

Risk of death increases in IBD patients with hospital-acquired infections

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Death and length of stay are increased among hospitalized inflammatory bowel disease (IBD) patients who develop hospital-acquired infections, according to a study in *Clinical Gastroenterology and Hepatology*, the official journal of the American Gastroenterological Association (AGA) Institute. Also, health-care-associated and hospital-acquired infections are most frequent in patients with severe liver disease, according to an additional study published in the journal.

"Our data demonstrate that [inflammatory bowel disease](#) patients with hospital-acquired infections are at increased risk of inpatient mortality and experience a significantly longer length of stay in the hospital," said Raffi Karagozian, MD, of Brigham and Women's Hospital and lead author of this study. "Though hospital-acquired infections are low-frequency events, increased vigilance to avoid these infections among patients could improve outcomes."

Among the 2,324 patients with IBD examined in this study, there were 20 deaths and 22 reported cases of hospital-acquired infections (these types of infections occur in approximately 1 percent of hospitalized cases with IBD). The mortality from these infections among IBD patients was 13.6 percent, compared with 0.9 percent among controls.

The median length of stay for patients with IBD and hospital-acquired infections was 22 days, versus six days for controls. Of these 22 cases, 15 were [urinary tract infections](#), five were [blood stream](#) infections and two were from multiple sources.

Hospital-acquired infections affect approximately two million patients each year in the U.S., resulting in 90,000 deaths with an estimated \$4.5 to \$5.7 billion per year towards patient care costs. Between 5 percent and 10 percent of patients admitted to acute care hospitals acquire one or more infections, and the risks have steadily increased during recent decades.

In a second study, researchers found that the large majority of total bacterial infections (54) in hospitalized cirrhotic patients were health-care associated (22) or hospital acquired (20). Bacterial resistance was also more frequent among patients with either of these infections. These infectious episodes worsened liver function in 62 percent of patients. In addition to the severity of the [liver disease](#), protein malnutrition was an important risk factor for the development of infections in liver cirrhosis.

Cirrhosis occurs when the liver is permanently scarred or injured by chronic conditions and diseases. The scar tissue that forms in cirrhosis harms the structure of the liver, blocking the flow of blood through the organ.

"It is worth noting that in-hospital death was higher in cirrhotic patients with health-care-associated infections compared with those not infected. In addition, infected cirrhotic patients showed worse long-term survival (compared to those without infections) even if they were discharged from the hospital," said Manuela Merli, MD, of Sapienza University of Rome and lead author of this study. "Bacterial infections are in fact a frequent and serious burden among patients with cirrhosis because they can further deteriorate liver function."

Cases of infection are reported in 40 percent of hospitalized cirrhotic patients. As infections worsen, liver function deteriorates and mortality increases. Therefore, cirrhotic patients should be closely monitored for

infections.

More information: www.gastro.org/patient-center

Provided by American Gastroenterological Association

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