European Respiratory Society Annual Congress 2012

Abstract Number: 3394

Publication Number: P2556

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Pneumonia Keyword 2: Sepsis Keyword 3: Treatments

Title: Determinants of hospital costs in community acquired pneumonia

Dr. Burcu 20306 Karaboga burcuclnk@hotmail.com MD ¹, Mr. Ugur 20307 Bilge ubilge@akdeniz.edu.tr MD ² and Prof. Dr Aykut 20308 Cilli acilli@akdeniz.edu.tr MD ¹. ¹ Chest Diseases, Akdeniz University Medical School, Antalya, Konyaalti, Turkey, 07100 and ² Biostatistics and Master of Science Branch of Medical Informatics, Akdeniz University Medical School, Antalya, Konyaalti, Turkey, 07100 .

Body: Community-acquired pneumonia (CAP) is a prevalent disease and constitutes a substantial socio-economic burden. On the other hand, there is limited data about the cost of CAP in Turkey. This study investigated direct costs and related factors for hospitalised CAP patients. Direct hospitalisation costs and possible associated factors (age, sex, comorbidity, clinical and laboratory findings, smoking history, antibiotic usage within 3 months, length of hospital stay, ICU stay, PSI, CURB65, treatment success and medication groups such as antibiotics, steroids, immunosupressives) were assessed in a retrospective study of 106 patients admitted to a hospital ward due to CAP. The mean patient age was 60.4 yrs and 35.8% were female. Comorbidities were found in 87% and the most significiant comorbidities were DM, CAD and COPD. Eight (7.5%) patients needed ICU care. Overall CAP treatment success rate was 89.6%. Length of hospital stay (p=0.001, r= 0.78), use of antipseudomonal antibiotic combination (p=0.001), use of antibiotic within 3 months (p=0.001) and two or more hospitalisation days within 3 months (p=0.031) increased the costs but age, comorbidity, treatment success, ICU requirement, PSI and CURB65 scores did not increase the costs. In conclusion, this study provides cost estimates for the treatment of patients hospitalised with CAP. Major determinants of costs were length of hospital stay, use of antipseudomonal antibiotic combination, use of antibiotic within 3 months and two or more hospitalisation days within 3 months.