

THE IMPACT OF SOCIOECONOMIC STATUS IN PREDICTING IN-HOSPITAL MORTALITY IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE

Gautam Mehta

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

Incorporating socioeconomic status into the CLIF-C ACLF prognostic score significantly improved prediction of in-hospital mortality in patients with acute-on-chronic liver failure admitted to ICU.

KEY POINTS

- In a cohort of 131 patients with cirrhosis complications admitted to the Royal Free London ICU between 2016 and 2017, adding socioeconomic status to the CLIF-C ACLF score significantly improved prediction of in-hospital mortality at both day 0 ($p=0.048$) and day 2 ($p=0.041$) of ICU admission.
- An inverse relationship was observed between socioeconomic status and in-hospital mortality, with odds ratios of 0.847 (95% CI: 0.718 to 0.999) at day 0 and 0.821 (95% CI: 0.664 to 0.992) at day 2.
- Socioeconomic status was measured using the English Indices of Deprivation, which assigns deprivation deciles based on individual postcodes, with higher deciles indicating higher socioeconomic status.
- The authors suggest these findings may have implications for public health strategies for primary and secondary prevention and that validation in larger cohorts is justified.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflif.eu/search/d/6d35f748-743b-11ee-907a-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.