

COVID-19 symptom exacerbation leading cause of reencounters

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of 24.2 days to first ACHE. The leading reason for an early ACHE was COVID-19 symptom exacerbation (44.8 percent). A history of neurological disorder before COVID-19 was associated with reencounters within 30 days and four months (odds ratios, 2.78 and 2.75, respectively). There was a trend toward more frequent ACHEs for [older patients](#) and those with [diabetes mellitus](#), [chronic obstructive pulmonary disease](#), or organ transplantation. Reduced odds of 30-day reencounter were seen in association with steroid treatment during COVID-19 hospitalization (odds ratio, 0.31).

"We were surprised to find that a history of neurologic disorders was the only comorbidity that predicted an [increased risk](#) for recurrent medical complications that required [hospital](#)-level care, both at 30 days and four months," a coauthor said in a statement.

(HealthDay)—COVID-19 symptom exacerbation is the leading cause of early acute-care hospital reencounters (ACHEs) after COVID-19 hospitalization, according to a study published online May 21 in *GeroScience*.

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

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Jeffrey R. Clark, from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues characterized ACHEs, encompassing emergency department visits, observation stays, and hospital readmissions, following COVID-19 hospitalization and examined factors associated with these reencounters. The first 509 patients hospitalized for COVID-19 within a hospital network were identified, and ACHEs experienced within 30 days and four months of index hospitalization were examined.

The researchers found that 91.6 percent of the 509 patients were discharged alive from index COVID-19 hospitalization. Overall, 12.4 and 21.5 percent of patients experienced ACHEs within 30 days and four months, respectively, with a median

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