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A study on the mortality and its risk factors of older people with bullous pemphigoid living in residential care homes

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Introduction

Bullous pemphigoid (BP) is the commonest autoimmune blistering disease in older people with high all-cause mortality. The mortality rate of BP among older residents in residential care homes (RCHEs) has not been defined and data on the mortality rate and associated risk factors of BP are lacking in Hong Kong.

Objectives

1. To determine the 1-year and 3-year mortality rates of older people living in RCHEs with BP. 2. To identify specific risk factors associated with mortality. 3. To analyze the clinical, biochemical, immunological, functional characteristics and treatment strategy of this cohort of patients.

Methodology

A retrospective cohort study on 264 older RCHE residents with BP diagnosed between year 2000 and 2010. A control group with 812 BP-free RCHE residents matched for age, gender and comorbidities were selected for comparison analysis. The 1-year and 3-year mortality rates were the primary outcomes. Information on demographic characteristics, clinical course, biochemical, immunological finding, histological features and treatment regime were analyzed. Multivariate analysis by Cox regression was used to examine the independent predictors for 3-year mortality.

Result

The mean age of BP diagnosis was 85.1 years (S.D. 7.9 years). No sex predilection was noted. Most patients (94%) with BP in RCHEs were dependent on others for activities of daily living. The 1-year and 3-year mortality rates were 51.9% and 83% respectively. BP was significantly associated with increase in all-cause mortality (OR 2.60; 95% CI 2.11-3.21). The commonest causes of death were infection-related diseases, with chest infection and urinary tract infection being the first two most common diagnoses. Advance age (OR 1.02) and generalized BP distribution (OR 1.37) were associated with increased 3-year mortality while high serum albumin level (OR 0.93) was a protective factor. For the treatment of BP, 12.1% of patients were put

on topical agents only, 66.7% were on tetracycline and 67.9% were on systemic corticosteroid. Systemic corticosteroid was associated with a hastened recovery of skin condition (OR 2.26; 95% CI 1.28-3.98). However, the use of systemic corticosteroid had no significant association with the 3-year mortality and rate of relapse of BP. We conclude that BP is an important disease of older people with considerable mortality. Geriatricians, visiting medical officers and dermatologists who look after older people in RCHEs should be aware of the predictive factors in formulating holistic, individualized treatment plans for older patients.