Hospitalization-Associated Disability in Adults Admitted to a Safety-Net Hospital

Edgar Pierluissi, MD^{1,2}

¹Division of Hospital Medicine and Geriatrics, University of California, San Francisco, San Francisco, CA, USA; ²San Francisco General Hospital, San Francisco, CA, USA.

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We appreciate Dr. Schattner's valuable letter regarding our paper. We agree that mood and cognition are important factors and outcomes to assess in studies of hospitalized older adults. Studies^{1,2} have clearly shown the importance of these factors in contributing to functional decline in the hospital and afterwards. Evidence is strong, however, that these are rarely measured in clinical practice.³

We disagree however, that "a material flaw" exists in the definition of hospitalization-associated disability (HAD). The definition we used in our study, "(1) new ADL disability (needing help performing any of the five ADLs for which the participant did not need help at baseline 2 weeks before admission) or 2) death," has been used in many studies and is considered a standard.⁴ Disability after hospitalization is an important predictor of institutionalization and further decline and mortality.⁵ In addition to measuring new-onset disability, studies of hospitalized-older adults should also measure

mood and cognition, important risk factors and outcomes in their own right.

Corresponding Author: Edgar Pierluissi, MD; San Francisco General Hospital, 1001 Potrero Avenue, Room 5H17, San Francisco, CA 94110, USA (e-mail: Edgar.Pierluissi@ucsf.edu).

Compliance with Ethical Standards:

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

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