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Demographic and regional trends in acute pancreatits related mortality from 1999-2020

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BACKGROUND: Over decades, Acute Pancreatitis has surfaced as an emerging gastrointestinal disorder with substantial mortality rates. However, its prognosis is influenced by certain socioeconomic factors.

OBJECTIVES: The aim of this study is to outline demographic and geographic incidence of acute pancreatitis and associated fatalities from 1999-2020.

METHODS: Mortality trends related to Acute Pancreatitis were derived using the CDC WONDER (Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiological Research) database. Crude and Age-adjusted mortality rates per 10,000 population and Associated Percent Changes with 95% CI were calculated. Joinpoint Regression Program was used to assess the trends across overall, demographic (age, sex, race, ethnicity) and regional subgroups.

RESULTS: Between 1999 and 2020, 127,588 deaths resulted from acute pancreatitis among individuals aged 15 and older. Initially, the age adjusted mortality rate rose from 12.7 (1999)

Biography

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to 13.8 (2001), after which it gradually declined to 11.3 by 2020. Much higher mortality rates were observed among older adults of age greater than 85, males and those in non-Metropolitan areas compared to other age groups, females, metropolitan areas, respectively. The highest Age Adjusted Mortality Rate (AAMR) over the study period was observed for non-Hispanic American Indians or Alaskan Natives while the lowest overall AAMR was observed for Non-Hispanic Asians or Pacific Islanders. Among states the highest mortality rates were observed in Kentucky and the lowest in California during this period.

CONCLUSION: Higher mortality rates were observed with advancing age, notably in individuals aged 75 or older, with increasing mortality rates in Non-Hispanic Black/African Americans and males despite prevalent risk factors in females. Despite a general decrease in mortality rates, addressing persistent age, racial, and gender-related differences in acute pancreatitis outcomes requires targeted interventions and additional research.