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Original article

Incidence rates of admissions associated with alcohol withdrawal syndrome in Spain: Analysis of minimum basic data set 1999–2010[☆]

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ABSTRACT

Background: There are no data on the incidence of admissions associated with alcohol withdrawal syndrome (AWS) or about its trend over time in Spain.

Objective: To analyze the characteristics, incidence rates and trends over time of hospital admissions associated with AWS in Spanish public hospitals.

Material and method: Analysis from the Spanish public hospitals minimum basic data set of hospital admissions with AWS (CIE9-MC 291.81), alcohol withdrawal delirium (CIE9-MC 291.0) and alcohol withdrawal hallucinosis (CIE9-MC 291.3), since 1999 to 2010.

Results: We identified 56,395 admissions associated with AWS. Mean age was 50.9 (SD 12.5) and 88% were male. The most frequent admission department was Internal Medicine (24.9%). The mean hospital stay was 12.6 days (SD 14.4) and mortality was 4.7%; 62.6% of cases developed AWS during an admission for another reason, mostly due to alcohol-related pathologies. Secondary diagnoses in patients hospitalized for AWS were related to alcohol consumption in more than half of the cases. The incidence rate of admissions associated with AWS in Spain remained stable from 1999 to 2010, with a small decline in the last 3 years of the period. The communities with the highest incidence were the Canary Islands, the Balearic Islands and Galicia.

Conclusions: The incidence rate of admissions associated with AWS in Spanish public hospitals in the period 1999–2010 has remained stable with slight changes. There are differences in the incidence of AWS among the different autonomous communities.

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Tasas de incidencia de ingresos asociados a síndrome de abstinencia alcohólica en España: análisis del conjunto mínimo básico de datos 1999–2010

RESUMEN

Introducción: No existen datos acerca de la incidencia de ingresos asociados a síndrome de abstinencia alcohólica (SAA) ni sobre su evolución en los últimos años en España.

Objetivos: Analizar las características, tasas de incidencia y tendencia evolutiva de los ingresos hospitalarios asociados a SAA en hospitales públicos españoles.

Palabras clave:

Abstinencia alcohólica

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Material y método: Análisis de la base de datos del CMBD de hospitales públicos españoles de los ingresos hospitalarios con SAA (CIE9-MC 291.81), delirio por abstinencia alcohólica (CIE9-MC 291.0) o alucinosis por abstinencia alcohólica (CIE9-MC 291.3), entre los años 1999 y 2010.

Resultados: Se registraron 56.395 ingresos asociados a SAA. La edad media fue de 50,9 años (DE 12,5) y el 88% eran hombres. El servicio de ingreso más frecuente fue Medicina Interna (24,9%). La estancia media global fue de 12,6 días (DE 14,4) y la mortalidad del 4,7%. El 62,6% desarrollaron SAA durante un ingreso por otro motivo, en su mayoría por enfermedades relacionadas con el alcohol. Los diagnósticos secundarios en pacientes que ingresaron por SAA tenían relación directa o indirecta con el consumo de alcohol en más de la mitad de los casos. La tasa de incidencia de ingresos en España asociados a SAA se mantuvo estable entre 1999 y 2010, con un ligero descenso en los 3 últimos años del periodo. Las comunidades con mayor incidencia fueron Canarias, Baleares y Galicia.

Conclusiones: La incidencia de ingresos asociados a SAA en hospitales públicos españoles se ha mantenido estable con pequeñas modificaciones en el periodo 1999–2010. Existen diferencias en la incidencia de ingresos asociados a SAA entre las diferentes comunidades autónomas.

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Introduction

Spain occupies the tenth place in Europe in terms of alcohol consumption, with 11.2L per inhabitant and year according to WHO data for 2010.¹ However, there are differences in alcohol consumption by sex, age groups, socioeconomic level and autonomous region. The latest surveys on alcohol consumption in Spain, published in 2013 and 2014, recorded a decrease in alcohol consumption per person per year in recent years both in the general population and by sex and age groups.^{2,3} However, alcohol consumption in Spain remains above the European average and is the most serious substance abuse problem in our country.^{1,4}

