

Underweight associated with highest mortality and costs after cardiac catheterisation

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Being underweight, and not overweight, has the highest mortality, cost, length of stay, and readmission rate for those undergoing cardiac catheterisation, according to an analysis of more than one million patients presented at ESC Congress today.

"Elevated body mass index (BMI) is a risk factor for [coronary artery disease](#), yet studies have shown that overweight and obese [patients](#) actually have fewer complications and better clinical outcomes after revascularisation using [percutaneous coronary intervention](#) (PCI) - a phenomenon dubbed the obesity paradox," said lead author Dr Afnan Tariq, an interventional cardiology fellow, Lenox Hill Hospital, New York, USA.

This study examined the association of BMI with in-hospital mortality, cost of care, length of stay, and rate of [readmission](#) within 30 days in patients undergoing cardiac catheterisation ([coronary angiography](#)) in 2013 in a nationally representative cohort.

Researchers used the National Readmission Database and Nationwide Inpatient Sample Database to retrospectively analyse discharge and readmission data. These are the largest all payer USA inpatient databases and include more than 35 million hospitalisations annually.

In 2013, 1 035 727 patients underwent cardiac catheterisation, of which

42% also received PCI with a stent or balloon. When categorised by BMI, 0.4% of patients were underweight (BMI

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