

Leaving against medical advice: A patient with AIDS complicated by disseminated Mycobacterium avium complex, cryptococcal meningitis, HIV-associated nephropathy, and more

Christie Maidoh, BS, Ellen Mire, MD, Rachel McMullen, DO, Catherine Loehr, MD, Shane Sanne, DO

Patients with HIV/AIDS are at a higher risk of leaving against medical advice. If they choose to do so, it is vital to have close outpatient follow-up scheduled and their prescriptions ready.

A 27-year-old female with history of HIV/AIDS (CD4 count of 11), HFREF (EF of 30-35%), cryptococcal meningitis, and C. difficile colitis was transferred for a higher level of care after being brought in for altered mental status. The patient was tachycardic, hypotensive, and hypoglycemic, with anasarca present on exam. She was found to have disseminated Mycobacterium avium complex (dMAC) and cryptococcal meningitis. She also had an AKI, suspected to be secondary to HIV-associated nephropathy. A kidney biopsy was recommended to confirm the diagnoses but was declined by the patient. She had anemia and profound thrombocytopenia that resolved after initiation of antiretroviral therapy (ART). She was found to have trichomoniasis and genital herpes and was started on treatment but declined testing for other sexually transmitted infections. For most of her hospital stay, psychiatry determined she lacked capacity to leave against medical advice (AMA). However, the last consultation for an assessment of capacity determined that she did have capacity to make decisions. Her overall nutrition status and ability to perform activities of daily living were suboptimal at that time. She had often refused labs, medications, and therapy sessions while inpatient. Before leaving AMA, she was able to receive most of her medications (including her dMAC and cryptococcal treatments). Unfortunately, the prior authorization for her ART was not finished processing, and she was unwilling to wait on its completion. She was scheduled for close follow-up with infectious disease; however, she missed her infectious disease appointment and the call to reschedule.

Over 1% of all hospital admissions end with patients leaving AMA. Persons with HIV/AIDS are at an increased risk of doing so and may be some of the most vulnerable patients to leave without safe discharge. Having medications ready in advance could be lifesaving. This case demonstrates an example situation in which this preparation should be considered.