

# Mortality in the HAART era at an Urban Teaching Hospital

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## Background

Mortality in HIV patients has decreased with the advent of HAART. When deaths occur they tend to be in late presenters with low CD4 counts, in those who test positive then disengage from care and in those with non HIV related illnesses or malignancy

## Methods

We analyzed the deaths over a 18 month period in an inpatient HIV cohort in a large teaching hospital in London using hospital records. Cause of death was defined as AIDS defining or non AIDS defining and salient features were recorded

## Results

In an inpatient cohort of 298 patients there were 17 deaths in an 18 month period.

Group Demographics	AIDS defining illness as cause of death n=9	Non AIDS defining as cause of death n=8
Male	6	6
Female	3	2
Average Age (years)	45	53
White British	1	6
Black African	5	2
HAART on admission	1	7
Disengaged from HIV services	3	0
Late diagnosis	6	2
Median CD4 (cells/mm <sup>3</sup> )	24	311

Table1; Mortality demographics – Aug 2010 – Feb 2012

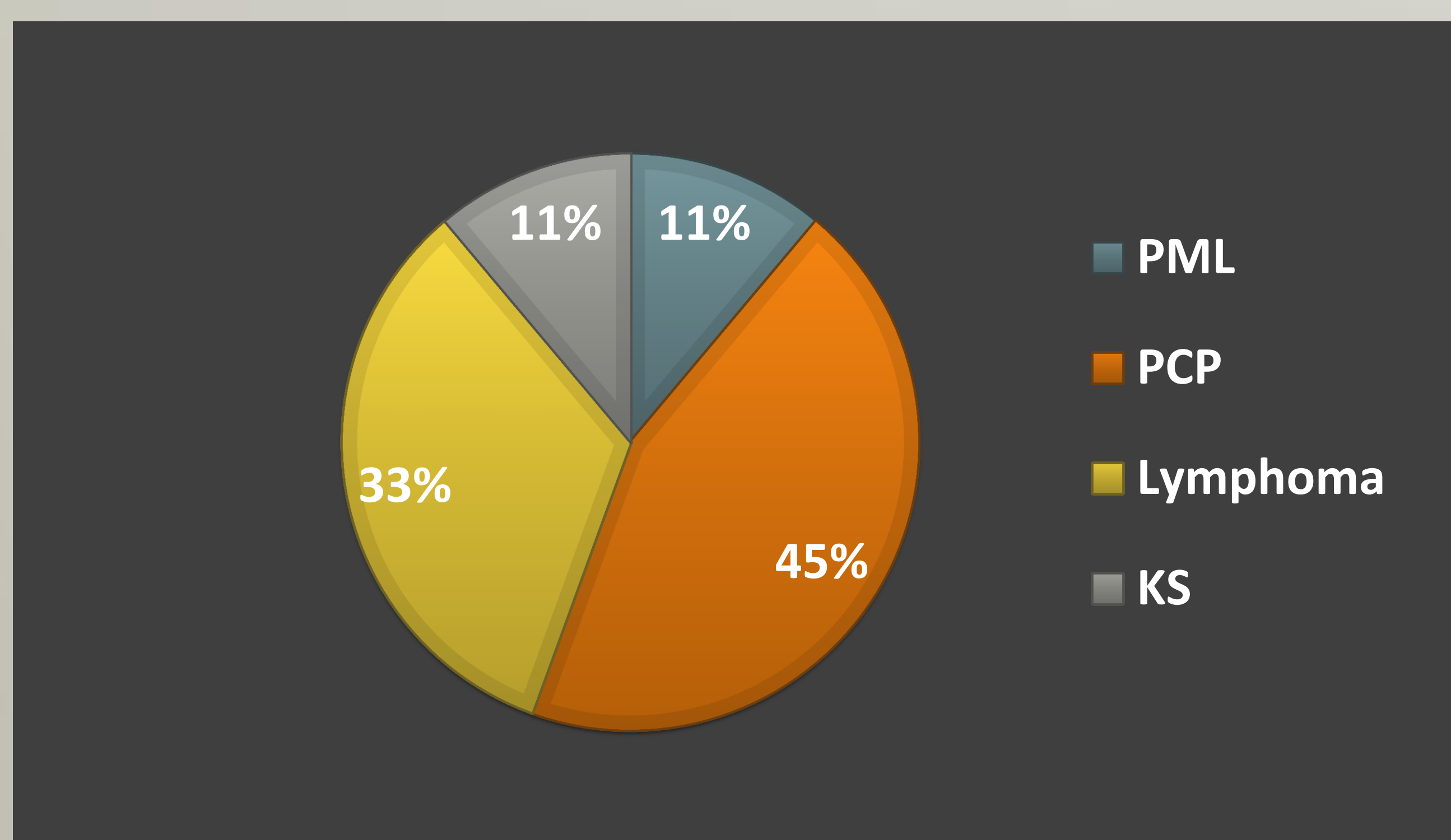


Fig 1 ; Deaths by AIDS defining Illnesses

