Objective

The purpose of this retrospective observational study is to evaluate clevidipine (CLV) usage patterns in ICH patients, and compare outcomes of patients administered acceptable (NIC) sodium nitroprusside (SNP).

Methods

ICH patients were identified by primary diagnoses ICD-9 codes of 431 (ICH) or 432 (or unspecified) without additional MS-CGR diagnostic codes 439.4, 439.5, 439.8, or 439.9.

Patients with a charge code for CLV, NIC, SNP during the first two days of admission were studied.Patients with charges for more than two days were excluded, as the primary admission diagnosis of ICH could change.

Patients baseline demographics, discharge year, ATR mortality score, and hospital LOS were compared. Two patient groups evaluated included total hospital mortality rate of stay (LOS), and hospital charges.

Across all groups, patients who died in hospital had very short LOS and high mortality rates.

Hospital costs were adjusted to 2014 dollars using the inflation rate of the US Bureau of Labor Statistics consumer price index.

The reference line and 95% confidence interval were drawn. The sample size was chosen to evaluate the difference between CLV and NIC/SNP.

Conclusions

CLV was the preferred antihypertensive treatment among ICH patients, and showed a numerically lower mortality rate and lower hospital costs than NIC and SNP.

References


Disclosures

• This study was funded by The Medicines Company.