

Men more likely to be readmitted to hospital after sustaining a firearm injury

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Men have a substantially greater hospital readmission risk during the first three months following a firearm injury hospitalization compared to women. While this overall risk was no longer observed at six months after the initial hospitalization, the risk of renal failure and cardiovascular readmissions among males was more than three times greater than females at six months.

To date, this study provides the first evidence of gender-specific differences in [readmission](#) rates after discharge from firearm injury hospitalization. These findings appear in the *American Journal of Men's Health*.

Using a Nationwide Readmission Database (2013-2014), researchers from Boston University School of Medicine (BUSM) analyzed the total readmission visits, total cost of hospitalization, cost per readmission, total length of stay (LOS) in days and LOS per readmission in days of more than 17,000 men and 2,200 women who were admitted to the [hospital](#) after a firearm injury.

After six [months](#) they found men were 3.3 times more likely to be readmitted to the hospital for heart-related problems when compared with the women. Men were also 40 percent more likely to be readmitted for any reason within the first three months after their initial injury.

"This study is the first to compare male and female survivors of firearm injury after their initial hospitalization. Since hospitals are financially

penalized for admissions, these results may lead to male-specific programs to improve [health](#) outcomes after firearm injuries," explained Bindu Kalesan, PhD, MPH, assistant professor of medicine at BUSM

Non-fatal firearm injuries have been on the rise nationally since 2001, while fatal injuries have remained constant. According to the researchers, during the last decade, the cost of acute and longer term medical care and recovery for firearm injury patients has increased greatly. The authors suggest that their results may be indicative of a continuing long-term risk of health and patient outcomes that contributes to the overall burden of firearm [injury](#).

The lack of differences in cost of treatment and length of stay during readmissions highlights the continued treatment and [costs](#) of firearm violence as a public health problem.

Provided by Boston University School of Medicine

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