Estimates of complications of medical care in the adult US population

ABSTRACT

Morbidity is more elevated due to complications of medical care, and there is some evidence that socio-demographic factors play a role in modifying injury risk.

INTRODUCTION

The majority of adults in the United States continue to be ill and, as a result, the burden of disease remains high. The burden of disease is particularly high among the elderly, with higher mortality rates among those aged 65 years and older. Further, the high burden of disease among the elderly is exacerbated by the aging of the population.

The estimated burden of disease is estimated to be $17.9 trillion in the United States in 2013, an increase of $4.3 trillion from the previous year, according to the Centers for Disease Control and Prevention (CDC). In 2013, the US Department of Health and Human Services (HHS) estimated the annual cost of health care for the US population of $20,100,000,000. Of this, $3.9 trillion is due to the cost of health care. HMPS conducted a study in 1984 that investigated the epidemiology of iatrogenic injuries caused by unintended adverse reactions and medical care complications, known as "adverse events". The study involved taking patients out of hospitals in New York state and recorded that 3.4% of these patients experienced adverse events during medical treatment, with 14% dying. The HMPS data has not only been used to highlight the issue in greater detail but also to estimate rates for the US general population. However, there is a worry that the scope of the MHPS may result in inaccurate population estimates, as it was only available for one year. A recent hospital study conducted in Utah and Colorado found an adverse event rate of 2.9% after being hospitalized. The authors' application of this data to the general US population produced lower estimates than those derived from HQPS. Using cross-sectional data from a nationwide survey of US adults, we present the results of self-reported complications of medical care. We aimed to estimate the population's prevalence of these complications and examine the association of those self reported complications with selected socio-demographic variables.

CONCLUSION

Remarkable conclusions The findings indicate that self-reported injuries caused by medical care complications result in higher rates of injury than previously assumed, with some evidence that socio-demographic factors play a role in modifying injury risk. Further investigations are needed to determine these connections.