Cardiovascular Complications are Common in Patients with Juvenile Dermatomyositis in a Cross-Sectional Analysis of the 2016 Kids Inpatient Database

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Introduction

Juvenile dermatomyositis (JDM) is an uncommon inflammatory disease (incidence 2-4 per 1 million children) with frequent cardiovascular complications (CVCs). Incidence of CVCs in JDM varied widely from 2.9% to 37.5% in a meta-analysis of single-institution studies [1]. We aimed to assess for differences in presentation, treatment, and outcomes of JDM pediatric inpatients with CVCs.

The 2016 Kids Inpatient Database (KID), an all-payer in-patient pediatric database [2], was queried for JDM patients using International Classification of Diseases, Tenth Revision (ICD-10), Clinical Modification JDM code "M33." CVCs were collected using codes "A52.0/E08–E16/E66/E78/I00–I99/Q2/Z95." Chi-squared tests compared frequencies

by CVC status. Multivariable logistic regression identified predictors of CVCs (P < 0.05).

Case Presentation

There were 836 pediatric JDM cases and 222 (26.6%) had CVCs (Table 1). Patients with CVCs were older (14.0 versus 11.4 years) and more often Black (29.1% versus 21.6%), Hispanic (35.5% versus 27.7%), in the lowest income quartile (36.1% versus 29.3%), and Medicaid-insured (52.3% versus 41.9%) (all P < 0.05). Overall treatment nonadherence was more common for patients ages 14-20 (71.4% versus 44.2%), females (96.4% versus 78.1%), and Blacks (48.3% versus 22.7%) (P < 0.025) (Supplementary Table 1).

Table 1. Demographic data of dermatomyositis by cardiovascular complication status.

		No Cardiovascular Complications	Cardiovascular Complications	Total	
		N = 613 (73.4%)	N = 222 (26.6%)	N = 836	Р
Age	Age, years (mean [SE])	11.42 [0.21]	14.04 [0.31]	12.12 [0.18]	< 0.001
Sex	Male	22.2%	19.3%	21.4%	0.365
	Female	77.8%	80.7%	78.6%	
Race	White	44.5%	29.1%	40.4%	0.002
	Black	21.6%	29.1%	23.6%	
	Hispanic	27.7%	35.5%	29.8%	
	Other	6.1%	6.4%	6.2%	1
Median Income Quartile -	0 – 25%	29.3%	36.1%	31.1%	
Patient Zip Code	26 – 50%	25.6%	25.1%	25.5%	1
	51 – 75%	24.6%	26.5%	25.1%	0.038
	76 – 100%	20.5%	12.3%	18.3%	1
Primary Payer Status	Medicare	0.2%	1.4%	0.5%	
	Medicaid	41.9%	52.3%	44.7%	1
	Private Insurance	49.4%	39.6%	46.8%	1
	Self-Pay	2.8%	0.5%	2.2%	0.005
	No Charge	0.2%	0.0%	0.1%	
	Other	5.5%	6.3%	5.7%	
Hospital Region	Northeast	15.2%	8.1%	13.3%	< 0.001
	Midwest	22.5%	15.8%	20.7%	
	South	40.6%	40.1%	40.5%	
	West	21.7%	36.0%	25.5%	
Severity of Illness Subclass	Minor LOF	36.4%	10.3%	29.4%	< 0.001
	Moderate LOF	43.6%	43.5%	43.5%	
(Loss of Function)	Major LOF	16.0%	34.5%	20.9%	
	Extreme LOF	4.1%	11.7%	6.1%	
Comorbidity	Anemia	15.2%	27.5%	18.4%	< 0.001
,	Fluid & Electrolyte Disorder	10.8%	23.3%	14.1%	< 0.001
	Aphagia & Dysphagia	9.5%	6.8%	8.7%	0.222
	Asthma	7.7%	10.8%	8.5%	0.154
	Heartbeat Abnormalities at Initial Presentation	5.1%	11.7%	6.8%	< 0.001
	Coagulation Defect	4.2%	12.6%	6.5%	< 0.001
	Gastro-esophageal Reflux Disease	3.4%	11.3%	5.5%	< 0.001
	Liver Disease	1.6%	6.8%	2.9%	< 0.001
	Perinatal Chronic Respiratory Disease	0.7%	3.2%	1.3%	0.005
	Treatment Nonadherence	1.6%	8.1%	3.4%	< 0.001

LOF = loss of function; SE = standard error.

JDM patients with vs. without CVCs had higher incidence of acute kidney injury (AKI) (5.8% versus 1.3%, P < 0.001) (Table 2). On multivariable analysis, CVCs were associated with increasing age (OR 1.12, 95% CI 1.07-1.16) and heartbeat abnormalities at initial presentation (OR 2.67, 95% CI 1.37-5.17) (P < 0.005) (Supplementary Table 2).

