

Poster presentation

Hospital admissions and associated diagnosis of HIV patients in the HAART era

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Background

With the availability of HAART regimens, a shift in the pattern of hospital admissions of HIV-infected patients has been reported, with an increasing contribution of non-AIDS-defining illnesses to causes of hospitalization. We describe hospital admissions in the Infectious Diseases Service over the last two years (2006–2007) and discuss the implications of these data.

Methods

Retrospective medical records and discharge summaries review of all HIV patients admitted from January 2006 to December 2007.

Summary of results

318 patients (approximately 20% of the patients followed at the clinic) were admitted, accounting for 521 admissions; 47.6% of them HIV-related. 227 (43.6%) admissions were due to AIDS opportunistic infections, 33 (6.4%) to AIDS-defining or non-AIDS-defining cancers, and 220 (42.2%) were due to non-opportunistic infections. 35 (6.7%) of the admissions were new HIV diagnoses (two acute HIV infections) and 25 (71.4%) of these were AIDS-defining conditions. Hepatic disease accounted for 33 (6.4%) of the total causes of admissions. Eight (1.5%) admissions were HAART-related (toxicity/tolerability). 221 (69.5%) of the admitted patients had been lost to follow-up at the outpatient clinic for >6 months and 239 (75.1%) had no/poor adherence to their HAART regimens. 85.1% of the patients who were under HAART

>6 months (n = 47), were virologically suppressed. Mean CD4 cell count of admitted patients was 156 ± 178 cells/mm³.

Conclusion

The majority (75%) of the patients who needed hospitalization had no/poor adherence to their HAART regimen and/or outpatient clinic appointments. The finding that 6.7% of the admissions were new HIV-diagnosed patients, most of them presenting with an AIDS-defining disease, is evidence of the significant proportion of late presenters in our clinic.