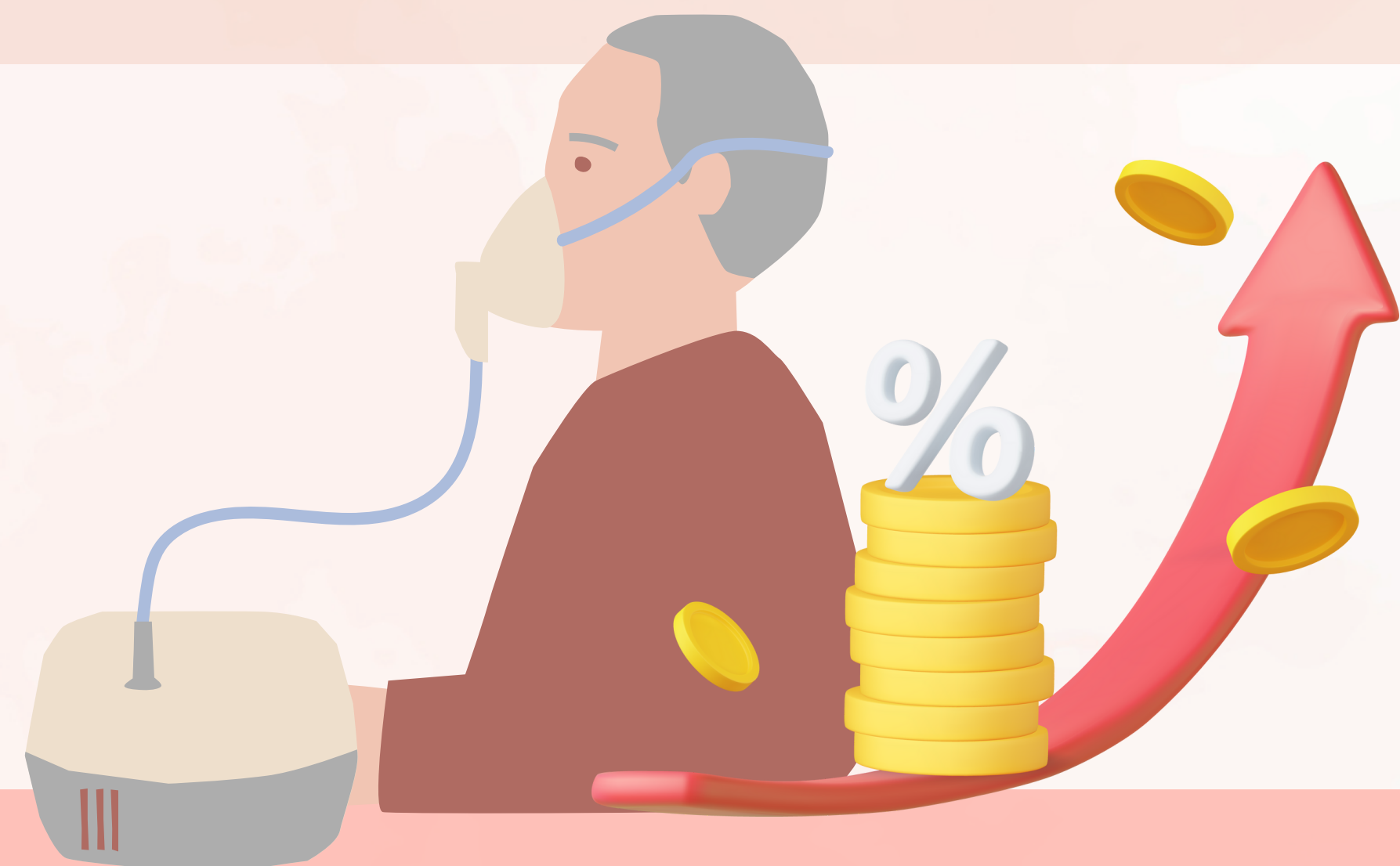


READMISSIONS AND HOSPITAL DEATHS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AMONG THE ELDERLY: ANALYSIS OF HOSPITALISATIONS BETWEEN 2015-2019

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COPD readmissions have been shown to be higher among the elderly¹, which may implicate healthcare costs and quality of life.

