



(ICH). Elderly patient, multimorbidity and intracerebral haemorrhage. Ebrictus Study.

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Background

The demographic evolution has been characterized by the ageing associated to multimorbidity and polimedication. The aim of this study was to assess the association between the incidence ICH and the prevalence of known associated factors (avoidable incidence).

Methods

It's a prospective study of population-based cohort of a first episode ICH since 01/04/2006 to 30/06/2015 in primary care area. We analyzed demographics, clinical, co-morbidities, prescription, disability, mortality and temporal trends. The avoidable cases were calculated according the Unnecessarily Premature and Sanitarily Avoidable Mortality (MIPSE) classification.

Results

240 cases were included (143 M 97 W). The cumulative incidence was 26.3/10⁵/year. 43.7% occurred ≥ 80 years. Women were older (77.12 \pm 12.47 vs. 73.3 \pm 12.4, p=0.02). The associated comorbidities were age ≥ 75 years (OR 9.59 IC95% [7.4-12.44]), alcoholism (OR 5.1 IC95% [2.85-9.40]), antidepressant selective serotonin (SSRI) reuptake inhibitor (OR 3,7 IC95% [2,13-6,44]), male (OR 2.81 IC95% [1.56-5.05]), hypertension (OR 2,26 IC95% [1,19-4,30]) and polimedication (OR 2,20 IC95% [1,19-4,05]).

40% were associated to avoidable factors, being the hypertension or the traumatism presented in 89.7% of these patients. The avoidable ICH incidence would be 66.6% <75 year-old and 22.7% ≥ 75 year-old. The risk of mortality changes according to associated factor and age (Table 1). Associated with poor outcomes were: age (OR 1.18/year [CI95% 1.07-1.29], p <0.001), OAC (OR 4.65/year [CI95% 1.10-19.6], p 0.036), polimedication (OR 1.08 [CI95% 1.03-1.13], p 0.001), and SSRI (OR 9.71 [CI95% 1.23-76.68], p 0.031).

Conclusion

Just 22.7% of those ones ≥ 75 year-old could be avoidable. The MIPSE classification doesn't include relevant risk factors.

Clinical Relevance.

Intracerebral hemorrhage (ICH) is a devastating event, carrying a very high morbidity and mortality rate. associated that can explain partially a major risk associated with an aging population as the polimedication, OAC and/or SSRI treatment, and chronic renal insufficiency.

Key words

Intracerebral hemorrhage, primary care, incidence, mortality, disability, avoidable.

Table 1. Average age mortality and risk factor (MIPSE) associated. Ebrictus study

	Exposed Cases	Average age mortality	Un-exposed cases	Average age mortality	P (age)
Alcoholism	7	59,2±8,8	132	79,3±11,1	<0,001
Smoking	8	66,3±11,4	113	80,1±11,0	<0,001
Traumatic injury	26	84,5±4,4	114	77,0±01	0,003
OAC	34	82,0±5,9	105	77,1±13	0,03
Polimedication	22	80,4±8,2	117	77,1±12,2	0,03
Diabetes	31	77,2±10,3	106	78,5±12,3	ns
HTA	80	78,9±11,4	59	77,6±12,4	ns
SSRI	30	79,4±11,0	109	78,0±12,0	ns
Antiplatelet	38	79,4±9,8	101	77,9±12,5	ns
chronic renal insufficiency	9	73,6±9,9	130	77,9±10,2	ns
MIPSE	118	78,5±11,2	19	76,4±15,5	ns