

뇌혈관질환의 장기 사망률 연구

삼성생명보험 주식회사

김 용 은

Long-term mortality in cerebrovascular disease

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I . Background & Purpose

To calculate accurate estimates of both the absolute mortality rates and the pattern of mortality in cerebrovascular disease over time, this study is designed to examine the patterns of mortality over 5-year period in a cohort of patients aged ≥ 65 who survived hospitalization for acute ischemic stroke, TIA, and carotid stenosis in the United States.

II . Subjects Studied

A cohort of patients with cerebrovascular disease was assembled from fee-for-service Medicare beneficiaries aged ≥ 65 years who had been discharged with a primary discharge diagnosis of acute ischemic stroke, TIA, or carotid stenosis from any acute care hospital in Connecticut during the period January 1, 1995 through December 31, 1995. The index hospitalization was defined as the first

or only hospitalization the patient had in 1995 with a principal discharge diagnosis from one of the following ICD-9-CM codes: 433(carotid stenosis), 434(cerebrovascular occlusion), 435(TIA), and 436(acute cerebrovascular disease). Given the evidence that ICD-9-CM codes 434 and 436 are the most specific for acute ischemic stroke, the cerebrovascular occlusion (code 434) and acute cerebrovascular disease (code 436) patients were combined into a group referred to as "acute ischemic stroke" patients.

III . Follow - up

The annual part A Medicare claims files for those patients with cerebrovascular disease were linked to follow the cohort forward in time from their index hospitalization in 1995 through December 31, 2000. These medicare data were linked to Social Security files to determine each patient's mortality status. The

primary outcome measure was all-cause mortality.

A total of 5123 patients were hospitalized in an acute care hospital in Connecticut with a diagnosis of acute ischemic stroke, TIA, or carotid stenosis during the calendar year 1995. The in-hospital mortality was 6.7% (342/5123), with 4781 patients surviving their index hospitalization. These 4781 patients were followed for an average of 3.4 years (median, 4.6 years; range, 1 day to 5 years); no patients were lost to follow-up; and 19 of 4781 patients (0.4%) were transferred to another acute hospital.

2. Mortality results of this study are similar to previous study.

- 1) Retchin's study on Medicare beneficiaries with major stroke
→ 3 year cumulative mortality rate 43%
- 2) Petty's study on a cohort of 1st stroke from Rochester
→ 1 year cumulative mortality rate 27%
- 3) Danish MONICA Study Group on a community cohort with a 1st stroke from Copenhagen
→ 1 year cumulative mortality rate 41%
→ constant 10% annual mortality rate for each year thereafter

IV. Discussion

1. Majority of patients (52.6%) who survive a hospitalization for CVA will die within 5 years.

3. Mortality rates varied according to the CVA discharge code.

- 1) carotid stenosis : lowest mortality rate
- 2) acute ischemic stroke : highest mortality rate

