



THE IMPACT OF A MENTAL HEALTH RELATED DIAGNOSIS ON READMISSION RATES FOR CONGESTIVE HEART FAILURE

ACC Poster Contributions

Georgia World Congress Center, Hall B5

Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Outcomes Assessment in Heart Failure II

Abstract Category: Outcomes Assessment

Presentation Number: 1196-180

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Background: Mental illness is thought to play a major role in rehospitalization for many chronic illnesses. Limited data exist on the impact of mental illness on rehospitalization rates for patients with congestive heart failure (CHF).

Methods: All discharges from one large tertiary referral center between July 1 2007-June 30 2009 were evaluated for the presence of a primary diagnosis of CHF (ICD-9 codes 428, 425, or 674.5) as well as the presence of any primary or secondary mental health related diagnosis (codes 290-319). 7-day, 30-day and 60-day readmission rates were estimated.

Results: 2393 patients with a primary diagnosis of CHF were hospitalized during this 2 year period (51% were male, 10.0% were minorities, and a mean age of 75.6, SD = 13.2). 1194 (50%) of these CHF patients had either a concomitant primary or secondary mental health related diagnosis for an admission during this same time period. Of the patients in this cohort who were readmitted for any reason within 7-, 30- and 60-days (Ns=519, 1049, and 1246, respectively), the presence of a mental health related diagnosis resulted in significantly (all $p < .000$) higher odds of a readmission (ORs: 2.67, 2.45, and 2.74, respectively for 7-, 30- and 60-day readmissions) relative to CHF without a mental health related diagnosis. Presence of a mental health related diagnosis also increased the odds of CHF-related readmissions (ORs: 1.41, 1.64, and 1.51, respectively for 7-, 30- and 60-day readmissions) but this was significant only for 30- and 60-day CHF readmissions. CHF patients with a mental health related diagnosis also had significantly more hospital days (LOS), whether totaled across all admissions ($M=15.77$, $t[2390]=13.90$, $p=.000$) or just CHF-related admissions ($M=6.25$, $t[2390]=6.76$, $p=.000$), than CHF patients without a mental health related diagnosis (all admissions $M=9.05$; CHF-related admissions $M=5.02$).

Conclusions: The presence of a mental health related diagnosis in patients being admitted for congestive heart failure is significantly related to both higher odds of 7-, 30- and 60-day readmissions and more hospital days.