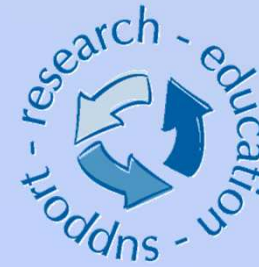


15<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

**Linda Panton**

**Western General Hospital, Edinburgh**

*27-28 June 2013- The International Convention Centre, Birmingham*

# **Complexities and challenges of providing inpatient care in the era of ART**

Linda Panton

Western General Hospital,  
Edinburgh

June 2013

# INTRODUCTION

- Overview of RIDU
- Case studies
- Ageing patient
- Future care

# **BHIVA Standards of Care 2013**

## **5: Inpatient care for people living with HIV**

People with proven or suspected complications of HIV infection or its treatment who require admission to hospital should receive equitable and rapid access to care by appropriately trained staff either within a consultant-led HIV specialist multidisciplinary team or within an acute medical team supported by immediate and continued engagement with specialist HIV expertise and advice

# Setting the scene

- Scotland 5%
- RIDU/GUM in Edinburgh
- 1328 patients :
  - 12% IVDU, 36% heterosexual,
  - 45% MSM/bisexual, 1% vertical

# Admissions

- 2012 -168 admissions, 101 patients
- LoS 1 –163 days (median 8days)

# Break down of admission by risk group

Risk group	No of patients admitted	No of admissions (n=168)
IVDU	39 (25% of cohort)	71
MSM/BISEXUAL	30	34
VERTICAL	1	2
HETEROSEXUAL	31	61

# Of the patients&admissions, how many were fully suppressed?

	NO OF PTS	NO OF ADMISSIONS
undetectable	50 (50%)	80 (48%)
Detectable on HAART	19 (19%)	38 (17%)
Off HAART	32 (31%)	58 (35%)



# No of admissions/Total bed days

	No of adm	Total bed days	Av LoS/adm	Median loS
Undetectable	80	760	9.5 days	6 days
Detectable	30	448	15 days	8 days
Off ART	58	1124	19.4 days	8 days

# Adherence

58 admissions -patients off therapy  
(incl new diagnoses)

-18 remained off

-31 restarted

- 9 starts

# Reason for admissions

	chest	Other medical	Mental health	New diagnosis	cancer	liver	neuro	HAART
Proportion of all ADMISSIONS (n= 168)	35%	25%	11%	10%	6%	5%	4%	4%
Median LoS	7	6	6	12	10	7	11	9
Mean LoS	11	15	8	32	10	16	12	9

# Chest admissions

- 58 admissions
- 43% undetectable
- Median CD4 of 342 (7-1131)
- COPD/PCP/chest infections

## Challenges

- Appropriate ward?
- Off therapy- chance to address this
- Smokers

# Medical

- 25% total admissions
- 48% undetectable
- Median CD4 359 (8-1294)
- Flu, UTI, cellulitis, D&V, constipation, dermatology, cardiology, renal

## Challenges

- Are these HIV related?
- Increasing numbers of comorbidities
- Getting specialists to see them if poor attendees
- Address off therapy

# Mental health

- 19 admissions
- Alcohol/drug misuse, low mood/anxiety
- New types of recreational drugs

## Challenges

Integrated mental health team

# Co-Infection

- 49% of this cohort co-infected
- 9 admissions, 7 undetectable
- Median CD4 272 (153-658)
  
- HBV/HCV treated in unit

## Challenge

Faster progression to end stage liver disease, cirrhosis and hepatocellular cancer in co-infected patients

