Hospital Readmissions Among Adults Aged 50 and Older by HIV Status in Mexico City

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BACKGROUND

With effective antiretroviral therapy, the population of people living with HIV (PLWH) is aging.[1] As PLWH reach older ages, they increasingly experience multimorbidity, geriatric syndromes, and higher healthcare utilization.[2] However, data on hospital readmissions among aging PLWH in Latin America remain limited.[3]

We aimed to **describe 90-day hospital readmissions among adults aged ≥50 years by HIV status** in a tertiary hospital **in Mexico City**.

METHODS

We conducted a retrospective analysis of adults aged ≥50 years hospitalized at a tertiary care center in Mexico City between 2022 and 2024, using hospital records and the institutional discharge database. Eligible admissions included general wards, semi-critical units, and the intensive care unit.

The primary outcome was hospital readmission within 90 days of discharge. Secondary outcomes included **in-hospital mortality and length of hospital stay**. Differences in 90-day readmission by HIV status were evaluated using weighted Kaplan-Meier analysis. Weights were derived from a logistic regression model for HIV status adjusted for age, sex, year of hospitalization, and discharge unit.

Outcome	PLWH (n=92)	Without HIV (n=6,124)	p-value
≥1 readmission within 90 days, %	41 (44.6)	2633 (43.0)	0.85
Time to readmission, median days (95% CI)	158 (89–357)	102 (94–111)	0.2
Length of hospital stay, median days (IQR)	7 (3–13)	5 (3–10)	<0.001
In-hospital mortality, %	2 (2.2)	398 (6.5)	0.14

Table 1. Hospital readmissions and clinical outcomes among adults aged ≥50 years by HIV status

Hospital readmissions were highly frequent among adults aged ≥50 years, **regardless of HIV status**.

Within 90 days after discharge, **PLWH did not experience a higher** probability of **readmission compared with adults without HIV**.

RESULTS

Among **6,216 hospitalized adults aged ≥50 years**, **92 were PLWH**. Overall, 2,716 (**43.6%**) **experienced at least one hospital readmission within 90 days of discharge**. The proportion of 90-day readmission was similar between groups (PLWH: 44.6% vs without HIV: 43.0%, p=0.85). Median time to readmission was slightly longer among PLWH (158 days [95% CI 89–357]) compared with adults without HIV (102 days [95% CI 94–111]). **PLWH were younger** (median age 57 vs 66 years), more frequently male (88% vs 44%), and **had longer hospital stays** (median 7 vs 5 days, all p<0.001).

Weighted Kaplan-Meier analysis showed no significant differences in 90-day readmission probability by HIV status (log-rank p=0.82; Figure 1).

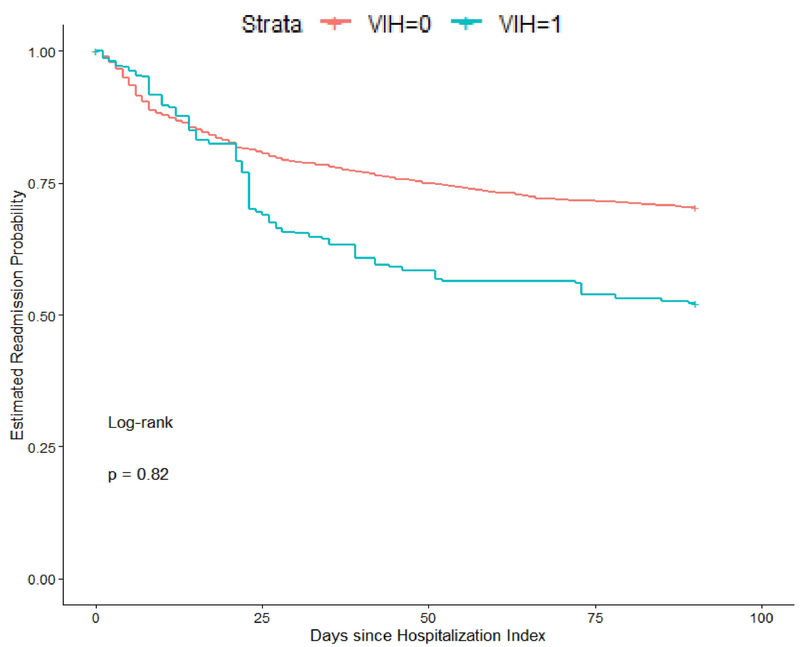
In-hospital mortality was lower among PLWH (2.2% vs 6.5%), without reaching statistical significance (p=0.14).

PLAIN LANGUAGE SUMMARY

We studied hospital readmissions among adults aged 50 and older living with and without HIV in Mexico City. We found that people living with HIV had higher rates of readmission, highlighting the need for age-specific follow-up and support after hospital discharge.

Figure 1.

Weighted Kaplan–Meier curves for 90-day hospital readmission among adults aged ≥50 years with HIV (blue) and without HIV (red).



Weights were derived from a logistic model for HIV status adjusted by sex, age, year of hospitalization, and discharge unit.
The data is censored for 90 days. The p-values correspond to the information shown in the two curves.

CONCLUSIONS

In our institution, **hospital readmissions within 90 days were frequent among adults aged ≥50 years, regardless of HIV status**. No statistically significant differences in 90-day readmission probability were observed between PLWH and adults without HIV. These findings suggest that, in this setting, **HIV status alone does not confer an increased risk of short-term hospital readmission among older adults**.

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