

Rowan University

## Rowan Digital Works

---

Cooper Medical School of Rowan University  
Capstone Projects

Cooper Medical School of Rowan University

---

2020

### The Prevalence of Retinal Detachment and Associated Comorbidities Over a 5-year Period

Ahmed Abdelhady

Follow this and additional works at: [https://rdw.rowan.edu/cmsru\\_capstones](https://rdw.rowan.edu/cmsru_capstones)

Let us know how access to this document benefits you - share your thoughts on our feedback form.

---

#### Recommended Citation

Abdelhady, Ahmed, "The Prevalence of Retinal Detachment and Associated Comorbidities Over a 5-year Period" (2020). *Cooper Medical School of Rowan University Capstone Projects*. 42.  
[https://rdw.rowan.edu/cmsru\\_capstones/42](https://rdw.rowan.edu/cmsru_capstones/42)

This Poster is brought to you for free and open access by the Cooper Medical School of Rowan University at Rowan Digital Works. It has been accepted for inclusion in Cooper Medical School of Rowan University Capstone Projects by an authorized administrator of Rowan Digital Works. For more information, please contact [brush@rowan.edu](mailto:brush@rowan.edu).

# The Prevalence of Retinal Detachment and Associated Comorbidities Over a 5-year Period

Ahmed Abdelhady, MS<sup>1</sup>; John Gaughan, PhD, MBA<sup>1,2</sup>; Christa Schorr, DNP, RN<sup>1,2</sup>  
 Cooper Medical School of Rowan University<sup>1</sup>, Cooper University Hospital<sup>2</sup>



## Introduction

Retinal detachment (RD) is a condition in which the neurosensory portion of the retina separates from the pigmented retinal epithelium [1]. RD has a modest incidence with a lifetime risk of 3% by age 85, and is classified as a true ophthalmic emergency [2]. Left untreated, RD frequently leads to blindness in the affected eye [3]. This is unfortunate, and sometimes inevitable, as patients often present to their general practitioner after their central vision has been compromised.

Studies have demonstrated that RD is associated with events such as myopia, cataract surgery and trauma. However, not many other associations have been studied [1].

The purpose of this study was to describe the demographics, comorbidities and socioeconomic factors associated with retinal detachment. These results will guide further research comparing identified factors to patients without retinal detachment.

