P0508
Poster Session II
Infective endocarditis, bacteraemia and sepsis

FUNCTIONAL STATUS AND QUALITY OF LIFE AFTER COMMUNITY-ACQUIRED BACTERAEMIA: A MATCHED COHORT STUDY

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Objectives: Severe bacterial infections may have a prolonged negative effect on subsequent functional status and health-related quality of life (HRQoL). We studied patients for changes in functional status and HRQoL within 3 months of community-acquired bacteraemia (CAB) in comparison to blood culture negative controls.

Methods: Prospective matched cohort study at Aalborg University Hospital, North Denmark. We included clinically stabilized medical patients with first-time CAB and no recent cancer during June 2011 to June 2013. For each CAB patient, we included one acutely admitted blood culture negative control patient, matched on age and gender. Functional status and HRQoL before admission and after 3 months was assessed by Barthel-20 and EuroQol-5D (EQ-5D) questionnaires, respectively. We computed the risk for any deterioration in Barthel-20 score and EQ-5D index score and for ≥10 point deterioration in EQ-5D visual analogue scale (VAS) score. Multivariable regression analyses were used to assess relative risks (RR) with 95% confidence intervals (CIs)

Results: We included 71 CAB patients and 71 controls. After 3 months, 5 CAB patients (7.0%) and 3 controls (4.2%) had died while 1 patient (1.4%) in each group did not respond to follow-up questionnaires. CAB was associated with an increased risk for reduced functional status at 3 months as assessed by Barthel-20 score (15.4% vs. 3.0%, adjusted RR, 5.15; CI, 1.17-22.62). HRQoL was worse in 26/65 CAB patients and 20/67 controls by EQ-5D index score (40.0% vs. 29.9%, adjusted RR, 1.32; CI, 0.82-2.12) and in 28/65 CAB patients and 19/67 controls by VAS (43.1% vs. 28.4%, adjusted RR, 1.49; CI, 0.93-2.40).

Conclusion: CAB is associated with increased risk of reduced functional status 3 months post-admission when compared to blood culture negative controls, as well as a high risk for deterioration in HRQoL.