

One in five patients hospitalized with COVID-19 dies

16 December 2020



(55.8 percent), [acute kidney failure](#) (33.9 percent), and sepsis (33.7 percent). The risk factor most strongly associated with death was older age (age ≥80 years versus 18 to 34 years: odds ratio [OR], 16.20). Decreased odds of death were associated with receipt of statins (OR, 0.60), angiotensin-converting enzyme inhibitors (OR, 0.53), and calcium channel blockers (OR, 0.73). Patients treated with a combination of azithromycin and hydroxychloroquine had increased odds of death (OR, 1.21) compared with patients receiving neither medication.

"This study is the first to examine the demographic and clinical characteristics, treatment patterns, and [risk factors](#) associated with mortality using a large national sample of patients with confirmed COVID-19 across all census regions in the United States," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—Severe acute complications are common among adults hospitalized with COVID-19, leading to an inpatient mortality rate of 20 percent, according to a study published online Dec. 10 in *JAMA Network Open*.

Ning Rosenthal, M.D., M.P.H., from Premier Applied Sciences in Charlotte, North Carolina, and colleagues used an all-payer hospital administrative database to assess factors associated with in-hospital mortality among patients treated for COVID-19 (April 1 through May 31, 2020).

The researchers identified 64,781 patients with COVID-19 (45.5 percent outpatients), with an [in-hospital mortality](#) of 20.3 percent. Among inpatients, 15.9 percent received invasive mechanical ventilation and 19.4 percent were admitted to the intensive care unit (ICU). Median inpatient length of stay was six days, while median ICU length of stay was five days. Acute inpatient complications included [acute respiratory failure](#)

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