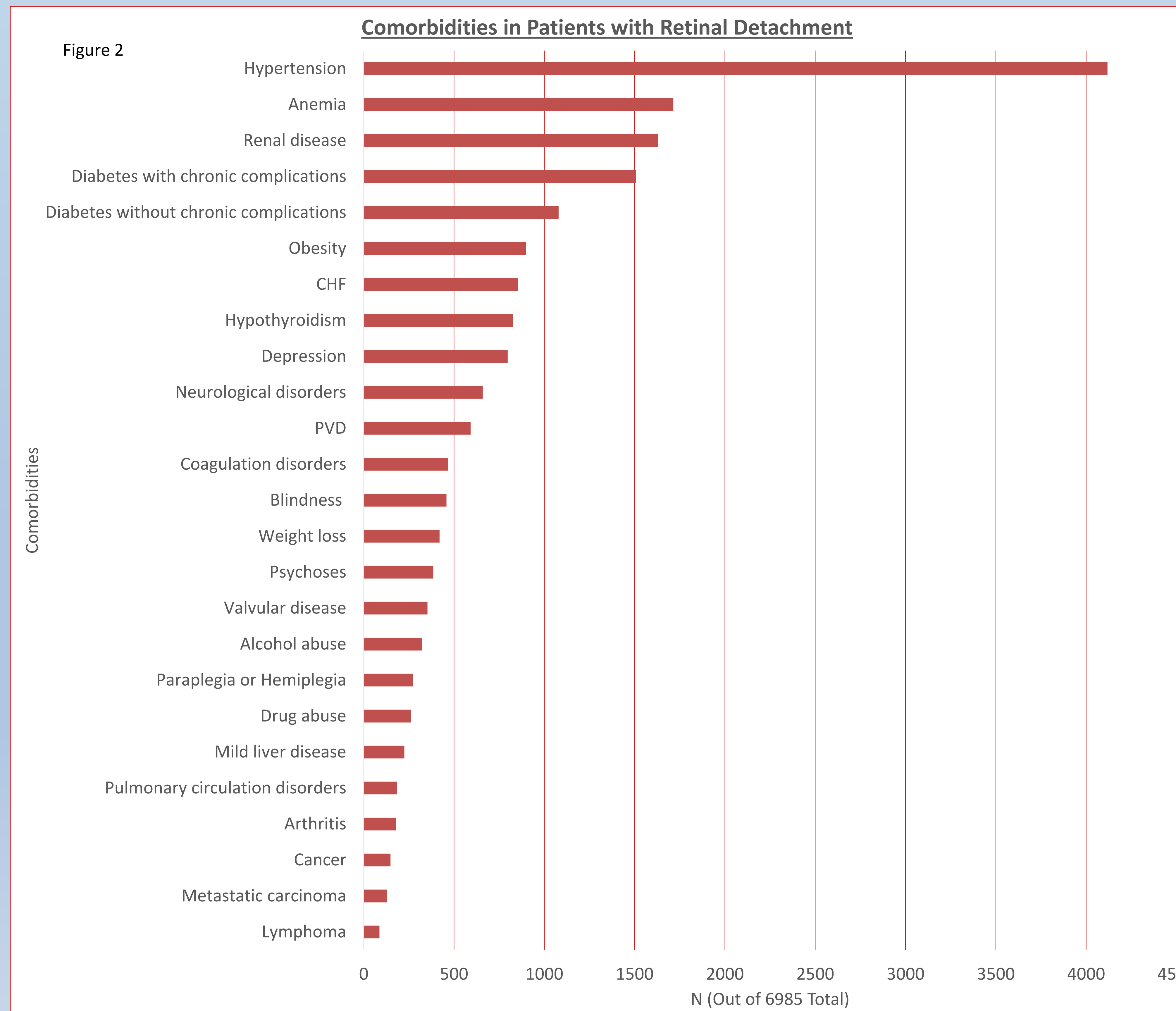
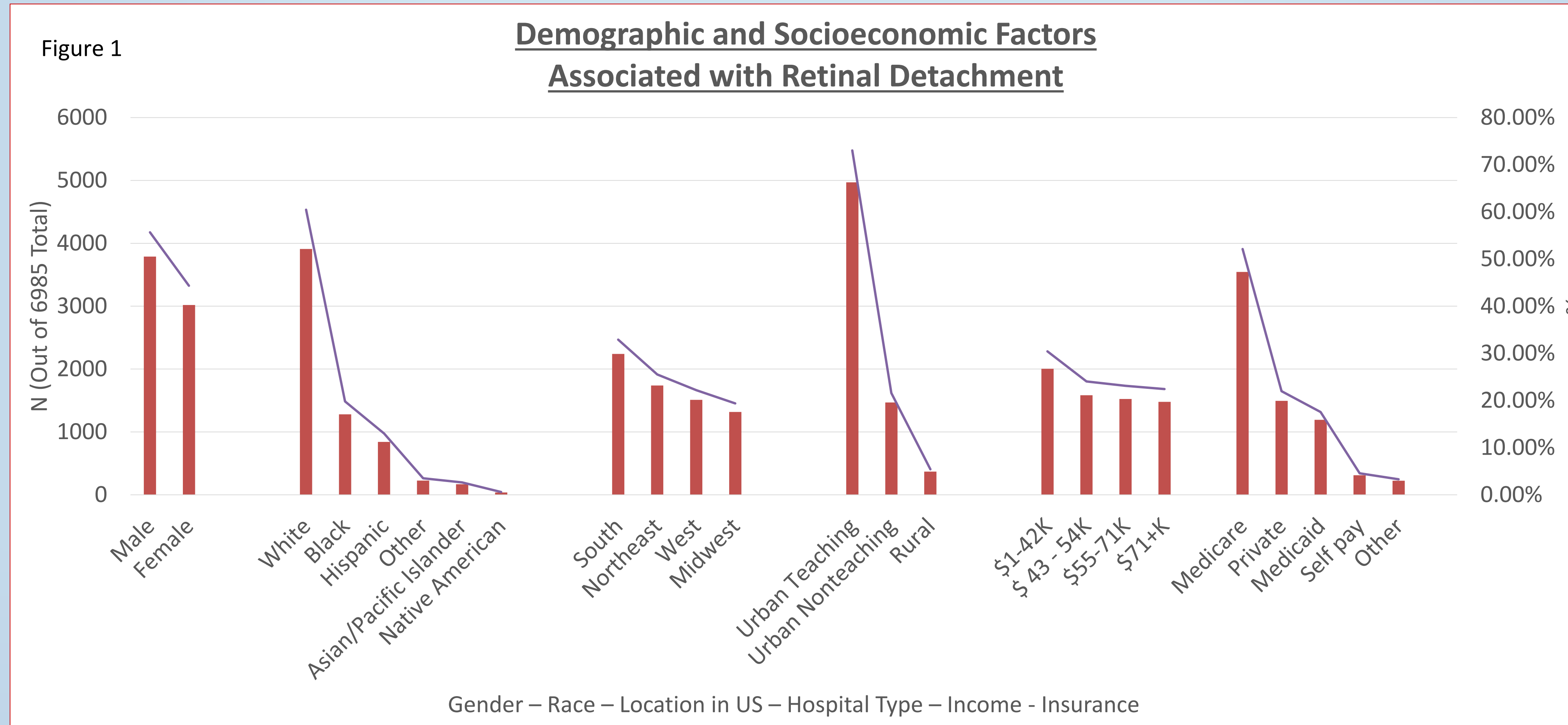