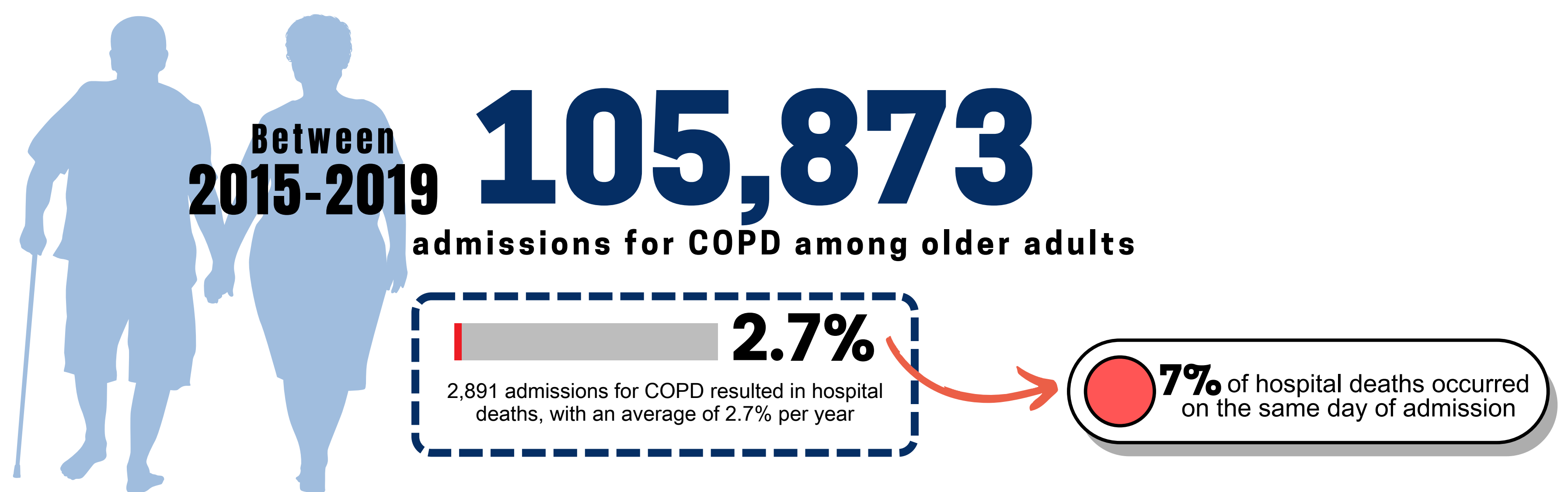
INTRODUCTION

- Ageing is associated with a decrease in respiratory function, leading to an increased prevalence of COPD).
- Management of COPD among the aged population can be challenging as typical management requires good physical co-ordination and cognition².
- Moreover, COPD hospitalisation is associated with worse outcomes in older age groups³.

OBJECTIVE

This study aims to describe the 5-year hospitalisations, readmissions and hospital deaths for COPD among older Malaysian adults.

RESULTS AND DISCUSSIONS



METHODS

- Hospitalisation data of Malaysian adults aged ≥60 from 2015-2019.
- COPD admissions determined using ICD code J44.
- For years 2017 onwards, hospital deaths did not have a main ICD code recorded, so ICD code for the underlying cause of death was used as a proxy for the main hospitalisation diagnosis.
- Descriptive analysis was conducted using STATA 16 and trends over 5 years were illustrated using graphs plotted in Microsoft Excel.

- **Readmission** was defined as hospitalisation ≤30 days from the last discharge from the same hospital
- **Hospital death** due to COPD was defined as admissions for COPD that resulted in deaths
- **Readmission rate per year**: number of readmissions in a particular year / total discharges for COPD in a particular year

CONCLUSION

Increasing trend of COPD readmissions
Differences in readmissions and proportion of hospital deaths by age group ≠