In Europe, a prevalence of alcohol dependence of 5.4% in men and 1.5% in women has been estimated.⁵ The Nordic and Central European countries are those with a higher percentage of alcohol dependence, both due to the presence of risk consumption patterns in both cases and higher daily consumption compared to the rest of the European Union, while the countries of the south have a lower prevalence of dependence, since the pattern of consumption is predominantly regular and the daily amount ingested is lower.^{6,7} In Spain, data from the 2011 EDADES survey estimated a prevalence of risk drinkers in the population between 15 and 64 years of age of 4.1% (4.5% in men and 3.5% in women), which supposes a decrease in the prevalence of risk drinkers compared to 2009 (4.4%).³ Data from the Spanish National Health Survey (ENSE) estimated a slightly lower proportion of risk drinkers in the period 2011–2012 (2% in men and 1.3% in women).² On the other hand, in 2005 a WHO survey calculated a prevalence of alcohol dependence in Spain of 186,000 men (1.2%) and 31,200 women (0.2%).⁸

The alcohol withdrawal syndrome (AWS) is a set of symptoms and signs that occurs in patients with alcohol dependence as a result of a state of brain hyperexcitability after decreasing or interrupting the intake of alcohol. There is a great variability in the presentation of disorders due to alcohol consumption, so that only a percentage of risk drinkers develop dependency and, among these, not all of them present an AWS when they stop drinking alcohol.^{9,10} However, AWS can be considered a marker of alcohol dependence.¹¹ In Spain, the experiences of different groups have been published, referring to sociodemographic aspects, clinical presentation, prognostic factors and long-term progression of AWS.^{12–15} However, we do not have data about the incidence of AWS. There is only one study published in 2009 with data from public hospitals in Galicia referring to the period 1999–2010, in which general data on the impact of AWS is shown in the hospital setting, but it does not provide data on the incidence of this entity.¹⁶

The aim of this study is to analyze the trend and the incidence rates of hospital admissions associated with AWS in Spanish public hospitals, as well as their general characteristics and the possible differences that exist between autonomous regions.

Materials and method

The Healthcare Information and Statistics Area of the Health Information Institute of the Ministry of Health, Social Services and Equality (MSSSI) of Spain was asked to extract the MBDS of public hospitals from hospital admissions data with AWS (ICD9-MC 291.81), delirium due to alcoholic withdrawal (*delirium tremens*) (ICD9-MC 291.0) or hallucinosis due to alcohol withdrawal (ICD9-MC 291.3)¹⁷ between 1999 and 2010, either as a primary diagnosis or as a secondary diagnosis in the context of an admission for another reason.

Variables were collected related to age, sex, autonomous region, date of admission and discharge and the state at discharge (discharge to home, transfer to another center, death), type of admission (urgent or scheduled), hospital size (hospital with < 500 beds, hospital with 500–1000 beds, hospital with > 1000 beds) and admission department. In addition, the main diagnosis and secondary diagnoses coded according to the ICD9-MC were recorded.

The qualitative variables were described using their absolute and relative frequencies (%), and the quantitative ones by means of measures of centralization (mean) and dispersion (standard deviation). The incidence rate was expressed as 100,000 inhabitants/year. It was calculated by dividing the number of new cases by the number of people at risk of acquiring the disease that year, considering the total population at the beginning of the year.

Results

In the period 1999–2010, 56,395 admissions were registered in Spain for patients with primary or secondary diagnosis of AWS (ICD9-MC 291.81), delirium due to alcohol withdrawal (*delirium tremens*) (ICD9-MC 291.0) or hallucinosis due to alcohol withdrawal (ICD9-MC 291.3), which represents 0.13% of the total hospital discharges (42,236,065)^{18,19} in that period. Of these, 49,646 were men (88%) and the highest concentration of admissions occurred in the 40 to 55 age range, with an overall average age of 50.9 years (SD 12.5). The mean age by sex was 51.1 years in men (SD 12.5) and 49.6 years in women (SD 12.7). The progression of specific admission rates associated with AWS according to age groups is shown in Figure 1.

The number of annual admissions ranged from a minimum of 3763 in 1999 to a maximum of 4774 in 2008. 70.4% of the admissions occurred in hospitals with more than 500 beds and 90.1% were urgent. Regarding the admission department, it was not coded in 52.7% of cases; the most frequent referral service was Internal Medicine, where 14,051 patients (24.9%) were admitted, followed by the Digestive System (5.2%), Psychiatry (4.2%), Neurology (2.3%), specific detoxification units (2.2%), Pneumology (1.2%) and Trau-

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