

The Medical Journal of Australia • MJA

MEDIA RELEASE

FOLLOW-UP OF INDIGENOUS ICU PATIENTS AFTER DISCHARGE VITAL

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RIGOROUS follow-up of Indigenous patients recovering from critical illness, particularly those who have discharged themselves from hospital, is essential, according to the authors of research published online today by the *Medical Journal of Australia*.

Researchers from Melbourne, Adelaide and Boston in the US, analysed of intensive care unit (ICU) patient data (Australian and New Zealand Intensive Care Society Adult Patient Database), prospectively collected during 2007–2016, measuring mortality (in-hospital, and 12 months and 8 years after admission to ICU), by Indigenous status.

“The median age of Indigenous patients (45 years) was lower than for non-Indigenous ICU patients (64 years). For patients with South Australian postcodes, unadjusted mortality at discharge and 12 months and 8 years after admission was lower for Indigenous patients; after adjusting for age, sex, diabetes, severity of illness, and diagnostic group, mortality was similar for both groups at discharge, but greater for Indigenous patients at 12 months and 8 years. The number of potential years of life lost was greater for Indigenous patients (24.0 v 12.5), but, referenced to respective population life expectancies, relative survival at 8 years was similar,” the researchers found.

“Our major findings are that, after adjusting for major demographic and clinical factors, in-hospital mortality was similar for Indigenous and non-Indigenous intensive care patients, but mortality at 12 months and 8 years after admission was greater for Indigenous patients.

“Higher levels of chronic disease, remoteness, lower socio-economic status, and difficult access to health care for Indigenous patients are probable contributors to higher long-term mortality.

“Comparable studies have reported similar differences in age, chronic disease status, and intensive care admission diagnoses for critically ill Indigenous Australians, as well as a greater burden of chronic disease after episodes of critical illness.”

They concluded that: “The factors underlying the overall gap in life expectancy between Indigenous and non-Indigenous Australians are more important than the impact of the ICU admission itself for determining long term outcomes for Indigenous patients.”

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