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The Association Between HIV Infection and the Use of Palliative Care in Patients Hospitalized With Heart Failure.

Feder SL¹, Tate JP¹, Akgün KM^{2,3}, Womack JA^{2,4}, Jeon S⁴, Funk M⁴, Bedimo RJ⁵, Budoff MJ⁶, Butt AA^{7,8}, Crothers K⁹, Redeker NS⁴.

Author information

Abstract

BACKGROUND: The number of adults with heart failure (HF) and HIV infection is increasing. These patients may benefit from palliative care (PC).

OBJECTIVES: Determine the association between HIV infection, other HIV characteristics, and PC among hospitalized patients with HF in the Veterans Health Administration (VHA).

DESIGN: Nested case-control study of patients with HF hospitalized from 2003 to 2015 and enrolled in the Veterans Aging Cohort Study.

SETTING/PATIENTS: Two hundred and ten hospitalized patients with HF who received PC matched to 1042 patients with HF who did not receive PC, by age, discharge date, and left ventricular ejection fraction.

MEASUREMENTS: Palliative care use was the primary outcome. Independent variables included HIV infection identified by International Classification of Diseases Ninth Revision code and further characterized as the primary diagnosis for hospitalization, unsuppressed HIV-1 RNA, CD4 counts <200 cells/mm³, and other covariates. We examined associations between independent variables and PC using conditional logistic regression.

RESULTS: The sample was 99% male, mean age was 64 years (standard deviation ±10), 54% of cases and 59% of controls were black, and 30% of cases and 31% of controls were HIV-infected. In adjusted models, HIV as the primary diagnosis for hospitalization (odds ratio [OR]: 3.69, 95% confidence interval [CI]: 1.30-10.52), unsuppressed HIV-1 RNA (OR: 2.62, 95% CI: 1.31-5.24), and CD4 counts <200 cells/mm³ (OR: 3.47; 1.78-6.77), but not HIV infection (OR: 0.79, 95% CI: 0.55-1.13), were associated with PC.

CONCLUSIONS: HIV characteristics indicative of severe disease are associated with PC for hospitalized VHA patients with HF. Increasing access to PC for patients with HF and HIV is warranted.

KEYWORDS: HIV; end of life; heart failure; hospice; hospitalization; palliative care

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