# CANCERS

11 admissions, 7 patients, 6 deaths

- Av CD4 382 (150-811)
- 90% undetectable

## Challenge

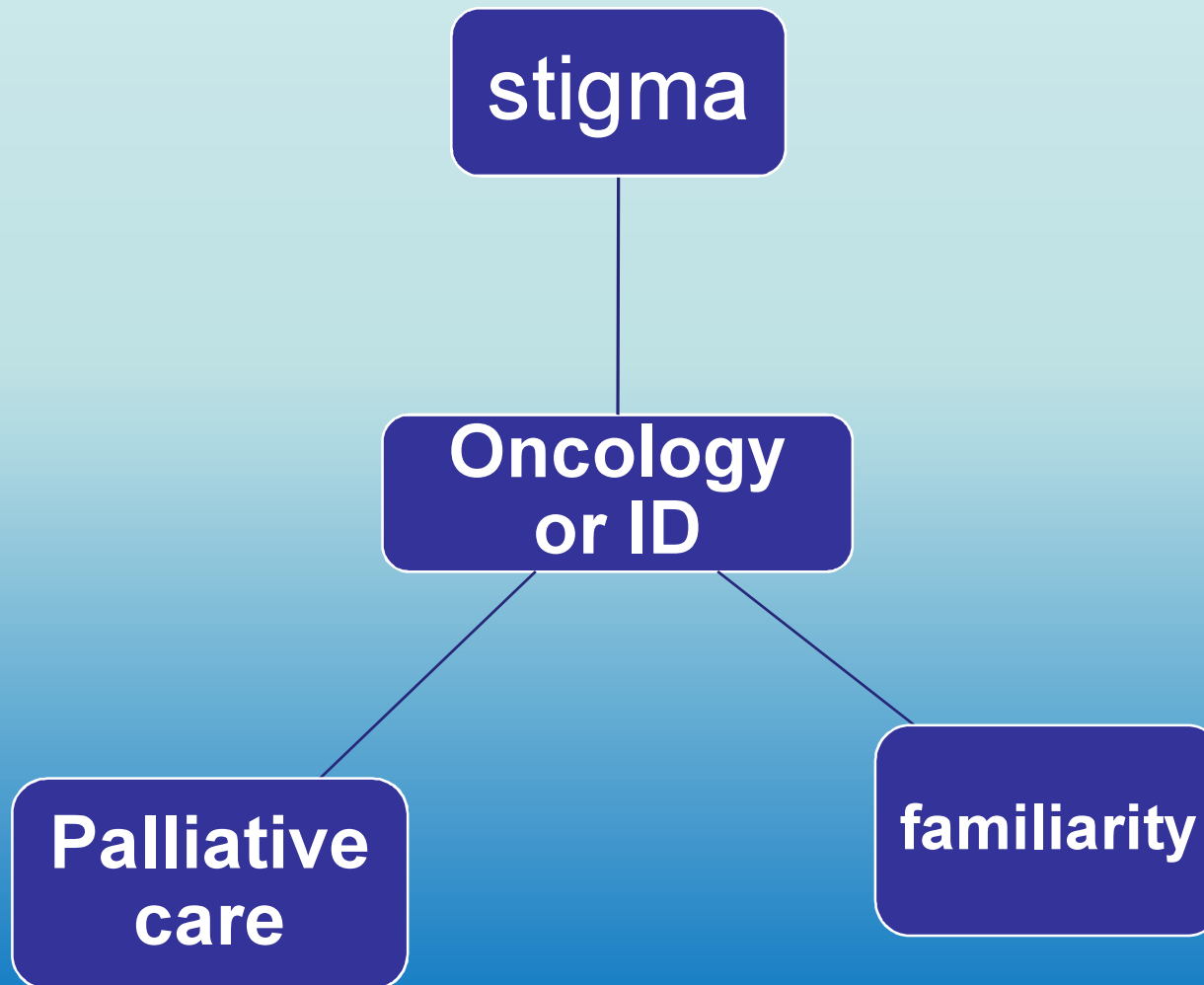
- Increase in non AIDS defining cancers
- ?duration of HIV plays etiological factor



# Case study D

- 45yr old female
- Diag 1989 hetrosexual risk group
- VL <39, CD4 330
- Chronic smoker, methadone user
- Small Cell lung Ca Jun 2012

# Challenges – D



# New diagnoses

## = LATE PRESENTERS

- 14 patients - Median CD4 76 (8-420)
- 10 % of admissions, 23% total bed days
- Average LoS 31.2days, median LoS 12 days