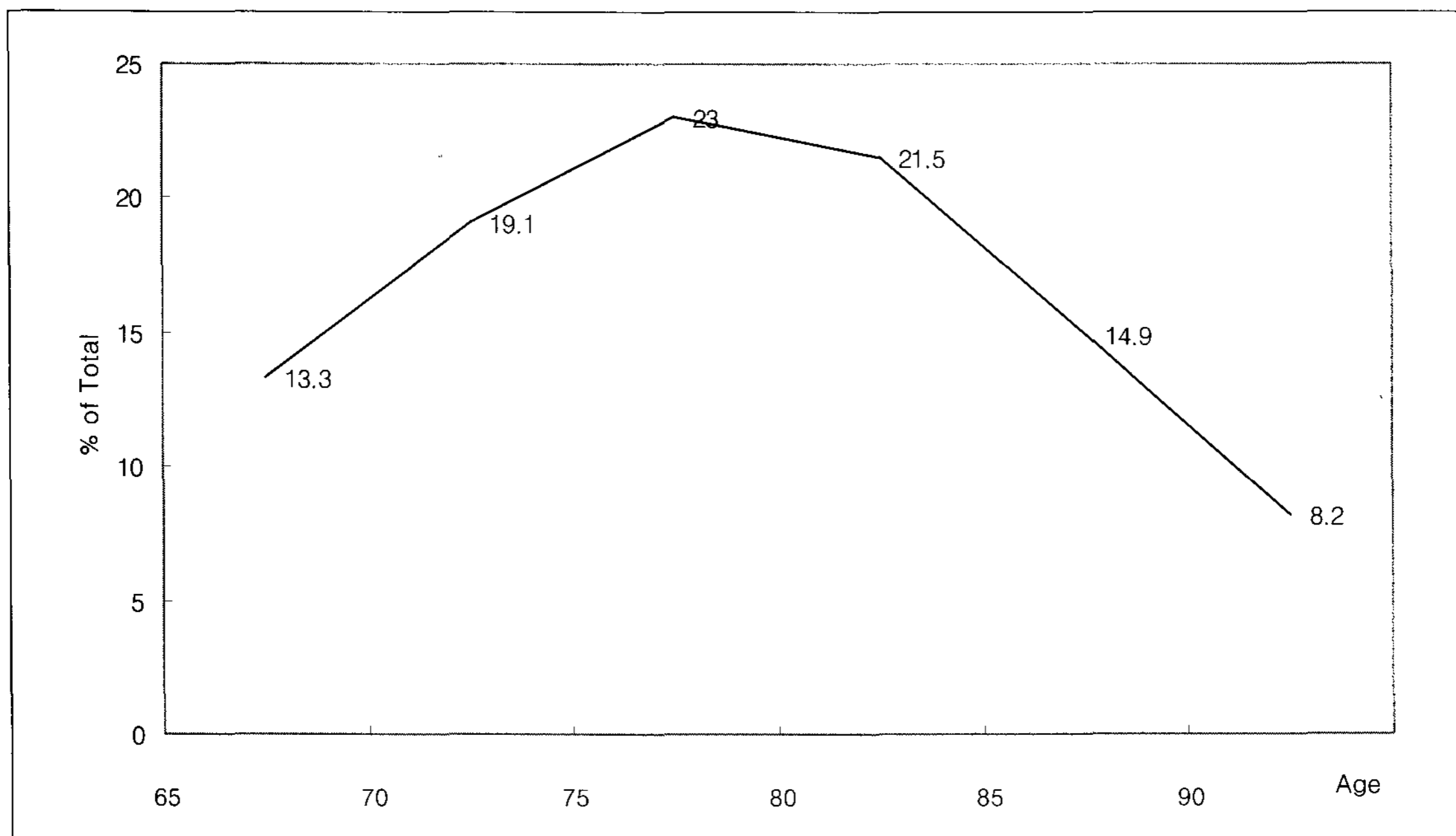


Figure 1. Age distribution

