

Factors linked to COVID-19 in-hospital mortality ID'd in NYC

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(HealthDay)—Factors associated with in-hospital mortality include older age, chronic cardiac disease, and chronic pulmonary disease in a cohort of hospitalized patients with COVID-19 in New York City, according to a study published online May 19 in *The Lancet*.

Matthew J. Cummings, M.D., from the Columbia University Irving Medical Center and NewYork-Presbyterian Hospital in New York City, and colleagues conducted a prospective observational cohort study involving 1,150 [adult patients](#) admitted to two hospitals in Northern Manhattan from March 2 to April 1, 2020, who were diagnosed with laboratory-confirmed COVID-19; of these, 22 percent (257 patients) were critically ill.

The researchers found that of the 257 critically ill patients (median age, 62 years; 67 percent men), 82 percent had at least one [chronic illness](#), most commonly hypertension and diabetes (63 and 36 percent, respectively); 46 percent of patients had obesity. Thirty-nine percent of patients had died as

of April 28, 2020, and 37 percent remained hospitalized. Most patients (79 percent) received invasive mechanical ventilation (median, 18 days); 66 and 31 percent of patients received vasopressors and renal replacement therapy, respectively. Independent associations with [in-hospital mortality](#) were seen for [older age](#) (adjusted hazard ratio [aHR], 1.31 per 10-year increase), chronic cardiac disease (aHR, 1.76), chronic pulmonary disease (aHR, 2.94), higher concentrations of interleukin-6 (aHR, 1.11 per decile increase), and higher concentrations of D-dimer (aHR, 1.10 per-decile increase).

"While waiting for the availability of a COVID-19 vaccine, further studies are required to improve and personalize patient treatment," write the authors of an accompanying editorial.

Several authors from the study and one from the editorial disclosed financial ties to the biopharmaceutical industry.

More information: [Abstract/Full Text Editorial](#)

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