

# Readmission in Cirrhosis: Growing Burden of Healthcare Economic in Thailand

**Sakkarin Chirapongsathorn, MD, MSc**

*Best Abstract of the Year Award: Academic Center, RCPT 2017  
Division of Gastroenterology and Hepatology, Department of Medicine  
Phramongkutklo Hospital, College of Medicine*

Cirrhosis is the final pathway for several chronic liver diseases and is one of the leading causes of mortality worldwide. Cirrhosis is comprised of two broad prognostic stages. The stage where there is absence of any complications is termed compensated cirrhosis. The development of complications from portal hypertension including ascites, jaundice, variceal hemorrhage, hepatic encephalopathy, and hepatocellular carcinoma, characterizes decompensated cirrhosis, which is associated with shortened survival. Patients with decompensated cirrhosis are at risk for hospitalization due to complications of liver disease and readmissions following hospital dismissal. Patients with compensated cirrhosis are at lower risk for hospitalization and the reasons for hospitalization are non-hepatic comorbidity.

Patients with cirrhosis are also at risk for several complications that require readmission. Readmissions are a direct burden on the patient and the family and are associated with negative outcomes to the health care system. Several recent studies have shown a high rate of readmission in patients with cirrhosis and a trend towards an increase



in cost of health care delivery. According to the nationwide population-based study in Thailand using data from the National Health Security Office. The overall 30-day readmission rate in cirrhosis was 17% and most of patients were readmitted to primary care section. Compared with heart failure data from referral centers in Thailand, patients with cirrhosis have more 30-day readmission rate after their hospitalization. After readmission, 63.5% of patients died within 1 year. Causes of death were mostly from liver-related mortality and infection.

Physicians and hospitals should recognize the patient at high risk for readmission not only at dismissal from hospital but also at admission. Several strategies have been proposed to reduce the number of readmissions, but the efficacy of these strategies is questionable. Although the Model for End-Stage of Liver Disease (MELD) score can be a tool for risk stratification, many other factors such as frailty, comorbidity, socioeconomic status, and type of health care delivery system are probably independent risks for readmission. Studies aimed at the reduction of readmission in patients with cirrhosis are very limited, and much research is required before specific recommendations can be made to reduce readmissions.

## References

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