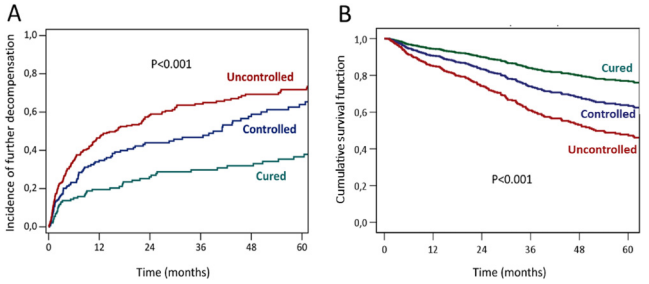

Conclusion: In cirrhotic patients with ascites as single first decompensating event, the cure or control of etiology of liver disease reduces the risk of further decompensations and mortality.

OS008

Risk factors for short-term post discharge clinical outcomes in patients hospitalized with decompensated chronic liver disease: interim results from Global CLEARED study

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Background and aims: Decompensated chronic liver disease (DCLD) is associated with poor outcomes, but no global study has addressed this after hospitalization. We prospectively evaluated non-elective hospitalized patients with DCLD to determine disease profile, predictors of readmission and 30 days mortality post discharge following index hospital admission under "***C***hronic ***L***iver disease ***E***volution ***A***nd ***R***egistry for ***E***vents and ***D***ecompensation (CLEARED) consortium.

Method: Data were prospectively collected from 49 centres from 6 continents of non-elective admissions in DCLD patients with or without cirrhosis, aged ≥18 years. We performed an interim analysis to predict readmission and mortality within 30 days following index hospital discharge. World Bank data were used to stratify countries according to income.

Results: 1383 patients, mean age 54.97 ± 13.55 years; 64% male; diverse ethnicity [White 39%, Asian 30%, Hispanic 10%, Black 9%] were analyzed. Alcohol was the most common etiology (46%), followed by NASH (23%), HBV (13%) and HCV (11%). Admissions were almost exclusively for liver related complications i.e. GI bleed (30%), HE (34%), AKI (33%), and anasarca (24%). Mean admission CTP was 10 (5–14) and MELD-Na 23 (6–40). Only 11% were listed for transplant. 51% had hospitalization in previous six months. 24% were infected at admission and another 13% developed infections subsequently. During hospitalization, organ failures were: AKI 46%; as brain 16%, circulatory 14%, and respiratory 13%; 25% needed ICU admission. Median hospital stay was 7 days (1–140) and 11% lost to follow-up after discharge. 33% were readmitted, 3% were transplanted while 26% of patients died within 30 days. The most significant independent factors predicting readmission within 30 days were being in low/lower middle income country ($p < 0.0001$), a high discharge MELD-Na ($p = 0.0005$), and hospitalization ≤6 M ($p = 0.006$). The most significant independent predictors of 30-day-mortality post index discharge were age, discharge MELD-Na ($p < 0.0001$ for both), and various organ failures during index admission ($p < 0.01$).

Conclusion: The clinical outcomes of patients with DCLD following index hospital admission vary widely around the world. Mortality within 30 days post discharge is largely dependent on patient and disease factors. Readmission post discharge, however, is variable across continents and inversely correlates socio-economic status. Global characterization of patients at high risk of readmission should include further study of socio-economic factors in addition to severity of liver disease.