ICU
MANAGEMENT & PRACTICE

ICU Mortality of HIV-Infected Patients

Combination antiretroviral therapy (cART) has significantly decreased the morbidity/mortality associated with HIV infection in industrialised countries. cART has also resulted in a decrease in opportunistic infections and hospital admissions.

However, while combination antiretroviral therapy has led to better outcomes in patients infected with HIV, the intensive care unit admission rate still remains constant and may even have increased in some instances during the cART era. This may be due to the fact that patients infected with HIV live longer and are at a higher risk of developing AIDS as well as other problems. HCV infection is associated with an increased risk of both mortality and hospital admission, especially in patients with severe liver disease.

A study was conducted to assess the mortality among HIV-infected patients in the ICU and also to evaluate the impact of HIV/HCV co-infection and severe sepsis on mortality rates in the ICU. The research was conducted on patients in Spain who were admitted to the ICU. HIV infected patients were divided into two groups: HIV-monoinfected patients and HIV/HCV-coinfected patients. The study also included a control group. The control group was comprised of patients over the age of eighteen who were randomly selected and who showed negative results for HIV, HCV and HBV testing.

The primary outcome of the study was ICU mortality, while the secondary outcome was the presence of severe sepsis. The study findings revealed that the HIV group had higher frequencies of severe sepsis as compared to the control group. The ICU mortality rate at 30 and 90 days in the HIV-infected group and the control group was higher in patients with severe sepsis as compared to those without severe sepsis. The HIV group in the presence or absence of severe sepsis had a higher percentage of death at day 7 as compared to the control group. The HIC/HCV group had a higher percentage of death both in patients with and without severe sepsis as compared to the HIV group.

It was also observed that the HIV-infected patients had a higher frequency of opportunistic infections as compared to patients in the control group. They also had a higher frequency of severe sepsis, worse prognosis and a higher mortality rate as compared to HIV-seronegative subjects. Overall, the results of the study showed that HIV infection was related to a higher frequency of severe sepsis and death in patients admitted to the ICU. In addition, HIV/HCV co-infection also contributed to an increased risk of death in patients with and without severe sepsis.

The findings of this study are consistent with other recent reports. Both confirm that there is no clear evidence that cART is associated with an improvement in patient survival.

Source: Critical Care Forum
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