

A changing pattern of HIV inpatient admissions and complexity: from late diagnoses to defaulters

Dr Alexandra Maxwell¹, Dr Tatiana Bovill Rose¹, Dr Alison Barbour¹, Dr Ian Cormack¹

1. The Heath Clinic, Croydon University Hospital, UK

Background

- People with undiagnosed HIV historically comprised the majority of inpatient work at our centre, which is in an extremely high-prevalence area (>5/1000)¹; however an increasing proportion of inpatient care is now spent looking after defaulters.
- A previous review at our hospital (2005-2010)² showed over half the total admission days were patients undiagnosed previously, whereas defaulters comprised only 13% of bed days.
- Following a noticeable shift in the nature of HIV inpatient admissions we undertook a review of HIV inpatient care.

Methods

- We investigated our prospectively recorded database of all hospital admissions at our centre in people living with HIV (PLHIV) from January 2017 – December 2018.
- Exclusions: pregnancy admissions.

Results

- **Admissions** totalled 217 over the 2-year review period, involving 142 patients.
- **Malignancy and TB-coinfection** represent an increasing proportion of AIDS-defining diagnoses amongst inpatients.
- **Alcohol and drug misuse** at the time of admission was far greater amongst defaulters (39%) in 2017-18 compared to misuse amongst those stable in care (9%).
- **Mental health** problems were also over-represented in defaulters (44%) versus non-defaulters (32%).
- **Homelessness** and lack of permanent housing was identified in 36% of defaulters vs 5% non-defaulters.
- **Deaths:** 12 patients died during admission, of which 9 required ITU and 9 were defaulters – drug and alcohol misuse on admission (50%) and mental health problems (49%) were over-represented.

