Stratford Campus Research Day                                    27th Annual Research Day

May 4th, 12:00 AM

# Effects of NSTEMI on Patients with Eating Disorders: Insights from the National Inpatient Sample

Rafail Beshai
*Rowan University*

Keri Anacker
*Hawaii Department of Education*

Keith Anacker
*Rowan University*

Tony Elias
*Rowan University*

David Halim-Banoub
*Rowan University*

*See next page for additional authors*
Follow this and additional works at: https://rdw.rowan.edu/stratford_research_day

Part of the Cardiology Commons, Cardiovascular Diseases Commons, Gastroenterology Commons, Pathological Conditions, Signs and Symptoms Commons, and the Psychiatry Commons
Let us know how access to this document benefits you - share your thoughts on our feedback form.

Author(s)

Rafail Beshai, Keri Anacker, Keith Anacker, Tony Elias, David Halim-Banoub, Maziyar Daneshvar, and Howard Weinberg

# Effects of NSTEMI on Patients with eating disorders: Insights from the National Inpatient Sample

**Rafail Beshai, DO[1],** Keri Anacker ,MA, NCSP [2], Keith Anacker, DO[3], Tony Elias, MS[3] ,David Halim-Banoub, BS[3], Maziyar Daneshvar, DO [4] and Howard Weinberg, DO[4], (1) Jefferson Health, Sewell, NJ, (2)Hawaii Department of Education, HI, (3)Rowansom, Stratford, NJ (4) Virtua, Camden, NJ

## Background

Eating disorders (ED) such as bulimia and anorexia nervosa have detrimental implications on the health and wellbeing of children and young adults across the country. Cardiovascular implications are known to accompany these conditions, however there is a parcity of data looking specifically on the effects of NSTEMI on patients with these disorders. We sought to analyze this relationship further by examining these disorders within the national inpatient sample database to describe in-hospital trends and outcomes among those patients.

## Methods

Data were extracted from the National Inpatient Sample (NIS) Database for the years 2019 and 2020. The NIS was searched for hospitalizations of adult patients with eating disorder(s) with and without a concomitant diagnosis of NSTEMI using international classification of diseases-10th revision codes. Multivariate logistic was used to adjust for confounders. The primary outcome was inpatient mortality. Secondary outcomes were hospital length of stay (LOS), and total hospital charges (TOTHCG). SPSS software was used for statistical analysis.

In this nationally representative population-based retrospective cohort study, we concluded that ED patients hospitalized with NSTEMI have increased in-hospital mortality and worse outcomes. More research is needed in this area.

## Results

- This study included 16,889 patients who were diagnosed with eating disorders, of which only 56 (0.3%) patients were diagnosed with NSTEMI.
- ED patients with NSTEMI had higher prevalence of hypertension, diabetes mellitus and chronic kidney disease but not statistically different compared to patients with ED only.
- Multivariate regression showed that patients with both ED and NSTEMI had higher inpatient mortality compared to those with ED alone (OR 1.013, CI 1.011-1.015, p<0.001).
- There was no statistical difference between the two groups regarding length of stay or total hospital charges.
- On secondary analysis it was shown that ED patients with NSTEMI had higher odds of developing arrhythmia (OR 1.009, CI 1.008-1.009, p<0.001), acute kidney injury (OR 1.013,CI 1.012-1.014, p<0.001) , and congestive heart failure exacerbation (OR 1.009, CI 1.009-1.011, p<0.001).