

Risk of death high among those with alcohol-related visits to ED: study

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The risk of death is high for people who visit the emergency department (ED) for alcohol use, and the risk increases with frequency, according to a new study in *CMAJ (Canadian Medical Association Journal)*.

Alcohol is a major cause of disease and death worldwide. In Canada alone, [hospital admissions](#) for alcohol-related conditions outnumber those for heart attacks, and alcohol-related harms cost about \$14.6 billion annually, with \$3.3 billion in [health care costs](#).

The study included people aged 16 years and older who had at least 2 ED visits for mental and behavioural issues related to alcohol within a 12-month period between January 2010 and December 2016. It included 25 813 people, of whom two-thirds (17 020) had 2 ED visits within 1 year, 22% (5704) had 3 or 4 visits, and 12% (3089) had 5 or more visits.

For people with 2 or more alcohol-related ED visits in a 12-month period, 1 in 20 would die within a year of their last ED visit. For people with 5 or more visits, the risk of death doubled.

More than two-thirds of people with 5 or more alcohol-related visits were male (71.5%), almost half (46.5%) were aged 45-64 years, and the majority (89.6%) lived in urban centres, with 40% of those coming from the lowest-income neighbourhoods.

"Our study shows a [high mortality rate](#) in relatively young, mostly urban, lower-income individuals with frequent alcohol-related ED visits," says Dr. Paul Kurdyak, senior author and scientist at ICES and the Centre for Addiction and Mental Health (CAMH). "These visits should be seen as critical opportunities for intervention on a high-risk population to reduce avoidable mortality."

The majority of deaths were from accidental

poisoning, suicide and trauma, as well as diseases of the digestive system.

The authors urge more action to support this vulnerable population and save lives.

"A combination of high mortality and low hospital admission rates suggests that frequent [emergency department](#) visits in this population signal an unmet need. Given our cohort's relatively young age, effective interventions have the potential to prevent premature mortality and reduce hospital use," conclude the authors.

More information: *Canadian Medical Association Journal* (2020).

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