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A new study reveals that one in six patients with systemic lupus erythematosus (SLE) is readmitted to the hospital within 30 days of being discharged. Results published in *Arthritis & Rheumatology*, a journal of the American College of Rheumatology (ACR), show that black and Hispanic SLE patients were more likely to be readmitted than white patients. Readmissions among patients insured by Medicare or Medicaid were also more likely compared to patients covered by private insurance.

Lupus is a systemic, autoimmune disease where an overactive immune system attacks healthy joints and organs. Medical evidence reports that up to 25% of SLE patients require treatment in the hospital each year, accounting for more than 140,000 hospitalizations in the U.S. Moreover, SLE has the sixth highest rate of readmission among all medical conditions in the U.S. according to a 2010 study by Elixhauser et al.

"SLE patients have one of the highest

hospital readmission rates compared to those with other chronic illnesses," explains Jinoos Yazdany, M.D., M.P.H. from the Division of Rheumatology at the University of California, San Francisco. "Our study is the first large-scale examination of early readmissions following hospitalization due to SLE."

Researchers examined 55,936 hospitalizations using hospital discharge databases that included roughly 85% (810) of U.S. hospitals. The team analyzed data of 31,903 lupus patients readmitted between 2008 and 2009 from 5 states – California, Florida, New York, Utah and Washington. Analyses included SLE patients 18 years of age or older who were readmitted to the hospital and excluded hospital transfers, discharges to nursing or rehabilitation

facilities, maternity-related admissions or patients who died.

Results show that there were 9,244 (17%) readmissions into the hospital within 30 days of discharge. The readmissions were found among 4,916 individual SLE patients. Clinical features most associated with readmission included patients with lupus nephritis (kidney inflammation), serositis (inflammation of the lining of the lungs, heart, abdomen, or abdominal organs) and thrombocytopenia (low blood platelet count). Age was inversely related to readmission, suggesting that severe organ involvement in younger SLE patients may be partly to blame.

Further analyses show risk-adjusted

readmission rates to be lower in New York and higher in Florida, compared to California. Hospitals with higher readmissions for SLE did not have higher admissions for other chronic conditions such as heart failure or pneumonia, which the authors believe is condition-specific to SLE readmissions and warrants further study. Dr. Yazdany concludes, “The significant geographic and hospital-level variation in readmission rates signals a need for quality improvement efforts in lupus.”

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