

# ALL-CAUSE AND CAUSE-SPECIFIC MORTALITY IN A COHORT OF INDIVIDUALS WITH AN EMERGENCY OR INPATIENT PRESENTATION FOR AN ALCOHOL-RELATED PROBLEM

## AN AUSTRALIAN DATA-LINKAGE STUDY

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### AIMS

Alcohol consumption is a leading risk factor for premature mortality globally.



We used linked data to estimate mortality among a cohort of individuals with an alcohol-related problem.

### METHOD

**Data-linkage Alcohol Cohort Study (DACS)** is a state-wide registry-based retrospective cohort study in New South Wales (NSW), Australia.

**Cohort entry:** Alcohol-related presentations in hospital or emergency department between 2005-2014 (Fig 1).

**Data of this paper:** Hospital & Emergencies presentations, Mortality databases.

**Analysis:** Crude mortality rates (CMR) & Standardized mortality ratios (SMR).

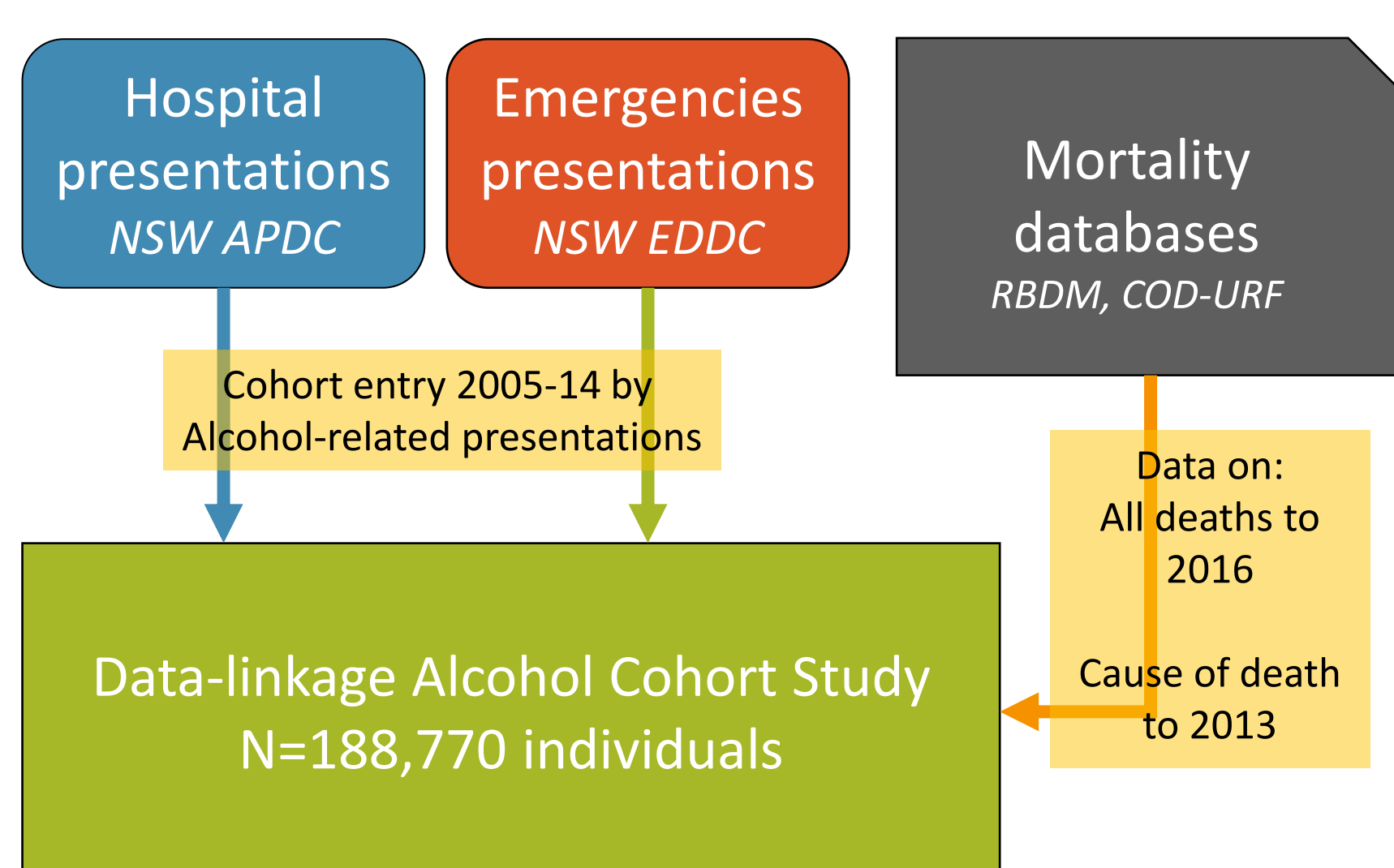


Fig 1. DACS Mortality study

### FINDINGS

At follow-up, the cohort had a CMR of 25.3 [95%CI=25.0, 25.6] per 1,000 person-years, and SMR of 6.6, after a mean of 6 years.

