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Research paper

Nursing home admission of aging HIV patients: Challenges and obstacles for medical and nursing staffs



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ABSTRACT

Objectives: HIV infection became a chronic illness. People can live with it for many years, with multiple comorbid conditions, frailty syndrome, and polypharmacy. Infected persons may require admission to a nursing home (NH) younger than geriatric patients because of their underlying medical and social status.

Method: We decided to conduct a survey in 53 randomly selected NHs in three French departments. The main issue was to understand the challenges and obstacles regarding admission to a NH.

Results: Overall, 49 physician questionnaires and 201 staff questionnaires were collected from 53 NHs. Only four physicians (8.2%) had already admitted HIV residents to their NH. More than three-quarters of staff agreed to admit HIV patients without restriction (67.2%) or with restrictions (13.4%). The lack of formal teaching/training and the staff/resident concerns about contamination were the two main reasons to refuse infected patients entry. Almost one out of three physicians (28.6%) and two-thirds (64.2%) of staff members indicated that HIV education was necessary.

Conclusion: Our study shows that nearly one-third of the NHs staff has reservations about the admission of HIV-positive patients. Nowadays healthcare workers in geriatric care are unaware of the latest developments regarding HIV, not only the medical but also the social aspects, and the consequences for the HIV-infected patient. We therefore must turn our efforts to staff training, particularly on the mode of transmission of the virus and the positive impact of treatment in decreasing the risk of HIV transmission to improve NH access to HIV-positive patients.

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1. Introduction

The HIV-infected population is aging. This phenomenon can be explained by the use of highly active antiretroviral therapy (HAART) and other treatment options that have improved the likelihood of survival and by the growing number of persons who recently acquire HIV infection at an older age [1]. Between 2003 and 2011, the median age of HIV-infected persons in France rose from 41 to 48 years. The proportion of patients over 50 years among the total HIV-infected population increased drastically from 19.8% to 41.2% [2]. During the same period, the proportion of

newly HIV-infected persons older than 50 years rose from 12% to 17% [3].

Within the HIV-infected population, older adults are defined as those aged 50 years or older at diagnosis. Age influences the course of HIV infection. In fact, HIV infection induces a faster and larger aging process due to virus-induced chronic inflammation, adverse effects of HAART, and immunosenescence [4]. Furthermore, HIV-infected persons display a higher rate of comorbidity than non-infected persons of similar age [5,6]. The incidence of cardiovascular, liver, kidney, and bone diseases, cancer, metabolic and neurological complications is higher among HIV-infected persons [4,7–10]. Moreover HIV-infected persons have a higher risk of developing “frailty syndrome” [11,12]. It is thus evident that HIV infection has become a chronic illness that people can live with for many years, with multiple comorbid conditions, frailty syndrome, and polypharmacy [13–15].

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Irrespective of their medical condition, HIV people are often stigmatized because of their disease. More than 70% of HIV-infected persons over 50 live alone and only 15% have a life partner [16,17]. Although the average age of people entering a nursing home (NH) in France is presently 85 years, HIV-infected persons may well require admission to a NH at a lower age because of both their underlying medical and social status. Despite several recent workshops and literature review dedicated to the care of the older HIV-infected persons, little data is available about the challenges of NH HIV-infected residents. In a recent study of more than 5000 HIV-infected patients admitted to NHs in the US Buchanan et al. showed that such patients were predominantly male (69.4%), from minority groups (75.4% black and Hispanic), relatively young (44.4 years), and heavily dependent on Medicaid (70.5%) [18]. These residents were typically clinically complex and received a range of special treatments, procedures, and programs. The authors concluded that NH residents with HIV were a distinct subset of traditional NH residents. These results are concordant with the study of Halman et al. which showed that despite a mean age of 49 years, patients admitted in their rehabilitation units experienced considerable psychosocial challenges, multiple medical comorbidities and polypharmacy, and cognitive impairment thus rendering problematic their future in the community [19].

