

ACUTE UPPER GASTROINTESTINAL BLEEDING IN THE UK: PATIENT CHARACTERISTICS, DIAGNOSES, AND OUTCOMES IN THE 2022 UK AUDIT

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

Interim results from the 2022 UK audit of acute upper gastrointestinal bleeding show 8.2% in-hospital mortality in 2881 patients, compared to 10% in the 2007 audit, despite an older and more comorbid population.

KEY POINTS

- The 2022 cohort (median age 70 years) had higher comorbidity rates (66% vs 50% in 2007) and greater use of anticoagulants (29% vs 13%) but lower use of NSAIDs (7% vs 11%).
- Of patients receiving inpatient endoscopy (80%), 32% had peptic ulcer disease, 9% had variceal bleeding, and 27% received endoscopic therapy; 9% experienced further bleeding after index endoscopy.
- Surgical intervention declined from 1.9% in 2007 to 0.6% in 2022, while interventional radiology use increased from 1.2% to 2.5%; median length of stay remained 5 days.
- In-hospital mortality was lower in new admissions than inpatients (5.3% vs 19%); the authors note an indication of reduced recurrent bleeding, surgery need, and mortality since 2007, potentially correlating with improved management and endoscopic therapy.
- This prospective multi-centre study enrolled adults presenting with acute upper gastrointestinal bleeding to 158 UK hospitals between May and July 2022.

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