### Over 6-fold mortality

Mortality was consistently elevated in all age groups and in both sexes (Fig 2).

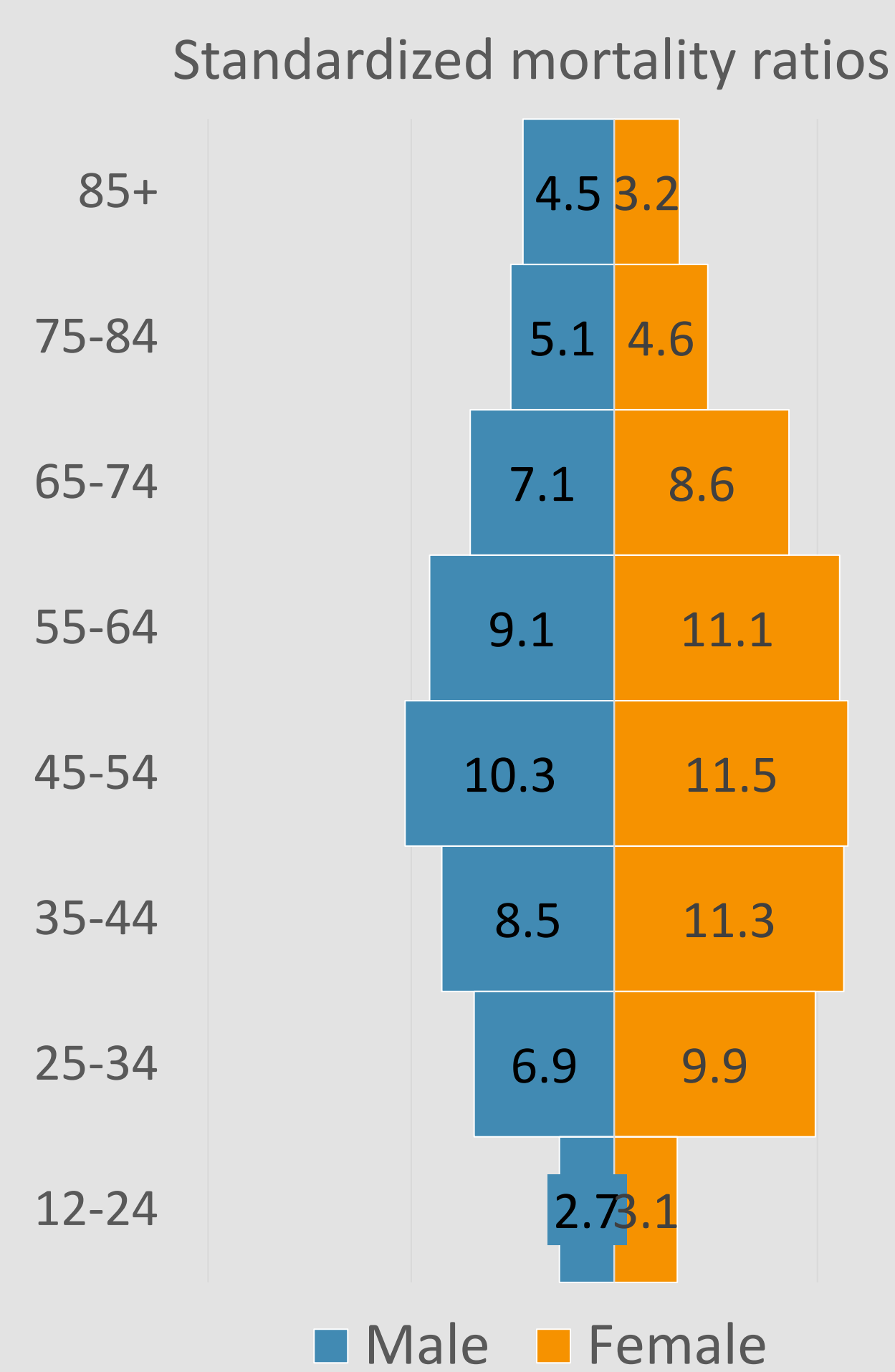


Fig 2. SMR by age and sex

Greatest excess mortality was seen for deaths involving:

- Alcohol use disorders SMR=26.7 [25.8, 27.7]
- Liver cirrhosis (K70-77) SMR=23.5 [22.9, 24.1]
- Viral hepatitis (B15-19) SMR=13.5 [12.4, 14.6]
- Pancreatic diseases (K85-87) SMR=15.3 [13.6, 17.2]
- Liver cancer (C22) SMR=10.6 [9.8, 11.3]

### CONCLUSIONS

Mortality among people who presented with an alcohol-related problem was consistently elevated relative to the general population in all age groups and both sexes.

There is a need to develop effective interventions for people who present to hospitals and emergency departments with alcohol-related problems.