## Challenges

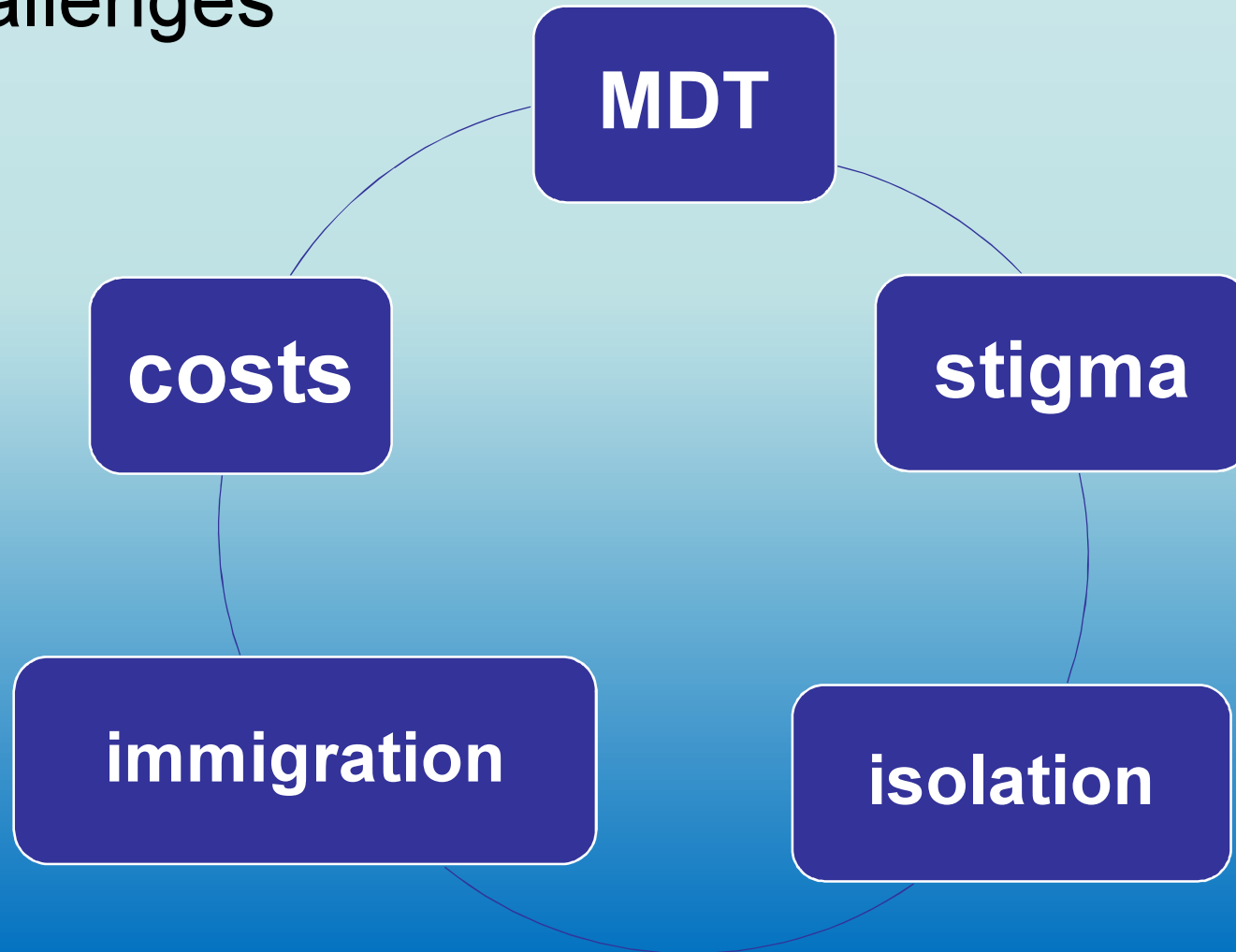
- Difficult to manage
- ?opt-out testing

# CASE STUDY - N

- 37yr old, female, African nurse
- Cryptococcal meningitis
- CD4 67, VL 4851
- ITU, ID, Brain Injury nit for rehab
- 163 bed days

# Case study N

Challenges



# Prolonged Admissions

Length of admission	No of admissions	No of beds days	%total bed days	Av bed days per admission
0-4	58	161	7	2.8
5-9	45	311	13	6.9
10-14	27	324	14	12
15-20	11	197	9	17.9
>21	27	1339	57	49.6

# Prolonged admissions

- 27 admissions over 21 days (22 pts)
- 57% of total bed days
- NOT all new diagnoses
- Psychosocial issues

