

Outcome of patients with acute symptomatic pulmonary embolism and psychiatric disorders

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Abstract

Objective

To address the association between psychiatric disorders and short-term outcomes after acute symptomatic pulmonary embolism (PE).

Methods

We identified adults with PE enrolled in the RIETE registry between December 1, 2013, and January 31, 2019. Using multinomial regression, we assessed the association between a history of psychiatric disorders and the outcomes of all-cause mortality, PE-related mortality, and venous thromboembolism recurrence and bleeding rates through 30 days after initiation of treatment. We also examined the impact of depression on all-cause and PE-specific mortality.

Results

Among 13,120 patients diagnosed with acute PE, 16.1% (2115) had psychiatric disorders and 4.2% died within the first 30-days of follow-up. Patients with psychiatric disorders had increased odds for all-cause (adjusted odds ratio [OR] 1.50; 95% CI, 1.21 to 1.86; $P < 0.001$) and PE-related mortality (adjusted OR 1.64; 95% CI, 1.09 to 2.48; $P = 0.02$) compared to those without psychiatric disorders. Multinomial logistic regression showed a non-significant trend toward lower risk of recurrences for patients with psychiatric disorders (adjusted OR 0.49; 95% CI, 0.21 to 1.15; $P = 0.10$). Psychiatric disorders were not significantly associated with increased odds for major bleeds during follow-up (adjusted OR 1.09; 95% CI, 0.85 to 1.40; $P = 0.49$). Results were consistent in a sensitivity analysis that only considered patients with a diagnosis of depression.

Conclusions

In patients with acute PE, history of psychiatric disorders might predict all-cause and PE-related death in the ensuing month after diagnosis.

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Biography

Dr. Cutz received his MD from Charles University Medical School, Prague, Czechoslovakia. He continued his post-graduate studies in the Department of Histology & Embryology at Charles University in Prague and at the Centre Anticancereux in Toulouse, France. He later moved to Toronto and joined the Department of

Pathology at The Hospital for Sick Children, with work at the Toronto General Hospital, Princess Margaret and Wellesley Hospital. Cutz has an FRCP(C) Speciality certification in Anatomical Pathology from Royal College of Physicians and Surgeons of Canada.