Figure 1: Inpatients by group (% of total); 2005-10 & 2017-18

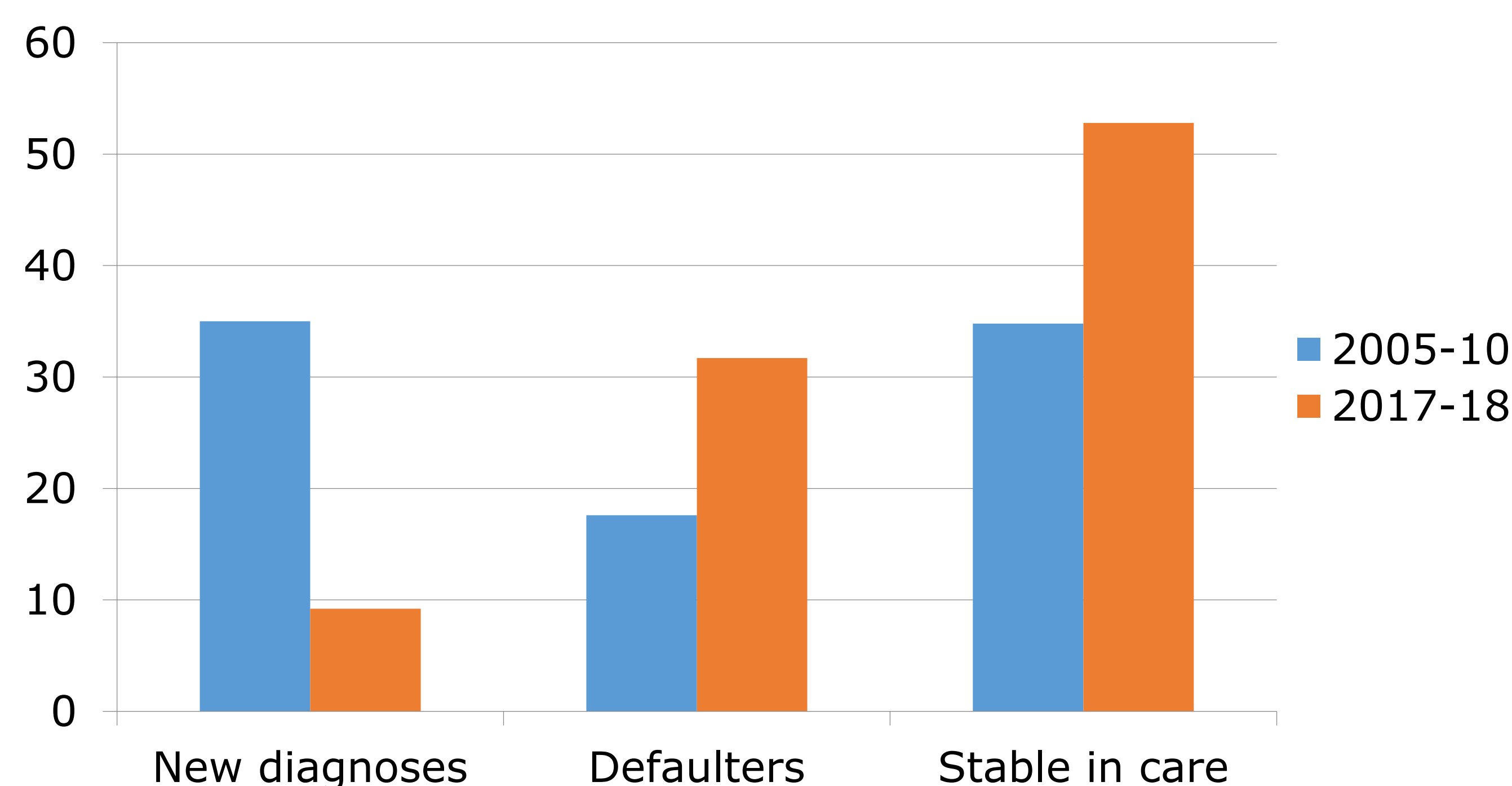


Figure 2: Length of stay (% of total bed days)

