ABSTRACT

There is increasing emphasis in treatment guidelines on the use of ART in critically ill HIV/AIDS patients admitted to an ICU. We developed a survey to better understand how infectious diseases (ID) experts approach use of ART in critically ill HIV/AIDS patients admitted to an ICU.

METHODS: Web-based surveys were distributed in October 2010 to the 1080 adult ID practitioners who are members of the Emerging Infections Network (EIN) who see adult ID patients. The network is funded by the Centers for Disease Control and Prevention and sponsored by the Infectious Diseases Society of America. It is a sentinel network of ID consultants who regularly participate in clinical activity and whose participation is voluntary. Data on geographic location and practice type are maintained for all members. Staff at the coordinating center of the Emerging Infections Network (in Iowa City, Iowa) sent the initial survey invitation by e-mail or facsimile, followed by 2 reminders to non-respondents at one and two weeks following the initial mailing.

RESULTS

Survey Question:
In which of these HIV patient populations would you consider ART while a patient is in the ICU?

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Quantitative Data

Deviations of HIV Medicine score

Primary Objective: To evaluate how ID experts across a range of practice settings approach use of ART in critically ill HIV/AIDS patients admitted to an ICU.

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Demographic Characteristic

N=501

Years of experience since ID fellowship

N=501

1-5 years (includes fellows) 133 (27)
6-10 years 183 (36)
11-15 years 70 (14)
>15 years 17 (4)

Type of practice

Academic 203 (41)
Non-academic 298 (59)

Average number of HIV cases seen per month in institution’s ICU(s)

N=371

<5 144 (39)
5-10 102 (27)
11-20 86 (23)
>20 29 (8)

None 32 (9)
Low CD4 count 216 (58)
5-10 58 (16)
11-20 19 (5)
>20 12 (3)

Opportunistic infections

Pneumocystis jiroveci pneumonia (PJP) 119 (24)
HIV-associated ITP 87 (17)
HIV-associated ITP 61 (12)

CONCLUSIONS

• Our survey revealed a wide variability in self-reported practice patterns for the critically ill patient with HIV.
• When asked in which patients ART should be considered while in the ICU, responses varied from none to all HIV patients.
• HIV medicine score and type of practice did not significantly impact the ID physician’s approach to this patient population.
• The majority of practitioners would initiate ART in a patient presenting with Pneumocystis jiroveci pneumonia (PJP).
• The most commonly reported barriers to initiation of ART included IRIS, drug interactions, and outpatient follow-up; other frequently mentioned barriers included variable drug absorption, lack of baseline genotypes, and organ failure.
• The issues surrounding the initiation or continuation of ART in the critically ill remain controversial.
• The lack of consensus suggests the need for well-designed studies to provide better guidance on ART use in critically ill patients.

CONTACT

The investigators do not have any conflicts of interest to disclose

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Survey link: http://www.int-med.uiowa.edu/research/ein/HIV_ICU_MART_finalsurvey.pdf