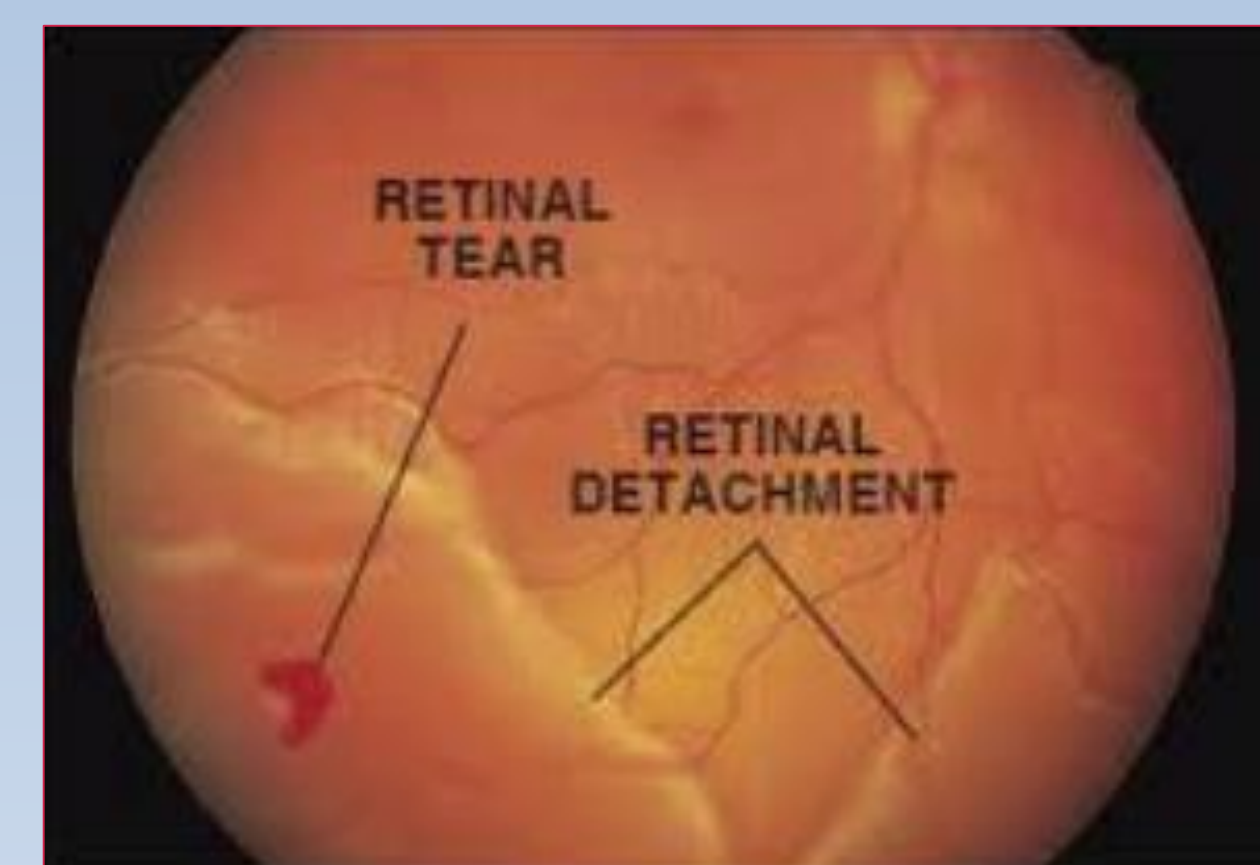
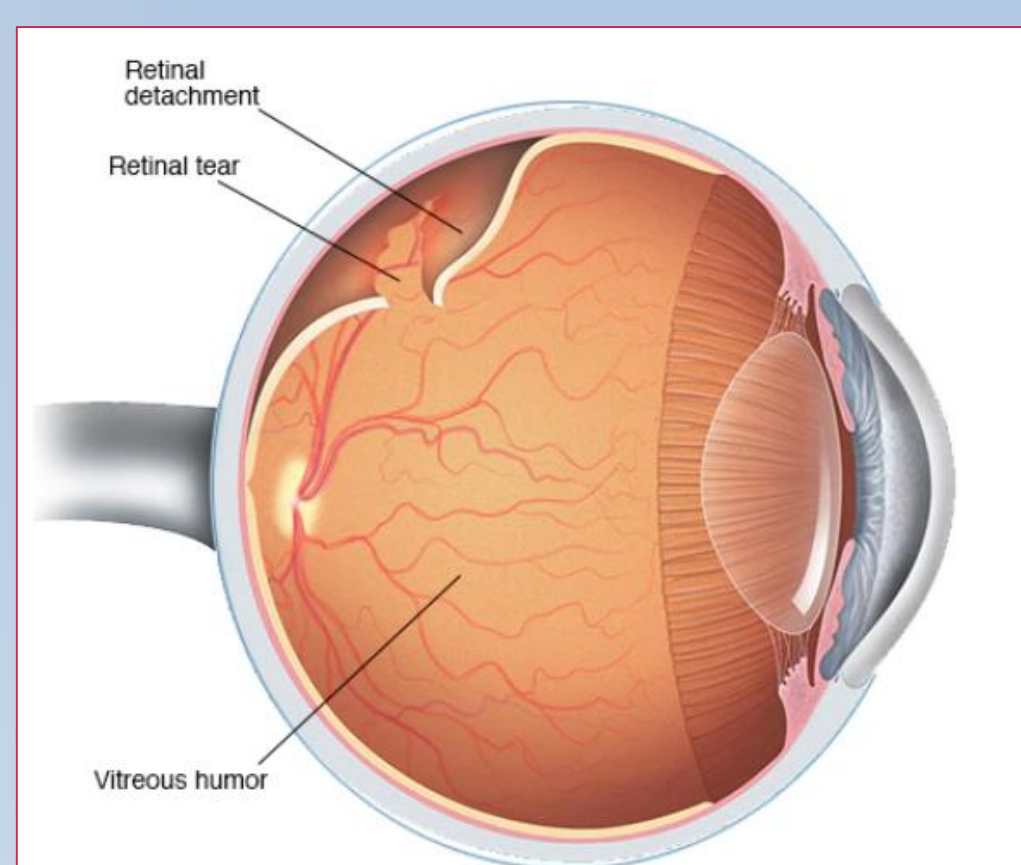
## Hypothesis