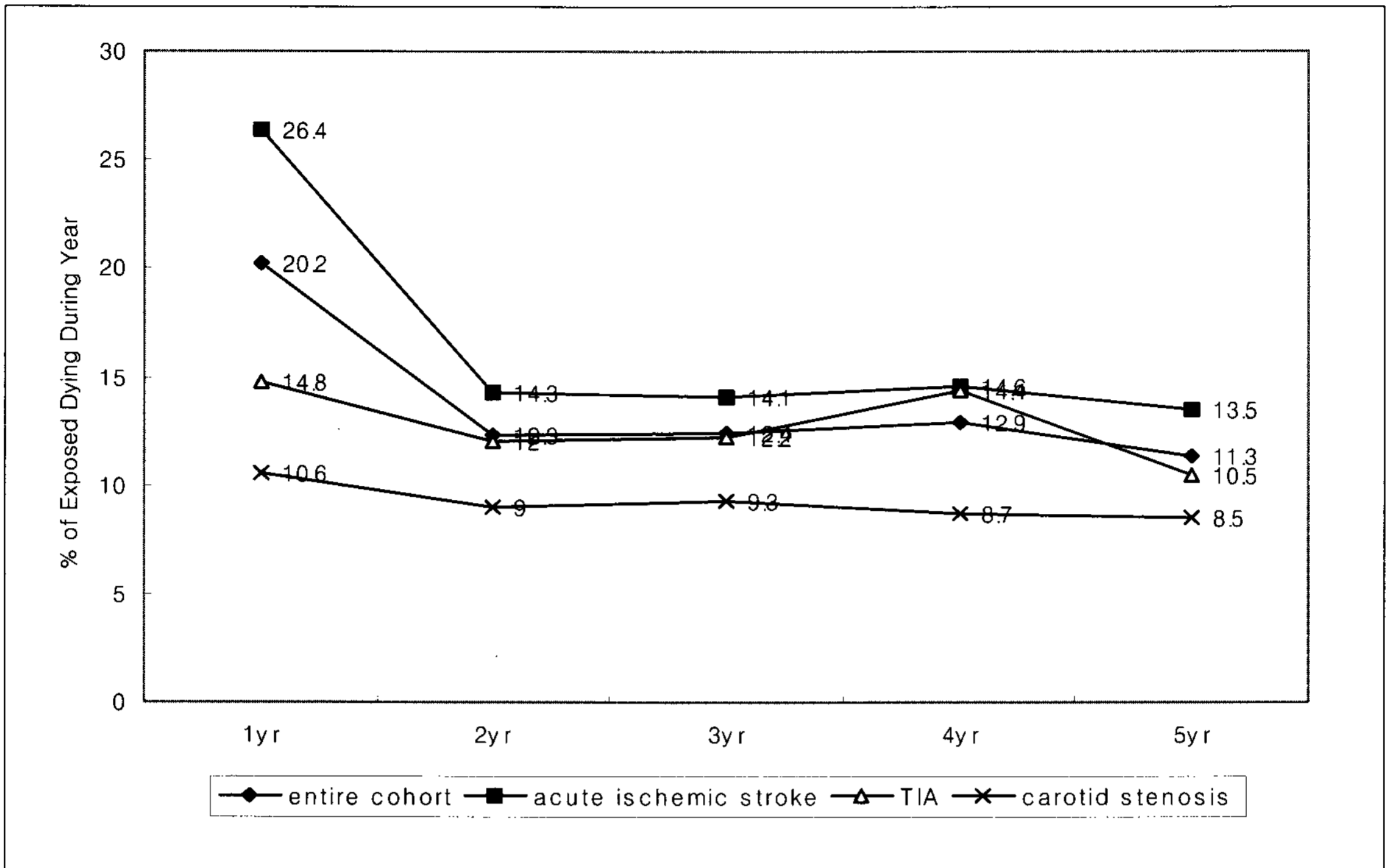


Figure 2. % of exposed dying during year.

