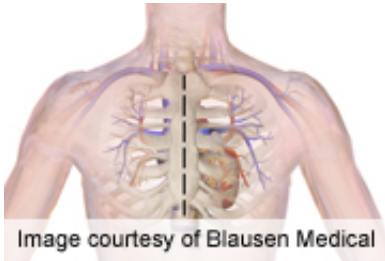


Risk for nonelective thoracic aortic sx up for uninsured

16 April 2014



without private insurance, the adjusted odds of major morbidity and mortality were increased (adjusted risk ratios, 1.13 to 1.27, respectively).

"Insurance status was associated with acuity of presentation and major morbidity and mortality for thoracic aortic operations," the authors write. "Efforts to reduce insurance-based disparities in the care of [patients](#) with [thoracic aortic disease](#) seem warranted and may reduce the incidence of aortic emergencies and improve outcomes after thoracic aortic surgery."

(HealthDay)—Uninsured patients have an increased risk of nonelective thoracic aortic operations, and have increased risks of major morbidity or mortality, according to a study published online April 8 in *Circulation: Cardiovascular Quality and Outcomes*.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

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Nicholas D. Andersen, M.D., from the Duke University Medical Center in Durham, N.C., and colleagues conducted an observational study to examine whether [uninsured patients](#) are more likely to require nonelective thoracic aortic operation. A total of 51,282 patients who underwent thoracic aortic surgery from 2007 to 2011 were identified from the Society of Thoracic Surgeons Database and were stratified according to [insurance status](#) and age.

The researchers found that the need for nonelective thoracic aortic operation was lowest for privately insured patients (36.6 percent) and highest for uninsured patients (71.7 percent). Compared with patients with [private insurance](#), the adjusted risks of nonelective operation were elevated for uninsured patients (adjusted risk ratios, 1.77 and 1.46 for those aged younger than 65 years and aged 65 years and older, respectively), and for Medicaid patients aged younger than 65 years (adjusted risk ratio, 1.18). For all patients aged younger than 65 years

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