Healthcare workers in the field of HIV are, today, insufficiently aware of the specific aid and care services available to elderly people and have insufficient knowledge of general (medical) problems of the elderly [20]. Conversely, healthcare workers in geriatric care are not fully aware of the latest developments regarding HIV, not only the medical but also the social aspects and the consequences for the HIV-infected patient. Problems may arise when these patients eventually require the use of the aid and care services for the elderly.

To date, no study addressed the obstacles and attitudes regarding the admission of HIV-infected persons to NHs. Therefore, we decided to conduct a survey in a selection of NHs in three departments of the south of France. The main issue was to understand the challenges and obstacles regarding admission to NH, as identified by physicians and care workers.

2. Materials and methods

2.1. Selection of participants

The study was conducted in three departments located in south-eastern France. Through the use of phone books, 327 NHs

were identified. Out of those, 100 were selected by lot for inclusion in our study.

2.2. Questionnaire format

The questionnaire was developed by our research team of two geriatricians and one member of the “Visage research group” (Dr. Retornaz [21]) and was based on their experience and bibliography [16,17,22]. A 7-item questionnaire was designed for physicians and a 4-item questionnaire for the staff (Table 1).

2.3. Administration of questionnaire

An initial phone call was made to inform all chief physicians and nurses of the randomly selected NHs about the survey.

Questionnaires were then mailed out during April and May 2013. An envelope containing a cover letter and the questionnaire, identified with the NH physician's name, was sent to 100 physicians. The cover letter provided information on our research group and briefly described the study purpose and procedures. It also emphasized that the participation was voluntary, anonymous, and confidential. For health care workers, a cover letter and four samples of the questionnaire were sent to the chief nurse. One questionnaire was for the NH chief nurse and three for three other healthcare workers designated by the chief. All questionnaires were to be returned by mail.

2.4. Statistical analysis

The participants' characteristics were summarized using mean \pm standard deviation (SD) and interquartile ranges or frequencies, as deemed appropriate. All statistics were performed using the SPSS statistics software (version 19.0; SPSS, Inc., Chicago, IL).

3. Results

Out of the 100 NHs that received the questionnaires, 49 returned both questionnaires (physicians and staff) (Fig. 1). Four returned only the questionnaire addressed to staff. Only one questionnaire was not filled out properly: a physician's questionnaire was completed by a nurse and was therefore discarded. Overall, 49 physician questionnaires and 201 staff questionnaires were collected from 53 NHs. Characteristics of the NHs and respondents are described in Table 2. The mean age of the physicians and staff was 53.5 ± 10.3 and 42.0 ± 11.3 years, respectively. The mean

Table 1
Questionnaires and answers.

Questionnaire	n (%)	
	Physicians (n = 49)	Staff (n = 201)
1. Have you already admitted HIV patients to your NH?	Answer = yes 4 (8.2)	Answer = yes NA
2. Have you had a demand for admission of HIV patients?	6 (12.2)	NA
3. Have you refused admission to HIV patients?	1 (2.0)	NA
4. Do you agree with the admission of HIV patients to your NH?	NA	162 (80.6)
5. If you answered no or indicated obstacles in question 4, what were the reasons? (for staff)	NA	66 (32.8)
5.a. Age < 65 years	NA	12 (18.2)
5.b. Fear of contamination of other residents	NA	20 (30.3)
5.c. Fear of staff contamination	NA	32 (48.5)
5.c. High level of care	NA	18 (27.3)
5.d. Cost of treatment	NA	13 (20.2)
5.e. Lack of formal teaching or training	NA	(50.0)
6. Do you think that you need teaching on HIV?	14 (28.6)	129 (64.2)
7. During the last 5 years, did you receive any teaching or training on HIV?	19 (38.8)	52 (25.9)
8. Do you consider this survey useful?	31 (63.3)	NA

NH: nursing home; NA: not applicable; HIV = human immunodeficiency virus.

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