Medical experts call for hospitals to ensure Parkinson’s patients get the right treatment after report reveals they are twice as likely to die compared to other people following A&E admission

- UCB marks Parkinson’s Awareness Week by highlighting the impact that Parkinson’s disease can have on those affected by the condition

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The risk of dying in hospital for people with Parkinson’s following an emergency admission is increased by almost 2.5 times with the risk for older sufferers (over 85 years of age) increasing to 1 in 10, according to the largest ever study of its kind in England.1

To mark Parkinson’s Awareness Week (20-26 April) UCB highlights the study, “**Parkinson's Disease Hospitalisation in England**, ” which examines admissions by patients with this debilitating brain condition and compares them to those for all other causes over a four-year period. The primary aim of the report is to highlight the criticality for Parkinson's patients in receiving the right treatment at the right time, thereby saving lives and helping to give them “their life back” by relieving symptoms. The secondary aim was to ‘red flag’ the increasingly high economic burden to the NHS caused by expensive and potentially preventable emergency admissions.

The report found that Parkinson’s sufferers are more likely to be admitted as an emergency admission than for planned medical procedures (72% v. 28% respectively). Emergency admissions for people with Parkinson’s costs the NHS nearly £200m a year - £3,338 per patient. This compares to £1,417 for a planned non-emergency hospital stay.

The main reasons for emergency admissions among Parkinson's patients are pneumonia (13.5%); physical deterioration (9.4%); urinary tract infection (9.2%) and hip fractures (4.3%). Parkinson’s patients are up to twice as likely (1.5 to 2.6 times) to be admitted for these conditions compared to the average patient.

Parkinson’s patients were almost twice as likely to stay in hospital for more than 3 months and almost 2.5 times more likely to die in hospital after an A&E admission.

The lead author, neurologist Professor Carl Clarke, of the University of Birmingham and Sandwell and West Birmingham Hospitals NHS Trust, also warned of a worsening situation on the horizon as the ageing population will inevitably result in an increase in Parkinson’s sufferers.

He said: “With the ageing population in developed countries, the number of people affected by Parkinson’s will rise with the inevitable dramatic increase in healthcare costs of hospitalisation. A greater understanding is required about the whole process of hospitalisation in Parkinson's patients including why they are admitted, what happens during admission, and what happens on discharge. Only then can we develop improved processes to prevent and better manage hospitalisation. Urgent attention should be given to developing cost-effective interventions to reduce the burden of hospitalisation for patients, carers and healthcare systems.”

The study examined the English Hospital Episodes Statistics Database (EHESD), where all admissions to hospital in England are recorded.

All admissions – emergency and non-emergency, of people aged over 35 years of age who were admitted to hospital between 2009 and 2013 were compared. This included reasons for admission, length of stay, costs and death in hospital.
The study found that there were:

- 324,055 hospital admissions for 182,859 PD patients over four years (2009-2013)
- Of the total 232,905, 72% were emergency admissions, costing more than £777m
- The total costs of PD admissions during that period resulted in total NHS expenditure of £907m
- The number of emergency PD admissions each year 58,226 admissions costing £194m
- Average cost of planned admission for a PD patient is £1,417 compared to £3,338 per admission for an emergency admission
- More admissions in those aged 65 and above, with almost half of admissions occurring in the 75 to 84-year-old bracket. Cost per admission increases with age.
- Average length of stay for emergency admissions in PD was 7 days longer than admissions from all other causes

Professor Clarke concluded: “The NHS spends nearly £200 million per year on emergency admissions in Parkinson’s patients. The main reasons for admission are pneumonia, motor decline, urinary tract infections and hip fractures which occur more frequently in Parkinson’s patients than in a control group. Parkinson’s patients have longer hospital stays and are almost 2.5 times more likely to die.”

This medical study is a collaboration between UCB and three of the UK’s leading medical experts working with Parkinson’s patients.

The following are figures for hospital admissions (elective and non-elective) for Parkinson’s patients between 2009 and 2013 in the larger UK regions corresponding to Clinical Commissioning Groups areas in the EHESD:

- NE (Cumbria, Northumberland, Tyne and Wear) 4,174 admissions
- Greater Manchester – 4,396 admissions
- London – 11,046
- SE (Kent and Medway, Surrey and Sussex, Thames Valley) – 10,984
- SW (Bath, Gloucestershire, Swindon and Wiltshire, Bristol, North Somerset, Somerset and South Gloucestershire, Devon, Cornwall and Isles of Scilly and Wessex) - 13,216
- Midlands (Arden, Herefordshire and Worcestershire, Birmingham and the Black Country, Derbyshire and Nottinghamshire, Hertfordshire and the South Midlands, Leicestershire and Lincolnshire, Shropshire and Staffordshire) – 20,683 admissions

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2. Health and social care information centre, Hospital episodes statistics (2014)

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