

PSY10
EPIDEMIOLOGY, MANAGEMENT AND COSTS OF SEPSIS IN
SPAIN (2008-2017): A RETROSPECTIVE MULTICENTRE
STUDY

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Objectives: To update the profile of patients attended with sepsis in specialised care centres in Spain, to analyse in-hospital mortality, disease management and costs between 2008 and 2017. **Methods:** Admission records registered between 1 Jan 2008 and 31 Dec 2017 obtained from a Spanish National hospital discharge database for public and private hospitals. Centres are responsible for data codification, evaluation and confidentiality. The database is validated internally, and is subjected to periodic audits. Files corresponding to patients with sepsis and septic shock were selected by means of the International Statistical Classification of Diseases and Related Health Problems, 9th version and 10th version codes. These criteria claimed 311,674 records of 288,211 patients. Direct medical costs of secondary healthcare include expenses derived from the admission: examination, medication, treatment and costs of nutrition, personnel, medical equipment and resources. **Results:** More than 53% of all patients were males, with a mean age of 73.0 years. Fifty-one per cent of the identified admissions were due to a sepsis without organ dysfunction, 21.5% to sepsis with organ dysfunction, and 27.3% registered a septic shock. The incidence of sepsis increased 2.7 folds between 2008 and 2017, reaching a hospital incidence of 5.7 per 10,000 inhabitants in 2017. Case fatality rate (CFR) was 23.2% and 35.0% in patients without and with organ dysfunction in 2017, respectively, and 42.9% in patient with septic shock, decreasing over time. Mean annual direct medical costs of specialised care over the study period were €6,664 and €8,084 per patient in patients with sepsis without and with organ dysfunction, respectively, and €11,359 per patient in those with septic shock. **Conclusions:** The social and economic burden of sepsis in Spain continues to grow (incidence, total costs). Despite its general decreasing trend, CFR remains elevated, thus, patients could benefit from further research and protocol revision.