

UNPLANNED ADMISSIONS AMONG PEOPLE WITH HIV IN REGIONAL NSW ARE PREDICTED BY MULTIMORBIDITY BUT NOT BY HIV SPECIFIC MARKERS

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Background: People with HIV (PWH) have had improved life expectancy in recent years but continue to experience significant multimorbidity and require unplanned care. We aimed to determine factors predictive of unplanned admission among a cohort of PWH in regional NSW.

Methods: A cohort of 181 PWH attending a regional HIV service were followed for 5 years. Baseline HIV specific and multimorbidity markers including cumulative illness rating scale (CIRS) score were assessed as predictors of time to first unplanned admission using cox regression analysis. Care co-ordination was compared between people experiencing unplanned admission and those not experiencing unplanned admission using chi-squared statistic for proportions and t-test for means.

Results: During a total of 739 person years of follow-up, 39 (20.6%) participants reached the endpoint of unplanned admission. In multivariate analysis the baseline CIRS score was predictive of unplanned admission ($p < 0.001$). Age, HIV specific markers and missed visits were not predictive of unplanned admission. For patients with an unplanned admission, discharge summaries were available in the notes for 22/39 (56.4 %). Of 180 PWH with a visit after baseline, 131 (72.8%) had a letter to a general practitioner in the observation period, while 79 (43.7%) had 2 or more prescribers. Having 2 or more prescribers was more common in people with an unplanned admission than in those without an unplanned admission (64.1% vs 38.0%, $p 0.004$).

Conclusion: Unplanned admission among PWH is predicted by multimorbidity. Care for PWH should include co-ordinated management of other health conditions to reduce their severity and prevent unplanned admissions.

Disclosure of Interest Statement

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