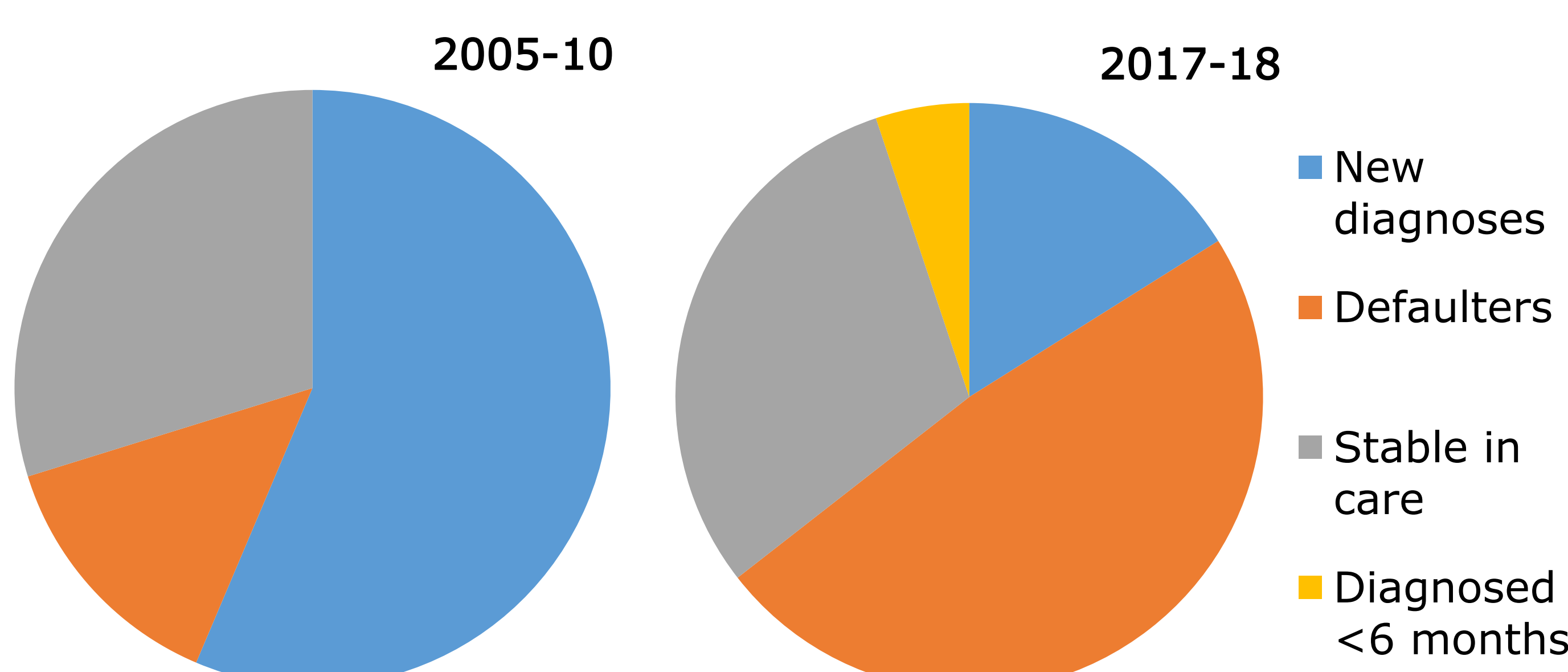


Figure 3: Outcomes as proportion (%) of group 2017-18

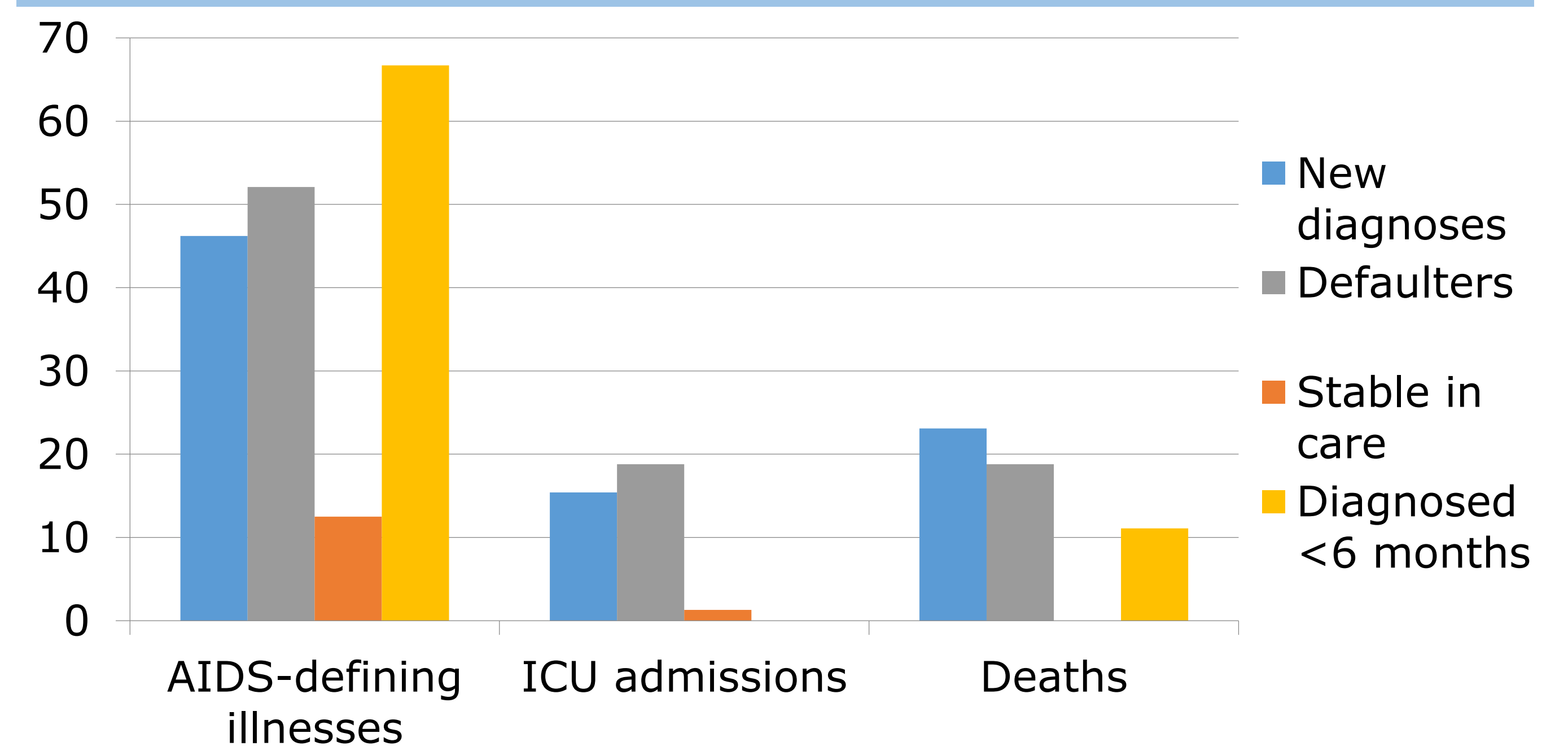
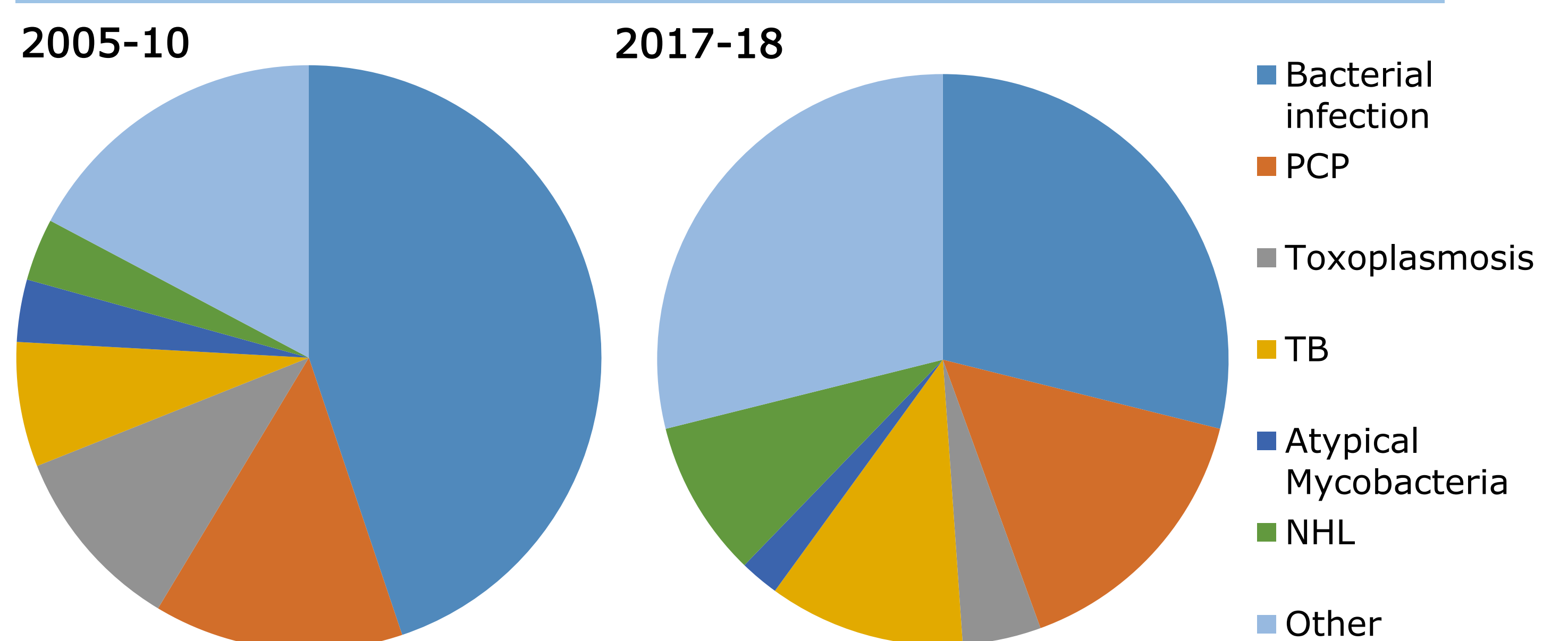


Figure 4: Increasing trend to malignancies and TB-coinfection



Conclusion

- The majority of inpatient work has shifted from patients newly diagnosed during admission, to defaulters.
- Current drug or alcohol misuse was twice as prevalent in defaulters amongst inpatients.
- Defaulters accounted for over half of inpatient admission days, suffered higher mortality and were more likely to require ICU care.
- A significant number of patients were not known to our centre, adding to complexity in management.

Key Points

- The benefit of universal testing for prompt diagnosis of HIV is well-recognised, but it is also useful for identifying defaulters from care who did not disclose their status to the admitting hospital.³
- HIV test positivity rates in secondary care now exceed sexual health services.⁴
- Defaulters represent a growing proportion of inpatients. They have longer hospital stays than other PLHIV and a higher degree of medical complexity and mortality.
- The challenge of retention in care is a growing factor in improving outcomes for PLHIV.
- Drugs, alcohol and mental health problems were over-represented in defaulters and particularly amongst deaths.

References

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