

May 20th, 12:30 PM

A Year of Gastrointestinal Bleeding: An Epidemiologic Study

Neil B. Marya

University of Massachusetts Medical School

Salmaan Jawaid

University of Massachusetts Medical School

Bilal Gondal

University of Massachusetts Medical School

See next page for additional authors

Follow this and additional works at: http://escholarship.umassmed.edu/cts_retreat



Part of the [Clinical Epidemiology Commons](#), [Digestive System Diseases Commons](#), [Gastroenterology Commons](#), and the [Translational Medical Research Commons](#)

Marya, Neil B.; Jawaid, Salmaan; Gondal, Bilal; Maranda, Louise; Marshall, Christopher A.; Foley, Anne; Charpentier, Joseph; Singh, Anupam; and Cave, David R., "A Year of Gastrointestinal Bleeding: An Epidemiologic Study" (2014). *UMass Center for Clinical and Translational Science Research Retreat*. 97.

http://escholarship.umassmed.edu/cts_retreat/2014/posters/97

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

Presenter Information

Neil B. Marya, Salmaan Jawaid, Bilal Gondal, Louise Maranda, Christopher A. Marshall, Anne Foley, Joseph Charpentier, Anupam Singh, and David R. Cave

Comments

Abstract of poster presented at the 2014 UMass Center for Clinical and Translational Science Research Retreat, held on May 20, 2014 at the University of Massachusetts Medical School, Worcester, Mass.

Creative Commons License

This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 3.0 License](https://creativecommons.org/licenses/by-nc-sa/3.0/).

Title: A year of gastrointestinal bleeding : an epidemiologic study

Authors: Marya, Neil B.¹; Jawaid, Salmaan A.¹; Gondal, Bilal¹; Maranda, Louise²; Marshall, Christopher A.¹; Foley, Anne¹; Charpentier, Joseph¹; Singh, Anupam¹; Cave, David R.¹

Affiliations: 1. Department of Internal Medicine, University of Massachusetts-Worcester, Worcester, MA, United States.

2. Department of Quantitative Health Sciences, University of Massachusetts-Worcester, Worcester, MA, United States.

Contact Information: Neil B. Marya, neil.marya@umassmemorial.org, phone: 978-855-3279.

Background: For decades the diagnosis and management of gastrointestinal bleeding (GIB) has been based largely on endoscopy. Studying a large cohort of patients presenting to the ED we may find cost-effective alternatives in the management of GIB. We analyzed the epidemiology and initial disposition of all patients who presented to our ED from the perspective of hematemesis versus non-hematemesis, to identify patterns among each cohort's presentations to aid in this.

Methods: Retrospective analysis of medical records for 338 patients presenting to the UMass ED. Two cohorts were identified: those with hematemesis (G1) or non-hematemesis (G2).

Results: 105 patients presented to the ED with hematemesis (G1), 233 patients presented with non-hematemesis GIB (G2). G1 was younger than G2 (54.4 years vs. 65.6 years, $p < 0.001$). There were more males in G1 vs. G2 (61% vs. 53%, $p = 0.154$). Comorbidities in G1 were liver disease (21%), alcohol abuse (20%), and diabetes (11%). Comorbidities in G2 were coronary artery disease (22%), atrial fibrillation (13.7%), and diverticulosis (8%). More patients in G2 than G1 used Coumadin (23% vs. 7%, $p < 0.001$), anti-platelet agents (12% and 3%, $p < 0.004$), and NSAIDs (40% and 32%, $p = 0.203$). Admission hematocrit was greater in G1 compared to G2 (34.1 vs. 30.0, $p < 0.001$). INR was greater in G2 compared to G1 (1.7 vs. 1.3, $p = 0.03$). BUN was greater in G2 compared to G1 (30.2 vs. 23.6, $p = 0.021$). More patients in G2 were admitted compared to G1 (89.6% vs. 78.1%, $p = 0.019$). More were admitted to the ICU in G1 compared to G2 (46% vs. 38%, $p = 0.237$).

Discussion: This study uses a novel approach that elicits different patterns than the traditional delineation of upper versus lower GIB. These results may lead to new decision-making in patients presenting with GIB, allowing for new diagnostic and management paradigms, resulting in cost-effective care.