Capsule Commentary on Chodos et al., Hospitalization-Associated Disability in Adults Admitted to a Safety Net Hospital

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The study by Chodos et al.¹ investigated hospitalization-associated disability, which is new or additional disability in activities of daily living at hospital discharge compared to pre-admission baseline,² and its association with age in adults aged 55 and older hospitalized at a safety net hospital. Adults treated at safety net hospitals also tend to be more prone to hospitalization-associated disability due to a concentration of risk factors, including minority race, functional impairment, low socioeconomic status, substance abuse, and homelessness.^{3,4} The authors found that hospitalization-associated disability was common, occurring in one-fourth of adults aged 55–59, only very slightly higher among those aged 70–79 (30.3 %), and highest in adults aged 80 and above (61.7 %). They concluded that interventions to reduce hospitalization-associated disability should be considered in hospitalized adults as young as 55, but particularly among those 70 years and older at safety net hospitals.

The reported associations may have been confounded by several factors. First, the study relied on patient self-reporting of functional status before, at admission, and after hospitalization. While seemingly unavoidable in assessing functional status before hospitalization, admission and 30-day follow-up functional status could have been more accurately evaluated with expert clinician assessment. Additionally, the self-reporting of functional status 2 weeks prior to admission was subject to recall bias. Moreover, the authors do not differentiate between disability developed from the inciting illness that led to hospitalization versus disability from the hospitalization

itself. Lastly, while the authors described hospitalization-associated disability related to patient age and number of comorbidities separately, they do comment on the whether a particular age group had more comorbidities than another, which may influence the likelihood of disability within a particular age group.

Disability in functional status threatens quality of life and predicts higher resource utilization and mortality.⁵ Chodos et al. provide evidence for expanding age criteria for interventions to target and reduce hospitalization-associated disability in hospitalized adults at safety net hospitals to as young as 55 years. What remains uncertain and needs further research is exactly which interventions may prove useful in preventing hospital-related disability.

Conflict of Interest: The author declares that he does not have a conflict of interest.

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