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Facilitated Peer Support Model Offers Promising Mental Health Intervention for Emergency Physicians During the Post-Pandemic Period

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The overall mortality was 15%. The overall hospital median length of stay (LOS) was 5 days (IQR 3-11). Patients with higher BMI were significantly more likely to require mechanical ventilation and require pressor support (P<0.0001, 95% CI 0.0013 to 0.0021) [Figure 1]. Patients with higher BMI were also significantly more likely to die (P<0.001, OR 1.031, 95% CI 1.03-1.04). This association held true even when analyzed in a multivariable regression model controlled for age and sex (p=0.0131). The hospital length of stay was inversely correlated to the BMI. Bivariate analysis demonstrated that the average length-of-stay could be approximated as 9.1 days -0.03*BMI. Presumably, this is because at higher BMIs there is higher mortality resulting in shorter LOS.

Conclusion: Patients with elevated BMI were significantly more likely to have highest disease severity, higher mortality and shorter length-of-stay in this large national cohort of patients hospitalized for COVID-19.

Results: We included 824 visits with 51% male, a mean age was 67.1 (SD 17.0) and 153 (18.6%) had AMS. There were 132 deaths for an overall mortality rate of 16.1%. Patients with AMS had in-hospital mortality of 38.2% (95% CI 30.4%-46.4%), compared to 11.1% (8.8%-13.7%) for patients without AMS (p<0.0001). After adjusting for potential confounders, visits by patients with AMS during their stay at the ED had 3.1 (95% CI, 2.1-5.9) times the odds of death compared to those without AMS.

Conclusion: Among patients with COVID-19, AMS in the ED was associated with three-fold increase in mortality compared to patients without AMS.