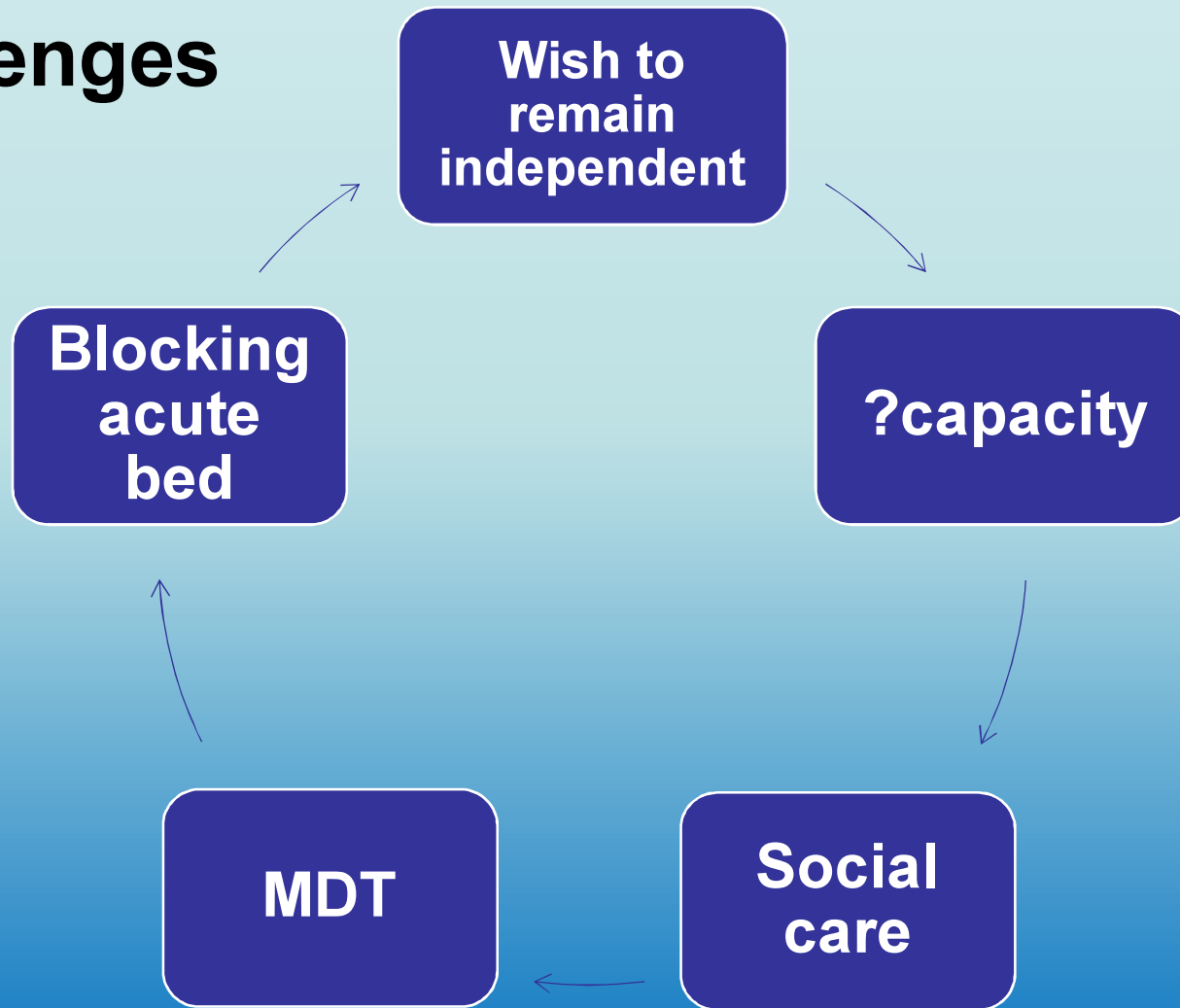
# CASE STUDY - A

- 66yrs male,
- Diag 1984, exIVDU
- CD4 105, VL 13000
- Heroin use
- **Challenge** – to remain in community



# Case study A

## Challenges



# **Psychosocial Challenges**

- Complex needs
- Home circumstances not suitable
- No rehabilitation beds
- Lack of appropriate community social care
- Immigration status

# AGEING PATIENT

- Late presenters/ survivors pre HAART
- Over 50
- Co-morbidities -hypertension, diabetes, renal disease
- Polypharmacy
- Is the concept of premature ageing with HIV real?



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# Is this the future?



# **Bhiva inpatient standards**

- People living with HIV requiring admission should receive the best care and treatment
- Nursed in safe environment, treated with dignity and respect
- MDT approach

# FUTURE CHALLENGES

- Reduce stigma
- Education
- Protocols/pathways
- Communication
- Advocates for patients

# THANKS TO

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Staff of wards 42&43

All the patients who keep me in a job!