

Socioeconomic Status and Outcomes in Critical Care



Socioeconomic status is a known determinant of health inequalities. However, previous studies on the impact of socioeconomic status on outcomes in critical care have produced inconsistent findings.

A new review analyses available evidence on the relationship between socioeconomic status and outcomes in critical care. The analysis included observational cohort studies of adults that examined the association between socioeconomic status and critical care outcomes such as mortality, length of stay, and functional outcomes.

The authors identified 38 studies that met the eligibility criteria. Of those studies, 23 reported mortality rates within 30 days of critical care admission, and eight reported the length of stay.

Findings from the analysis show that lower socioeconomic status was associated with higher mortality rates at or before 30 days following critical care admission. The meta-analysis conducted on the length of stay in the ICU showed no significant difference between the different socioeconomic groups. However, it was noted that socioeconomic status might be associated with functional status and the discharge destination after being admitted to the ICU.

Out of the 33 studies that reported ICU or in-hospital mortality, 27% found significantly higher mortality in the more deprived group across all measures and timeframes, while 55% reported no significant difference in mortality by socioeconomic status, regardless of the time point or measure assessed. One study even reported higher in-hospital mortality in areas with greater postsecondary education rates but no difference when considering area-level unemployment or median income.

Ten studies reported the association between socioeconomic status and ICU length of stay. Six of these studies found that patients with lower socioeconomic status had longer ICU length of stay, while four studies found no significant difference.

Four studies considered the impact of socioeconomic status on cognitive, physical, and disability indicators. Two studies found that patients from more deprived backgrounds were more likely to be discharged to long-term care. Additionally, four studies assessed the risk of readmission to critical care based on socioeconomic status.

Overall, findings from the analysis show that lower socioeconomic status is associated with higher mortality rates following critical care admission. While there appears to be no significant difference in ICU length of stay between socioeconomic groups, it is possible that socioeconomic status may have an impact on functional status and the discharge destination of patients following critical care.

Given the association between socioeconomic status and outcomes in critical care, care providers should be aware of the potential impact of socioeconomic factors on patient outcomes. Additionally, health policymakers should consider strategies to address health inequalities in critical care provision and ensure that all patients, regardless of socioeconomic status, receive high-quality care.

Source: [Critical Care Medicine](#)

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