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Clinical outcome of hospitalized HIV/AIDS patients in Ethiopian tertiary care settings: A prospective cohort study

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Background: Evidence from developed countries showed that non-acquired immune deficiency syndrome (AIDS) related illnesses are becoming the leading cause of death among hospitalized human immune virus (HIV)/AIDS patients. However, there are limited studies regarding these outcomes among HIV infected patients admitted to hospitals in low-income settings like Ethiopia.

Methods: A prospective cohort study design was conducted

among admitted HIV/AIDS patients from April 1 to August 31, 2018, in selected tertiary hospitals of Ethiopia. Data of 136 patients were collected on socio-demographic, clinical characteristics and drug-related variables. Data was entered into Epic data version 3.1 and analyzed using SPSS version 21. Study participants were categorized into two groups, like AIDS and non-AIDS related admission. Kaplan-Meier and Cox regression was used to compare the survival experience of the patients and identify independent predictors of mortality. The hazard ratio was used as a measure of the strength of association and p-value of <0.05 was considered to declare statistical significance.

Results: Of 136 patients, 80 (58.8%) were females. The overall in hospital mortality was 39(28.7%). In-hospital death

rates were 30.3% and 27.1% for AIDS (66 patients) and non-AIDS (70 patients) related admissions, respectively (p=0.68). The median survival time among patients with non-AIDS related illness was 35[53, 23] days and 32 days. For AIDS-related admissions (log rank p=0.599). The need of non-invasive ventilation (AHR: 2.99, 95%CI; [1.24, 7.28]; p=0.015) and body mass index (BMI) of less than 18.5(AHR: 2.6, 95%CI; [1.03, 6.45];p=0.04) were independent predictors of mortality.

Conclusions: Similar to studies conducted in low-income countries, AIDS-related illnesses remain the leading cause of death. The need for non-invasive ventilation and low body mass index (BMI) were found to be independent predictors of mortality.

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