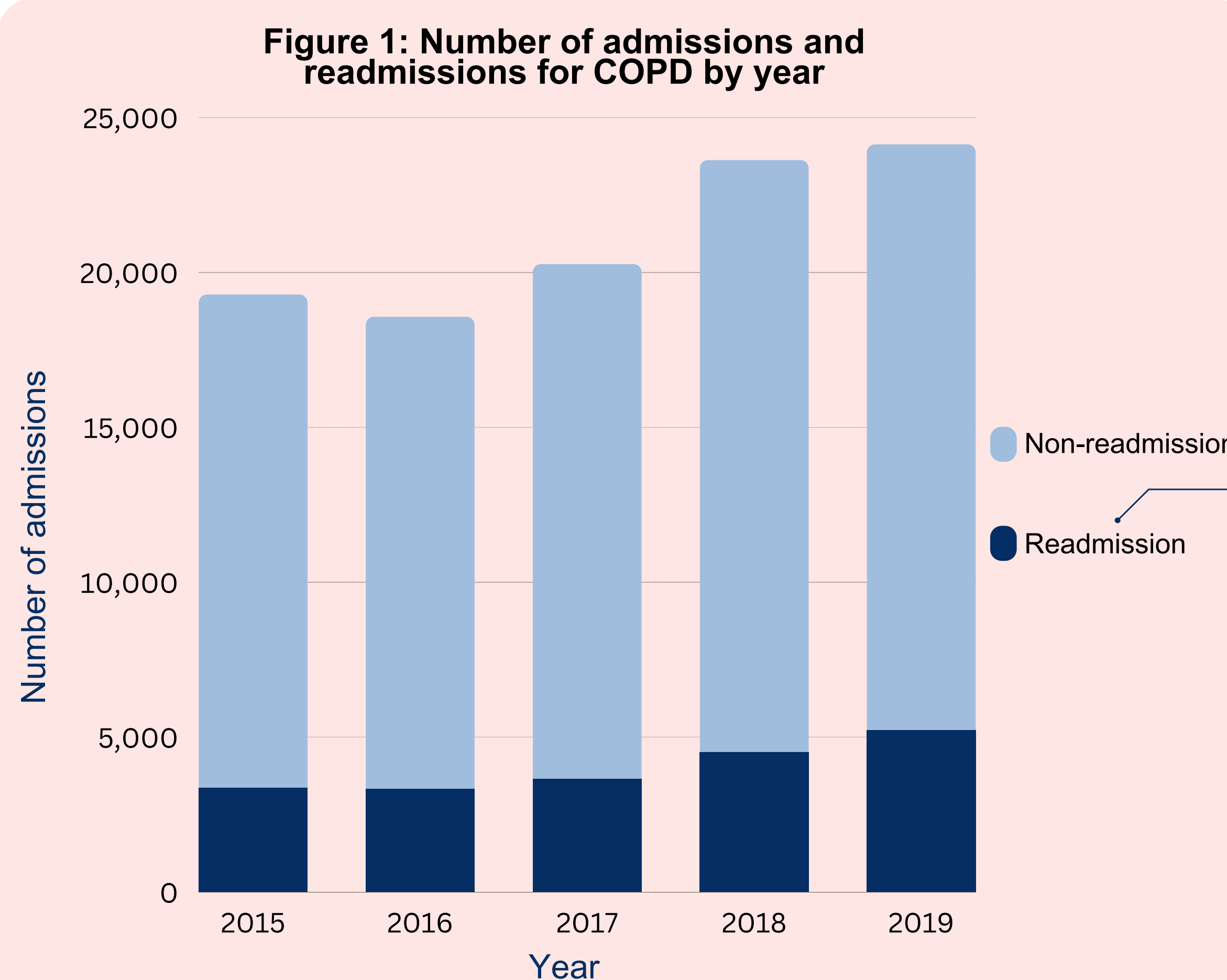
This provides opportunity for improvement as COPD hospitalisations are preventable with good disease control and treatment optimisation.