Retinal Detachment is associated with common chronic comorbidities.

## Methods

We used the Healthcare Cost and Utilization Project, National Inpatient Sample database, to identify patients with a discharge diagnosis of RD (ICD-9/10 codes, 36.1, H33) between 2012-2016.

The Elixhauser Comorbidity Index was used to identify comorbid conditions and the comorbidity burden. Demographic, geographical, socioeconomic factors and incidence of blindness were evaluated. Continuous data are reported as mean (SD), descriptive statistics are presented as frequency and percentage.



## Results

Total patients with retinal detachment: 6985

**Most prevalent demographic and socioeconomic findings: (Figure 1)**

Mean age: 59 (SD, 19.69)

Sex: Males

Race: White

Hospital type: Urban teaching hospitals

Region of the US: Southern United States

Income: <\$42,000

Insurance: Medicare

**Most prevalent comorbidities: (Figure 2)**

Hypertension

Diabetes mellitus

Anemia

Renal disease

Obesity

Elixhauser Comorbidity Score: 2.94 (SD, 2.11)

## Conclusion

In this study, the incidence of retinal detachment is low.

Blindness occurred in less than 7% of patients.

RD patients present most often to urban teaching hospitals with common chronic health conditions.

Clinicians should understand the influence that comorbid conditions have in **emergent treatment** of RD to avoid adverse outcomes.

## References

1. Kang HK, Luff AJ. Management of retinal detachment: a guide for nonophthalmologists. *BMJ*. 2008 May 31;336(7655):1235-40 full-text
2. Polkinghorne PJ, Craig JP. Northern New Zealand rhegmatogenous retinal detachment study: epidemiology and risk factors. *Clin Experiment Ophthalmol*2004;32:159-63.
3. Abouzeid H, Wolfensberger TJ. Macular recovery after retinal detachment. *Acta Ophthalmol Scand*2006; 84:597-605