

Frostbite and Drugs of Abuse



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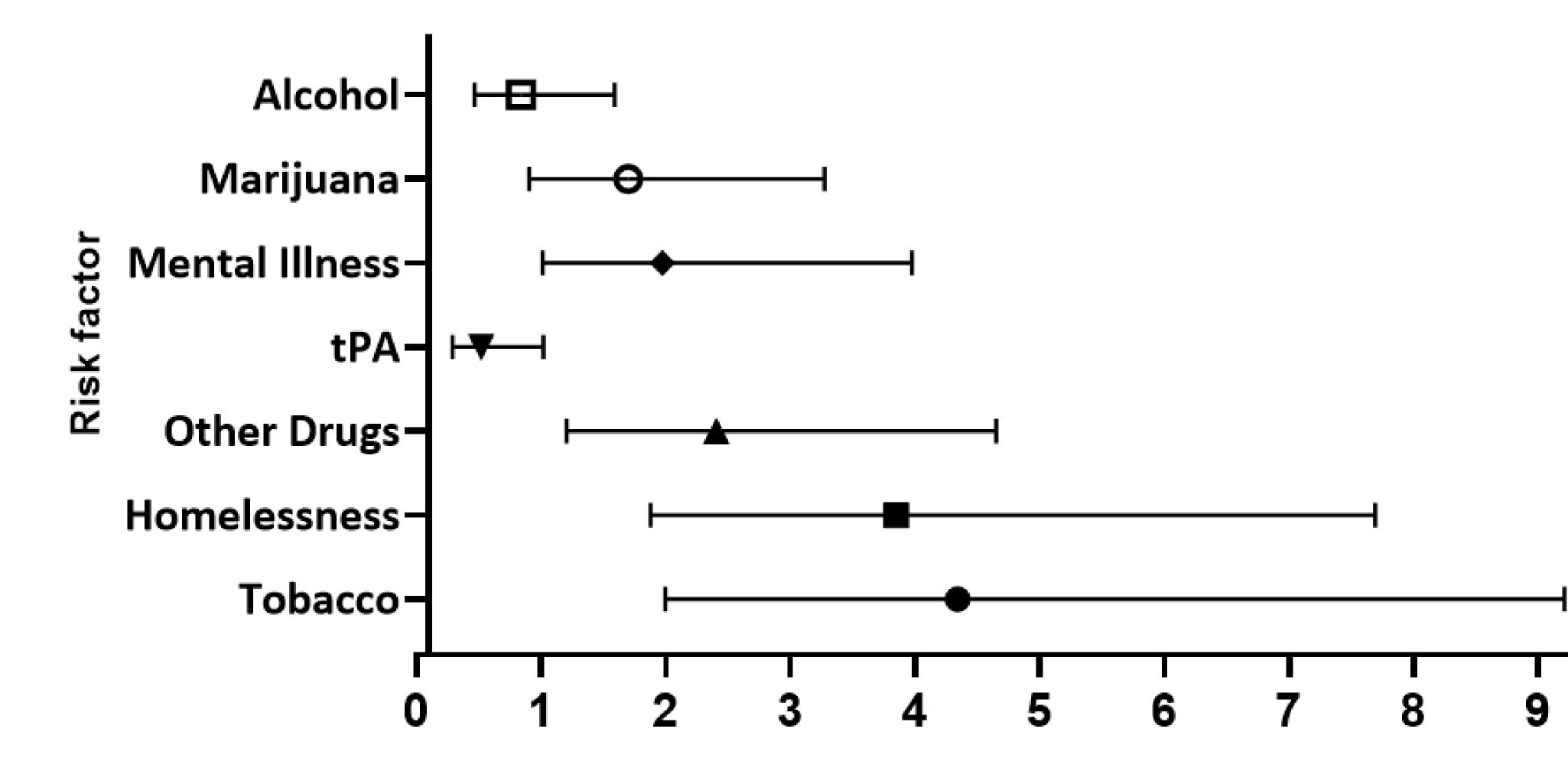
Conclusion	Introduction
 Drugs, tobacco and homelessness significantly impact clinical outcomes in frostbite patients. Unlike its strong association with poor outcomes in burn patients, alcohol does not impact frostbite. 	Substance abuse and mental illness lead to increased rates of homelessness. Both are associated with increased rates of frostbite. The primary aim of this study was to determine the effects of these variables on clinical outcomes in the frostbite population.

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Factors Influencing Frostbite Amputation Rate

Odds ratio (95th% Cl)



A retrospective cohort study was conducted on 141 frostbite patients admitted from November 2015 to March 2019.

Independent variables of interest included: positive toxicology screens, homelessness, mental illness, and administration of thrombolytics (tPA).

The primary outcome measure was amputation rate with a secondary outcome measure of length of stay.

Results

The following risk factors were found to be significant for **lower** salvage rates:

Homelessness (p=0.0004)

Demographics	
Gender	Male 87.9% (124) Female 12.1% (17)
Average age	40.8 years
tPA given	36.2% (51)
Overall amputation	34% (48)
Mental illness	38% (54)
Homelessness	50.3% (71)
Tobacco	65% (89)
Alcohol	56.7% (80)



- Other Drugs (*p*=0.0077)
- Tobacco (*p*=0.0093)
- Marijuana (*p*=0.0164)

The following risk factors were significant for **lower amputation** rates:

- Negative toxicology screens (p=0.0077)
- Patients receiving tPA (p=0.0172)

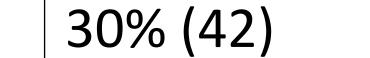
The following risk factors were found to be significant for **longer hospital length of stay:**

- Tobacco dependence (p=0.02)
- Homeless (p = < 0.0001)
- Homeless and +Utox (p=0.0002)

Future Directions



Marijuana



51.7% (73)



The association between drugs of abuse, homelessness, and frostbite highlight the need for increased preventative efforts.

Narcotics Anonymous and Alcohol Anonymous groups started within burn centers may improve long term outcomes and

decrease recidivism.