ACKNOWLEDGEMENT

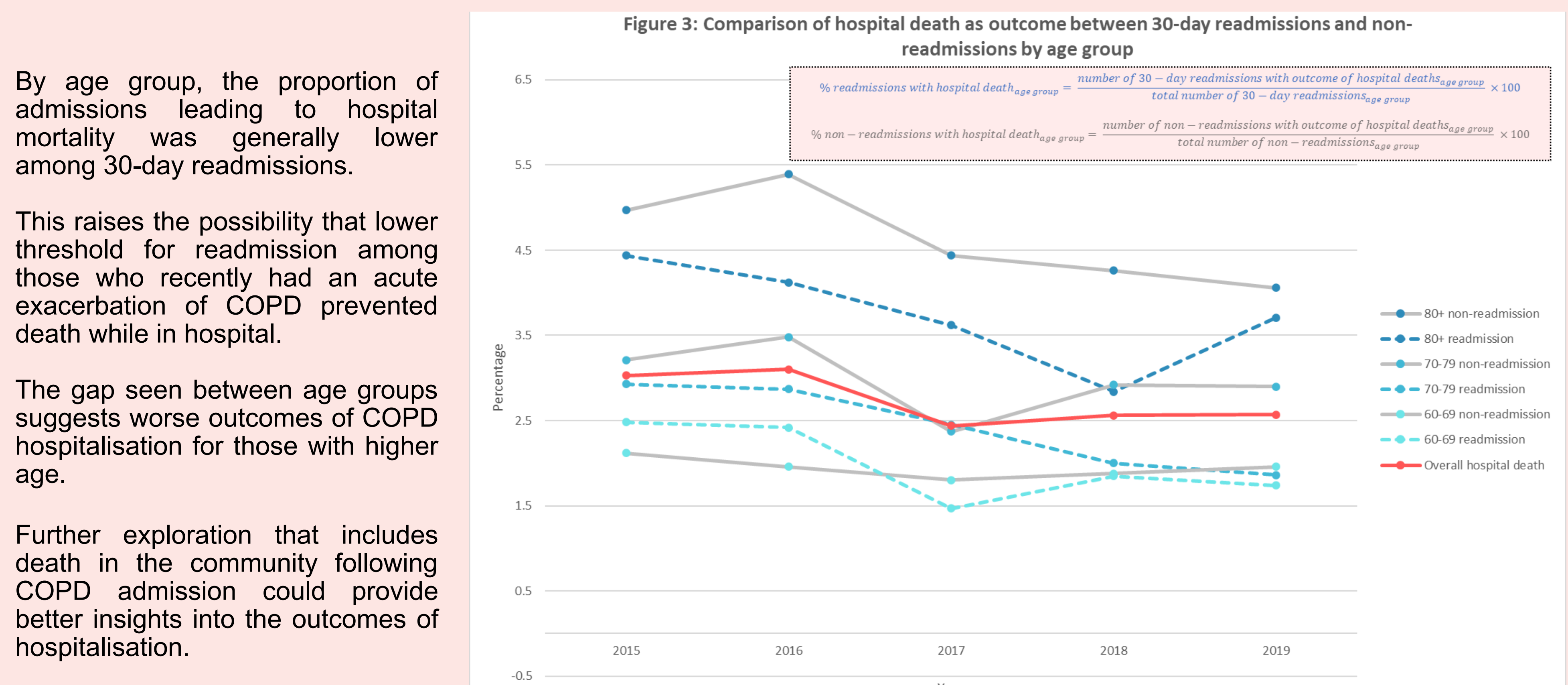
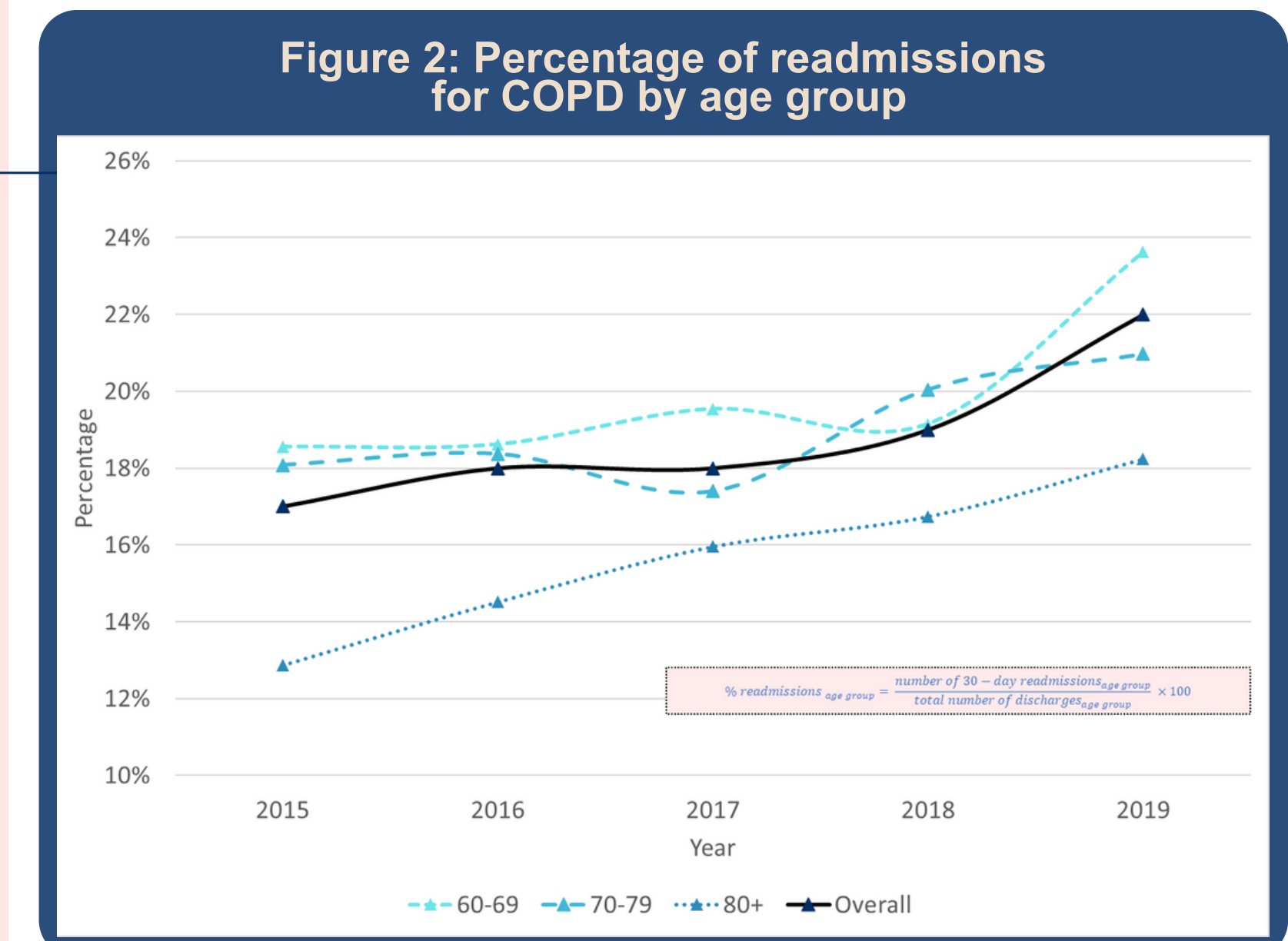
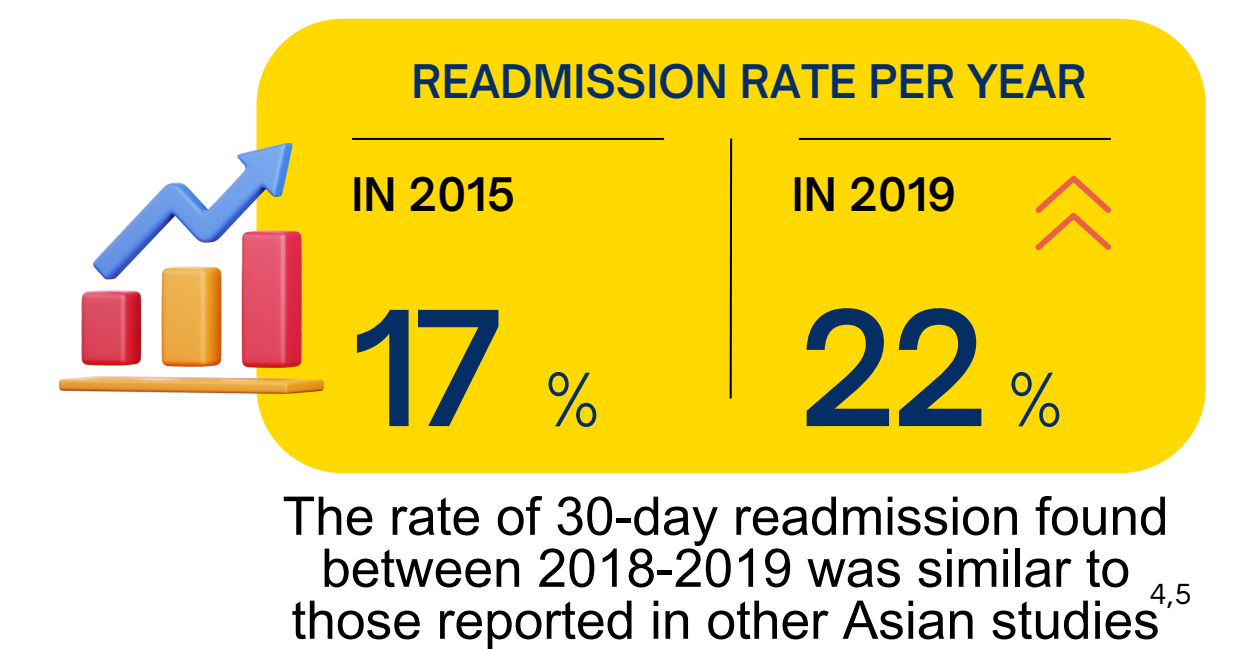
We would like to thank the Director-General of Health for his permission to present these findings. Special mention to Nurul Ain Fadzir for her assistance in designing the poster.

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Limitation: We were unable to identify if admissions in January 2015 were less than 30 days from previous admissions in December 2014, hence the finding may be slightly underestimated.



By age group, the proportion of admissions leading to hospital mortality was generally lower among 30-day readmissions.

This raises the possibility that lower threshold for readmission among those who recently had an acute exacerbation of COPD prevented death while in hospital.

The gap seen between age groups suggests worse outcomes of COPD hospitalisation for those with higher age.

Further exploration that includes death in the community following COPD admission could provide better insights into the outcomes of hospitalisation.