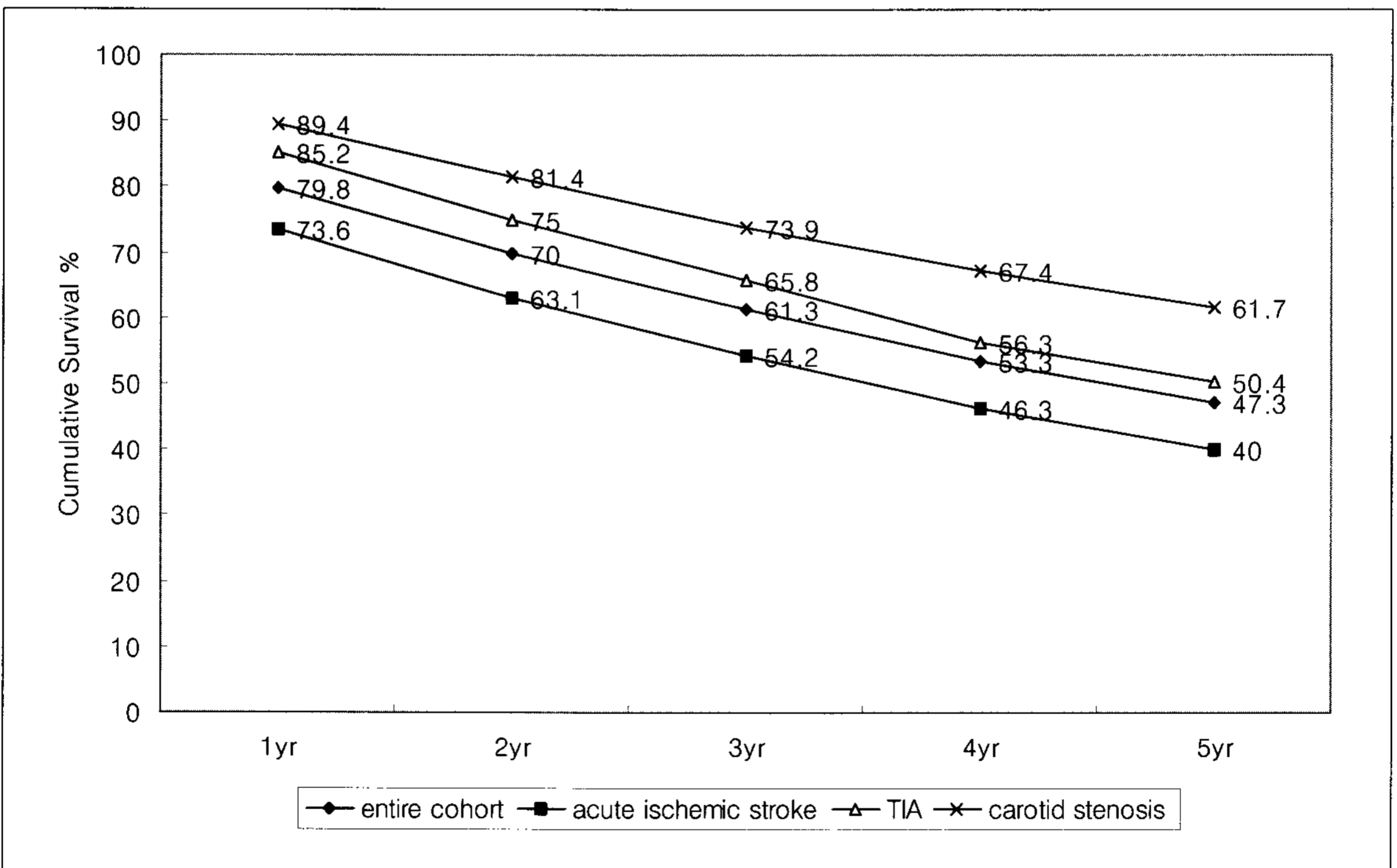


Figure 3. Cumulative survival curve in cerebrovascular disease.

4. Strength of this cohort study

- 1) This cohort was treated at a variety of hospital types (academic and community)
→ so, enhanced generalizability
- 2) possible to assemble a large, geographically based cohort
- 3) no loss to follow up.

But this cohort study have some limitations.

- 1) not applicable to young patients with stroke
- 2) not applicable to those enrolled in managed care programs
- 3) administrative data without detailed clinical information

Table 1. Mortality table for Carotid stenosis.

interval	No. alive	lost or	Exposure		Mortality	Mortality							
start-end	at start	withdrawn	Person-yrs	Obs.death	Exp.death	Ratio	Ratio				EDR	EDRgeo	EDRagg
t to t+	l	w	E	d	d'	100(d/d')	95%CI MR	q	q'	100(q-q')			
0-1yr	1,099	0	1,099	116	58.59	198	162~234	0.10555	0.05331	52			
2-3yr	895	0	895	83	58.31	142	112~173	0.09274	0.06515	28			
3-4yr	812	0	812	71	58.29	122	93~150	0.08744	0.07179	16			
4-5yr	741	0	741	63	58.12	108	82~135	0.08502	0.07843	7			
*Connecticut white total													
0 - 5yr	1,099	0	1,099	421	291.21	133	131~158	0.38308	0.28754		73	81	
1 - 5yr	983	0	983	305	232.62	125	116~146	0.31027	0.24742		54	55	

Table 2. Mortality table for Ischemic stroke.

interval	No. alive	lost or	Exposure		Mortality	Mortality							
start-end	at start	withdrawn	Person-yrs	Obs.death	Exp.death	Ratio	Ratio				EDR	EDRgeo	EDRagg
t to t+	l	w	E	d	d'	100(d/d')	95%CI MR	q	q'	100(q-q')			
0-1yr	2,603	0	2,603	688	138.77	496	459~533	0.26431	0.05331	211			
1-2yr	1,915	0	1,915	273	112.79	242	213~271	0.14256	0.0589	84			
2-3yr	1,642	0	1,642	232	106.98	217	189~245	0.14129	0.06515	76			
3-4yr	1,410	0	1,410	206	101.22	204	176~231	0.14610	0.07179	74			
4-5yr	1,204	0	1,204	162	94.43	172	145~198	0.13455	0.07843	56			
*Connecticut white total													
0 - 5yr	2,603	0	2,603	1561	554.19	282	268~296	0.59969	0.28754		102	115	
1 - 5yr	1,915	0	1,915	873	415.42	210	196~224	0.45587	0.24742		73	74	

