

Homelessness among inpatient HIV positive cohort at a tertiary care hospital in central London

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Background

There is an increase in number of homeless people in London and an estimated 4751 people slept on streets in autumn 2017 (Fransham, 2018). Homelessness itself is a serious social comorbidity (ICD10 code 59.0) and life expectancy in homeless people is dramatically reduced (men 47 years, women 43 years) when compared to UK general population (Thomas, 2011). The health impact of homelessness on HIV positive people in London is less explored.

- 47% (n=17) of all had AIDS defining diagnosis and 13% (n=5) had a cancer diagnosis. 55% (n=20) used recreational injection drugs and 36% (n=13) were positive for Hepatitis C. 58% (n=21) people had mental health illness and 30% (n=11) had adult safeguarding issues.
- Average total number of inpatient hospital stay days during the study period of 1 year for problems excluding mental health, substance misuse and cancer treatment was 34 days (Range: 4 to 109 days, n=22), Among them 59% (n=13) had multiple inpatient hospital admissions. 34% (8 out of 23) people given follow up appointment to discharge clinic did not attend.

Methods

Objectives: To study our inpatient HIV positive cohort with homelessness admitted to our two trust hospitals in central London from November 2017 to October 2018 in terms of demographics, comorbidities, coinfections, AIDS associated illness and ART outcome in terms of CD4 count and HIV viral load. Data was collected from HIV team ward handover lists and people referred to homeless team when inpatient were included to the study. Data was analysed according to our study objectives. Excel software was used for statistics.

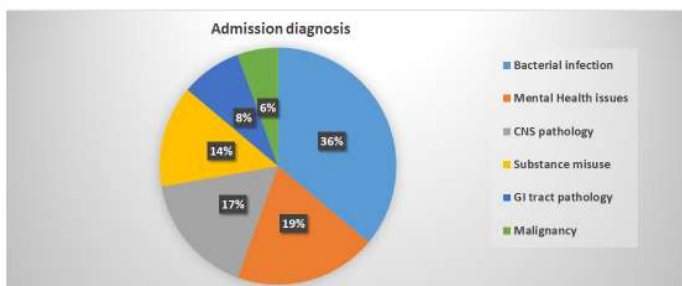
Conclusion

Homelessness is associated with poor ART adherence, failing to turn up for clinic appointments, unsuppressed HIV viral load, ART drug resistance, low CD4 count (< 350 cells/ul), recreational drug use, coinfection with Hepatitis C, mental health illness, vulnerability to bacterial infections and AIDS associated illness. Homeless persons, so need a person centred multidisciplinary and multiagency approach towards their care addressing both medical and psychosocial issues for their wellbeing and to prevent morbidity and early mortality due to their comorbidities both in hospital and in the community.

Results

- A total of 268 people with HIV infection were admitted to our trust acute care hospitals located at two sites in central London during the study period. Among them 36 people (13%) were referred to Homeless team. Their mean age was 44 years (Range: 29 to 58 years), 29 Male (80%), 7 Female (20%), 17 (47%) were Caucasians and 19 (53%) were of non-white ethnicity. 21 (59%) of them had CD4 count less than 350 cells/ul during the study period.
- 35 out of 36 people were on prescribed antiretroviral therapy during the study period. 75% (n=27) people had suboptimal ART adherence, 57% (n=20) developed ART drug resistance. 62% (n = 22) people on ART had detectable HIV viral load >200 copies/ml during the study period. 36% (n=13) of all failed to attend their regular HIV outpatient clinic appointments during the study period.

Roofless epidemic in news reports



NHS data shows rise in homeless patients returning to streets

Exclusive: number of hospital discharges of people of no fixed abode up 30% since 2014



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