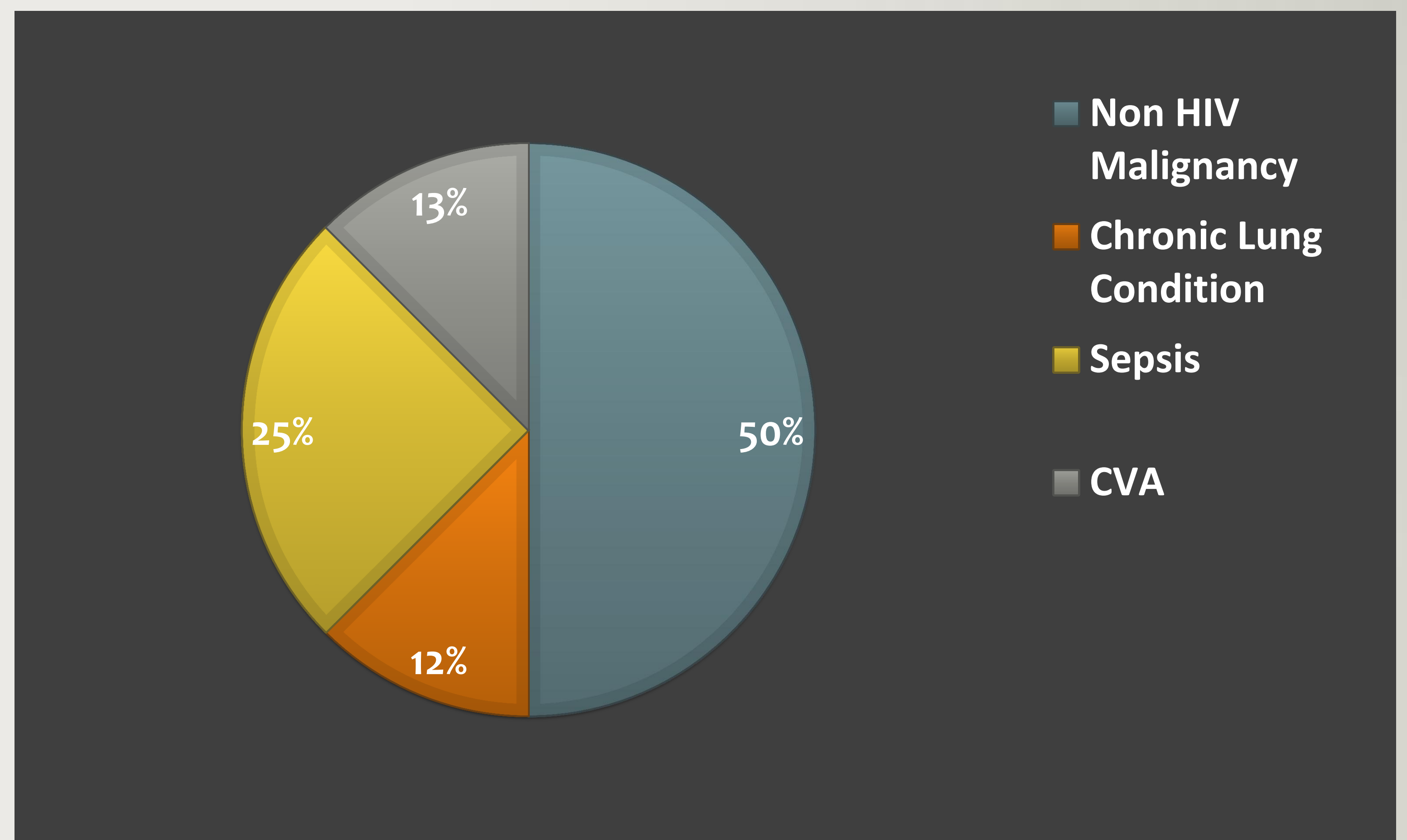


Fig 2 ; Deaths by non AIDS defining Illnesses

## Discussion:

Of our overall HIV cohort of 2800 patients, 0.64 % (18/2800) died over a 18 month period. This is comparable to the Swiss HIV cohort study where 5 % of (453 /9053) participants died between 2005 and 2009. 85% of these deaths were not directly HIV related compared to 47%(8/17) of our cohort.

53% (9/17) of our deaths occurred in patients who were not receiving HAART despite its widespread availability in the UK .Of these, 33% (3/9) were in patients who tested HIV positive then disengaged from HIV services. This group of patients lost to follow up continues to represent an important group to which more services could be targeted.

Patients who present late, undiagnosed also represented a significant proportion of our deaths (6/18) 33%. Many of these late presenters were asylum seekers with precarious social situations and limited education about how to access healthcare in the UK ; this group highlights an important population to which HIV testing should be streamlined.

## References

1) M Ruppik et al, CROI, Abs: 789