ORIGINALARTICLE

Hospitalisation patterns change over time in patients with atrial fibrillation

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INTRODUCTION

Atrial fibrillation (AF) is a cardiac epidemic. In this study, we aimed to describe the causes of hospitalisation in an AF population over time and to study how different AF treatment strategies affected hospitalization.

MATERIAL AND METHODS

This was an observational study in which long-term follow-up data were collected from hospital records, discharge papers and diagnostic codes. The study population (n = 156) was observed over a total period of ten years which was divided into two successive observation periods (OP), OP1 and OP2. Fourteen endpoints of cardiovascular hospitalisations were evaluated.

RESULTS

The causes of hospitalisation shifted over time. We observed a lower proportion of admissions due to AF in OP2 (63%) than in OP1 (87%) and a higher proportion of admissions due to congestive heart failure (16% versus 3%) and of days of inpatient care due to ischaemic stroke (25% versus 7%). Persistent AF where sinus rhythm was pursued was associated with a four-fold increase in the risk of hospitalisation (multivariate Poisson analysis, rate ratio 3.97, 95% confidence interval 2.73-5.76, $p < 0.0001$) compared with accepted permanent AF.

CONCLUSION

Over time, the causes of hospitalisation in an AF population shifted from AF relapse to the most frequent complications of AF, ischaemic stroke and congestive heart failure. In this observational study, patients treated with rhythm control were more frequently hospitalised than patients treated with rate control.

TRIAL REGISTRATION

Not relevant.

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ORIGINALARTICLE

Insufficient reporting of infections after ear, nose and throat surgery

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INTRODUCTION

In Denmark, it is compulsory to report post-operative infections (PI) to the Danish Health and Medicines Authority. The aims of the present study were to determine, firstly, the incidence of PI following elective ear, nose and throat (ENT) surgery as well as the number of cases reported to the Danish health authorities; secondly, the PI distribution in various surgical subgroups; and, thirdly, the extent to which the guidelines on prophylactic antibiotics had been followed.

MATERIAL AND METHODS

The study was carried out prospectively at the ENT Department, Aarhus University Hospital, Denmark, from 1 February to 30 April 2011. A total of 362 elective surgical procedures were evaluated in order to identify signs of PI. In case of PI, the following were registered: diagnosis, type of operative procedure and whether the patient had received prophylactic antibiotics according to instructions given at the Department. The ENT doctors were to hand in completed PI reporting schedules to one of the authors.

RESULTS

PI occurred in 40 patients, i.e. 11%. Seven (18%) of the 40 cases were reported to the Danish Health and Medicines Authority. The lowest rate of PI was observed after otosurgical procedures (6%) and the highest rate (13%) after head and neck (HN) procedures. Guidelines on prophylactic antibiotics were most frequently ignored in the HN group (30%).

CONCLUSION

To improve the reporting of PI, it is recommended to implement simple, less time-consuming and electronically available procedures. Furthermore, the present results indicate that it is necessary to more meticulously use prophylactic antibiotics and strict aseptic procedures.

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