Abstract 881

ASSOCIATION OF BASELINE ANALYTICAL PARAMETERS AND RISK FACTORS WITH COVID-19 MORTALITY

Type: Abstract Submission

Topic: 1. Clinical topics / 1.9 COVID-19

Authors: A. García-Puente García, G. Carvalho Monteiro, A. Hoya González, S. Conde Martín, L. García Ortiz; Spain

Abstract Body

Objectives: To identify baseline analytical parameters and risk factors that may influence mortality in patients diagnosed with COVID-19 in Spain.

Methods: Descriptive cross-sectional study. A total of 48370 subjects diagnosed with COVID-19 on cronic treatment, were selected in both Primary Care and Hospital Care in Castilla y León, using a database from Castilla y León Government from March 1, 2020 to June 1, 2020. Average age 59.22 years (SD 20.32); 20389 men(42.2%), 27981 women(57.8%), 30975(64%) positive covid test, 17395(36%) no test performed. We recorded the baseline analytical parameters (haemogram, biochemistry, vitamins and others), risk factors and mortality by COVID-19.

Results: Of the 48280 subjects analysed, 46010(95.3%) were diagnosed with Coronavirus 2019 disease and 2270(4.7%) with Coronavirus Sars-CoV2 pneumonia with a mortality of 2022(4.2%) subjects. In the hospital admission register 1728(3.6 %) are diagnosed with diabetes, 2840(5.9 %) with hypertension, 37(0.1%) with angina and 615(1.3 %) with obesity. In the logistic regression analysis we found that in the haemogram these parameters were associated with increased mortality: neutrophilia(OR=1.21), lymphopenia(OR=0.79), thrombocytopenia(OR=0.99) and decreased red blood cells(OR=0.57). In the biochemistry only serum creatinine(OR=2.38) increased the risk of mortality. No association was found with vitamins, iron or thyroid function. In addition, we found associations with increased mortality: being male(OR=2.61), covid positive(OR=3.07), hypertensive(OR=3.61), angina(OR=3.50), obese(OR=2.42) and diabetic(OR=3.01).

Conclusion: Mortality due to COVID is associated with older age, being male, being diagnosed with hypertension, obesity, diabetes, ischaemic heart disease and having a positive diagnostic test. In addition, neutrophilia, lymphopenia, thrombocytopenia, decreased red blood cell and impaired renal function are associated with a higher risk of mortality.

Print