CLINICAL OUTCOME OF PATIENTS WITH SELF-INFlicted BURN INJURIES (017)

Figaroa G.1, *Cornet P.1, Hiddingh J.2, van Baar M.3, Niemeijer A.2,4, Nieuwenhuis M.2, Beerthuizen G.5, Dutch Burn Repository Group ..6

1 Martini Hospital, Psychiatry, Groningen, Netherlands
2 Association of Dutch Burn Centres, Burn Centre Martini Hospital, Groningen, Netherlands
3 Association of Dutch Burn Centres, Burn Centre Maasstad Hospital, Rotterdam, Netherlands
4 Martini Hospital, Science Institute, Groningen, Netherlands
5 Martini Hospital, Burn Centre, Groningen, Netherlands
6 Association of Dutch Burn Centres, Rotterdam, Netherlands

Introduction: Psychiatric comorbidity in patients with burns is common, if not the cause of self-inflicted burn injury. Prior research has shown that patients with psychiatric comorbidity have a longer length of stay compared to other patients with burns. However, other predictors of length of stay were often not taken into account, e.g. extent of burn injury, age and comorbidities. Furthermore, it may depend on whether burns were accidental or self-inflicted. Studies show different results, some find that corrected for extent of burn, patients with self-inflicted burns (SIB) have a longer hospital stay. By taking into account comorbidity of the patients Thombs et al. (2008) showed no difference between patients with self-inflicted burns compared to patients with accidental burns (AB) in terms of mortality or length of stay.

At the burn centre in Groningen approximately 100 patients have been admitted in the past 10 years with self-inflicted burns, the vast majority of which were suicide attempts. These patients with often extensive burns, require intensive care and intensive treatment by the multidisciplinary burn team. Clinical experience suggest that these patients are doing very well, certainly considering their often extensive problems. In view of contradictory findings, we wanted to study the outcome of patients with self-inflicted burns at our burn centre, i.e. we investigated the outcome of patients with self-inflicted burns treated at the burn centre compared to patients with accidental burns in general and matched for burn severity.

Methods: A retrospective, observational study was conducted. All adult patients with acute burn injuries, admitted to the burn centre of the Martini Hospital Groningen, between January 1, 2009 and December 31, 2013 were included. Data on patient characteristics, burn injury, treatment, outcome (length of stay (LOS), mortality, discharge destination), intent of injury (e.g. accident or intentional) and psychiatric diagnosis were collected. In the group of patients with self-inflicted burns, patients with suicidal intent (TS) were distinguished from patient who inflicted burns as auto mutilation (AM). To evaluate differences in outcome each patient with SIB was matched on variables and total score of the Abbreviated Burn Severity Index (ABSI) to a patient with AB.

Results: In total 21 TS and 8 AM patients were admitted and 534 patients with accidental burns. The TBSA of the AB, TS and AM group were resp. 6.3%, 37.8% en 4.4% (p< 0.001). The LOS differed significantly (p<0.001) in the AB versus the TS and AM group, resp. 15.7 vs. 38.4 and 24.6 days. When comparing TS patients to matched AB patients, mortality and LOS did not differ significantly.

Conclusion: Patients with self-inflicted burns have a longer LOS and a higher mortality, however, when matched with respect to severity of injury, their outcome is not different from patients with accidental burns.
References: