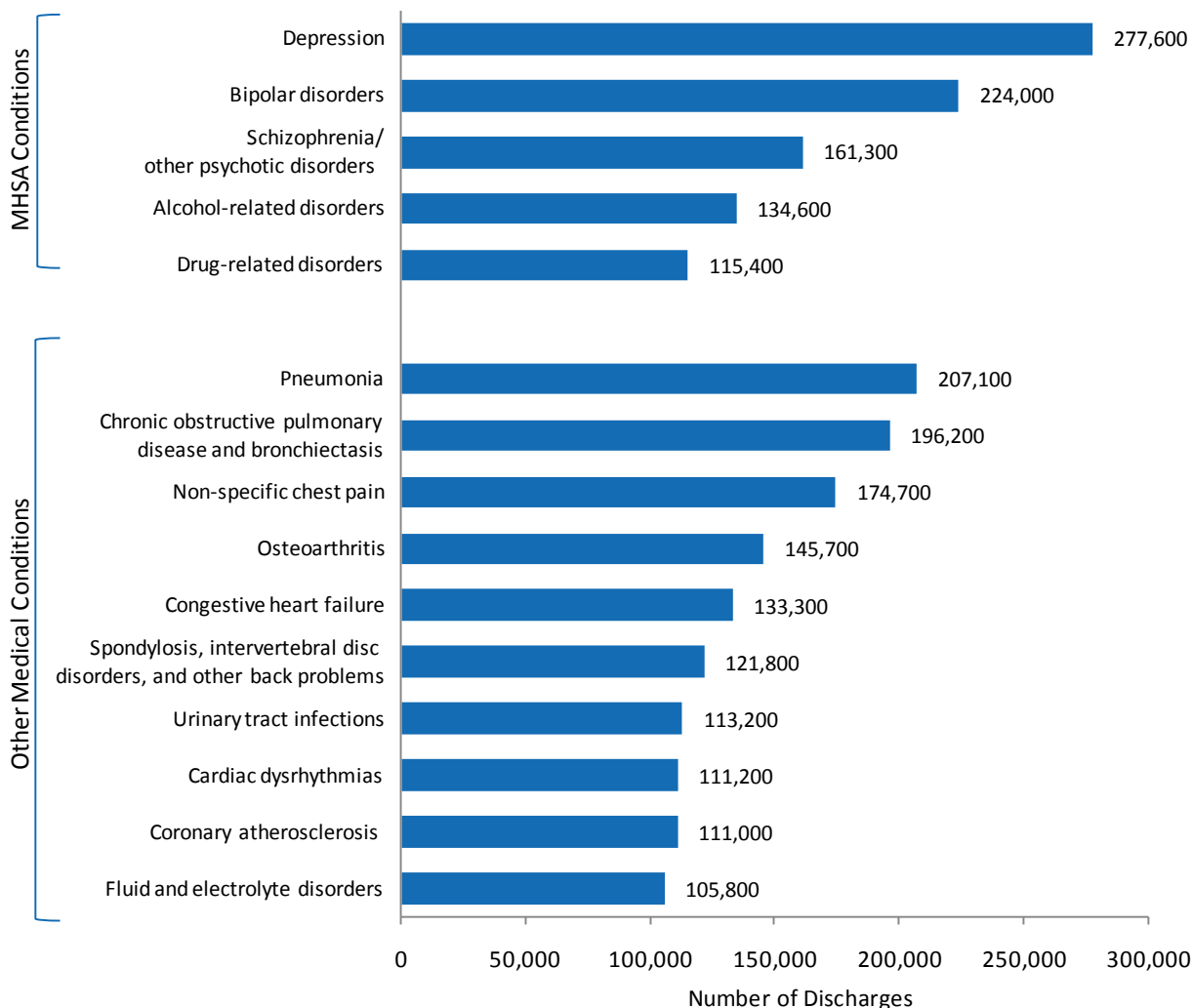


## EXHIBIT 5.8 Principal Diagnoses with a Secondary MH or SA Condition

Most Common Principal Diagnoses with a Secondary MH Condition,\* 2008



\*All conditions are defined using CCS. Once a secondary MH diagnosis is detected, the discharge is counted according to its principal CCS diagnosis. Suicide/intentional self-inflicted injury is included as a secondary MH diagnosis.

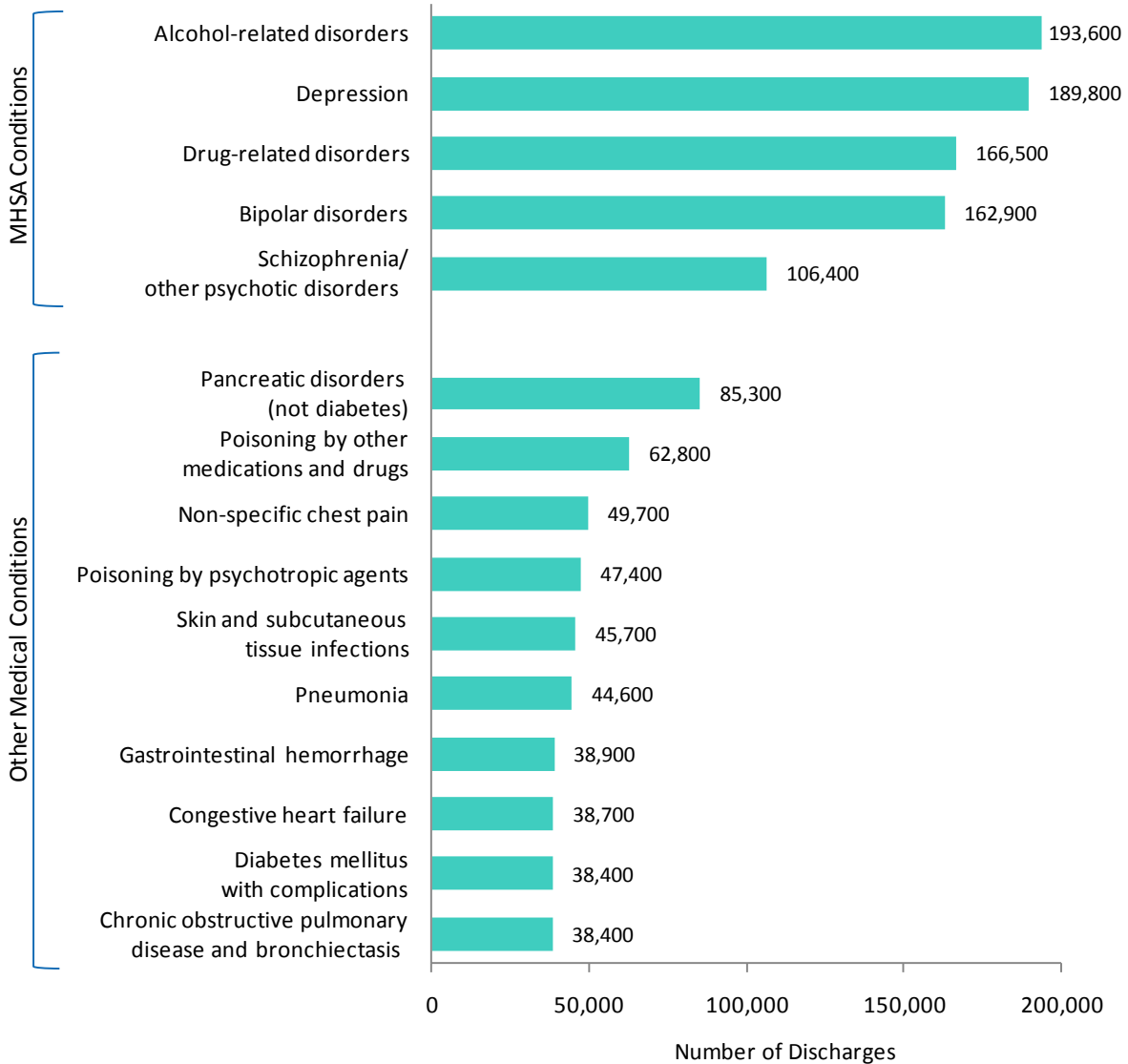
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008.

MH and SA conditions may be the principal reason for hospitalization or they may be secondary, co-existing conditions that potentially complicate the stay. In addition to discharges with a principal MH or SA condition, another 5.4 million discharges (13.6 percent of all hospital discharges) had a secondary MH diagnosis and 2.2 million (5.4 percent) had a secondary SA diagnosis in 2008.

- Stays with a secondary MH condition often co-occur with a principal MH or SA diagnosis.
  - Three of the top 15 principal conditions that occurred with a secondary MH diagnosis in 2008 were MH conditions (depression (277,600 stays), bipolar disorders (224,000 stays), and schizophrenia (161,300 stays)).

- Both alcohol- and drug-related disorders ranked among the top 15 principal reasons for hospitalizations with a secondary MH condition. Alcohol-related disorders were responsible for 134,600 stays and drug-related disorders for another 115,400 stays with a secondary MH diagnosis.
- A secondary MH diagnosis also occurred often with many of the top 15 most frequent medical conditions.
  - The most frequent conditions with a secondary MH diagnosis included pneumonia (207,100 stays), chronic obstructive lung disease (196,200 stays), and non-specific chest pain (174,700 stays).
  - Secondary MH diagnoses often accompanied stays with principal cardiac and musculoskeletal conditions. These conditions included congestive heart failure (133,300 stays), cardiac dysrhythmias (111,200 stays), coronary atherosclerosis (111,000 stays), osteoarthritis (145,700 stays) and spondylosis, intervertebral disc disorders, and other back problems (121,800 stays).
  - Stays for urinary tract infections and fluid and electrolyte disorders also had frequent secondary MH disorders—113,200 and 105,800 stays, respectively.

### Most Common Principal Diagnoses with a Secondary SA Condition,\* 2008



\*All conditions are defined using CCS. Once a secondary SA diagnosis is detected, the discharge is counted according to its principal CCS diagnosis.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2008.

- MH and SA conditions often co-occur.
  - The top five most common principal diagnoses for stays with a secondary SA disorder in 2008 were MHSA conditions: alcohol-related disorders (193,600 stays), depression (189,800 stays), drug-related disorders (166,500 stays), bipolar disorders (162,900 stays), and schizophrenia/other psychotic disorders (106,400 stays).
- Secondary SA diagnoses are often associated with hospitalizations for the treatment of other medical conditions, some of which may be the consequence of or related to SA.
  - Other frequent principal medical conditions that accompanied a secondary SA diagnosis in 2008 included conditions affecting the pancreas, liver, and digestive tract, as well as poisonings. These included pancreatic disorders other than diabetes (85,300 stays), poisonings by other medications or drugs (62,800 stays), poisoning by psychotropic agents (47,400 stays), gastrointestinal hemorrhage (38,900 stays), and diabetes with complications (38,400 stays).

- Non-specific chest pain (49,700 stays), skin and subcutaneous tissue infections (45,700 stays), pneumonia (44,600 stays), congestive heart failure (38,700 stays), and chronic obstructive pulmonary disease and bronchiectasis (38,400 stays) were also frequent reasons for hospitalizations with a secondary SA diagnosis.