

1608. Low rates of advance directive completion among HIV-infected patients: a retrospective analysis

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Background. While HIV has become a largely chronic disease, people living with HIV (PLWH) are at increased risk for comorbid disease and premature death. As a result, this aging population is appropriate to target for advance care planning (ACP) discussions and completion of advance directives (AD). We sought to examine current ACP completion rates and factors influencing completion among PLWH.

Methods. We conducted a retrospective chart review of PLWH who receive their routine care in an HIV clinic at the University of Wisconsin Hospital and Clinics. Patients were included if they were over 18, not imprisoned or institutionalized, and were active patients within 12 months prior to November 2013. Data were extracted from the electronic health record. Demographic and clinical characteristics were reported as

n (%) by AD status while univariate associations were assessed by calculating odds ratios (OR). All variables were entered into a stepwise multivariate logistic regression model to assess which factors were independently associated with AD after adjusting for important predictors. OR and 95% confidence intervals were calculated on the final model.

Results. We reviewed 588 electronic health records of PLWH. 81% of patients were male and 72% were white; mean age was 46.8 years. ADs were completed by 134 patients (23%). Of completed ADs, only 6.7% were completed at the HIV clinic, while the majority were completed in the inpatient or pre-surgical setting (44%), another outpatient or community clinic (34%), or with an attorney/notary (13%). In the final multivariate model, those who had completed an AD were more likely to be older than age 45 (OR 3.4; CI 2.0-5.8; $p < 0.001$); ever been diagnosed with AIDS (OR 1.7; CI 1.1-2.7; $p = 0.02$); have cardiovascular disease (OR 2.4; CI 1.2-4.7; $p = 0.01$), neurologic disorder excluding cerebrovascular disease (OR 5.3; CI 2.2-12.7; $p < 0.001$), chronic kidney disease (OR 3.4; CI 1.3-8.5; $p = 0.01$), or malignancy (OR 3.0; CI 1.5-6.2; $p = 0.002$).

Conclusion. In this study, a small percentage of patients in HIV care had documented AD, with only a small proportion completed in the HIV clinic. As the primary providers for many of the patients, the HIV clinic should ensure that patients are engaged in ACP. Interventions are needed to identify patients without AD and provide the necessary ACP resources in order improve AD completion rates.

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