Conclusions

We found that JDM inpatients with CVCs were most often Black or Hispanic, of lower income, and Medicaid-insured. Similarly, in a national study of 16,097 pediatric inpatients, Blacks vs. Whites were 20% more likely to die within 30 days of surgery, which were attributed to lack specialized care access, poor physician-parent communication, and systemic racism [3]. Therefore, social determinants likely influence the development of CVCs in JDM patients.

We found that JDM patients with CVCs had greater total charges, LOS, and incidence of AKI, but no difference in the number of procedures performed, suggesting worse inpatient disease courses for JDM patients with CVCs. In a 10-year

Supplementary Table 1. Demographics of dermatomyositis by treatment adherence status.

		Treatment Adherence	Treatment Nonadherence	Total	
		N = 808 (96.6%)	N = 28 (3.4%)	N = 836	P
Age	0-6 years	17.9%	3.6%	17.5%	
	7-13 years	37.9%	25.0%	37.4%	0.012
	14-20 years	44.2%	71.4%	45.1%	
Sex	Male	21.9%	3.6%	21.3%	0.020
	Female	78.1%	96.4%	78.7%	0.020
Race	White	41.1%	20.7%	40.3%	
	Black	22.7%	48.3%	23.7%	0.006
	Hispanic	29.8%	31.0%	29.8%	0.006
	Other	6.4%	0.0%	6.2%	

Table 2. Management and outcomes of dermatomyositis by cardiovascular complication status.

		No Cardiovascular Complications	Cardiovascular Complications	Total	P
Total Charges	Charges (\$) (mean [SE])	52,432.22 [3,579.96]	110,743.53 [15,989.20]	67,956.85 [5,076.36]	< 0.001
Length of Stay	Number of Days (mean [SE])	4.51 [0.34]	8.54 [1.07]	5.58 [0.39]	< 0.001
Number of Procedures	Number of Procedures (mean [SE])	1.27 [0.08]	1.58 [0.19]	1.36 [0.08]	0.137
Time Until 1 st Procedure	Number of Days (mean [SE])	2.00 [0.46]	2.81 [0.42]	2.21 [0.36]	0.320
Sepsis	Complication (%)	4.7%	4.0%	4.5%	0.670
Respiratory Failure	Complication (%)	3.1%	5.0%	3.6%	0.202
Urinary Tract Infection	Complication (%)	2.4%	4.5%	3.0%	0.123
Acute Kidney Injury	Complication (%)	1.3%	5.8%	2.5%	< 0.001
Hypoxemia	Complication (%)	0.5%	2.7%	1.1%	0.006
Mortality	Complication (%)	0.2%	0.0%	0.1%	0.547
Transfusion	Procedure (%)	20.2%	17.1%	19.4%	0.320
Imaging	Procedure (%)	10.1%	7.7%	9.5%	0.284

SE = standard error.

Supplementary Table 2. Binary logistic regression analysis of factors associated with cardiovascular complications in dermatomyositis.

	Odds Ratio	95% CI	P ^a
Age	1.12	1.07-1.16	< 0.001
West vs. Northeast	3.80	1.82-7.91	< 0.001
Fluid and Electrolyte Disorders	1.93	1.14-3.28	0.015
Heartbeat Abnormalities at Initial Presentation	2.87	1.48-5.57	0.002
Gastro-esophageal Reflux Disease	3.72	1.77-7.82	< 0.001
Perinatal Chronic Respiratory Disease	6.17	1.60-23.73	0.008
Treatment Nonadherence	5.31	1.98-14.22	< 0.001

CI = confidence interval. ^aMultivariable analysis with age, race, income quartile, primary payer status, hospital region, anemia, fluid and electrolyte disorders, heartbeat abnormalities, coagulation defects, gastro-esophageal reflux disease, liver disease, perinatal chronic respiratory disease, and treatment nonadherence.

single institution registry study, 1992-2002, AKI incidence was 21.5% among 65 JDM patients, while overall incidence of AKI was 2.5%. Therefore, CVCs may be contributory to cost differences and LOS in JDM patients [4].

CVCs were associated with tachycardia, bradycardia, and palpitations at initial presentation. Continuous monitoring with wearables in multiple sclerosis patients accurately showed trend-based heart rate variability and general dysregulation [5]. Therefore, screening for heartbeat abnormalities might detect undiagnosed CVCs and preventing disease progression in JDM patients.

Older, female, and Black children had higher incidence of treatment nonadherence, which may explain the age and CVC association with multivariable analysis. Given the predominance of United States White dermatologists [6], physician/patient race discordance may be partially responsible for this nonadherence.

Limitations include retrospective design and lack of data regarding medications administered and procedures performed.

We conclude that for JDM patients with CVCs, there are significant disparities in income, race, and insurance status. Dermatologists treating pediatric JDM patients should screen for CVCs with appropriate cardiologist referral to improve outcomes for these patients.

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