

We'll meet again ... but where, when and how?

Re engagement with HIV care and retention in care

2014 to 2018

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BACKGROUND

Disengagement with HIV care results in increased patient morbidity, higher healthcare costs and risk of onward HIV transmission.

UK CHIC data suggested that over 20% of patients were lost to care over a 10 year period.¹

METHODS

Patients attending their consultant who disengaged from HIV care for over 9 months were identified from electronic clinic records during a 5-year period from 2014 to 2018. Patient records were scrutinised to ascertain whether these patients had re-engaged with the clinic, transferred care, died or moved abroad. All known GPs were contacted for further information. Analysis was carried out on all patients who remain lost to care (LTC) and all patients who were previously LTC from any HIV service who have now returned to care (RTC).

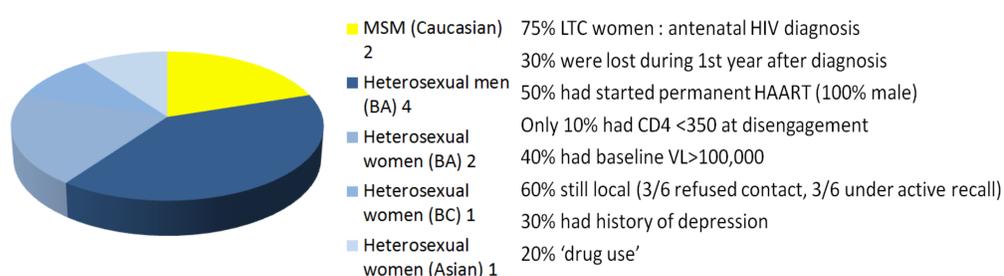
RESULTS

2871 clinic attendances 2014-2018 (574/year) involving 396 patients

- 32 (8%) Transferred care
- 15 (4%) Moved abroad
- 8 (2%) Died
- 10 (2.5%) Remain lost to care (LTC)

LOST TO CARE (n=10) 2014-2018 (0.5%/Year)

10 patients Lost to care 2014-2018



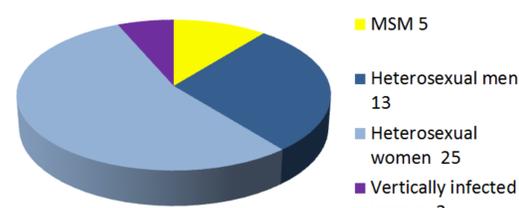
75% LTC women : antenatal HIV diagnosis
 30% were lost during 1st year after diagnosis
 50% had started permanent HAART (100% male)
 Only 10% had CD4 <350 at disengagement
 40% had baseline VL>100,000
 60% still local (3/6 refused contact, 3/6 under active recall)
 30% had history of depression
 20% 'drug use'

RETURNED TO CARE (RTC)

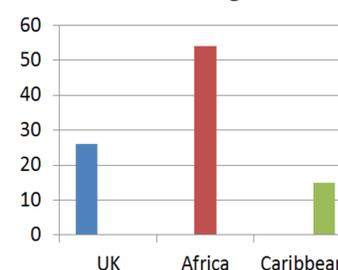
44/331 (13%) of the active cohort are patients previously LTC who returned to care (RTC) at this clinic.

2 patients are known to have returned to care elsewhere.

46 patients Returned to care



Patients returned to care : Area of Origin



- 22/46 (48%) RTC patients were diagnosed late
- 4/46 (9%) patients had disengaged within a year of HIV diagnosis

RISK OF AIDS DEFINING ILLNESSES (ADIs)

18/46 (39%) RTC patients required hospitalisation
 16/46 (35%) had ADIs

At re-engagement
 CD4 <50 11/44 (25%)
 CD4 <100 14/44 (32%)
 CD4 <200 24/44 (54%)

23/46 (50%) RTC patients were not known to the admitting hospital

FACTORS ASSOCIATED WITH DISENGAGEMENT

- 21/46 (46%) Previous depression
- 10/46 (22%) HIV denial
- 8/46 (17%) Drugs/alcohol addiction
- 9/46 (20%) Unresolved partner notification or children testing
- 2/46 Prison incarceration.

RESPONSE TO HAART

8/44 (18%) have drug resistant virus (3 dual, 1 triple class)
 7/44 (16%) have still not started HAART

26/37 VL<50 (70%) 11/37 (30%) inconsistent adherence

HAART use : PI (57%) NNRTI (27%) INI (16%)

CONCLUSIONS

Retention in care is high with only 0.5% LTC per year over a 5 year period. 80% of all patients who disengaged from care were heterosexual in keeping with previous findings from UK CHIC data. There were high rates of depression, 'HIV denial', drug and alcohol issues. At least 20% had unresolved partner notification or untested children. Patients who disengaged with HIV care had high rates of hospitalisation and AIDS defining illnesses. Furthermore 50% of these patients were not known to the service where they re-presented, adding to their complexity. Patients who return to care will often need additional MDT support to remain consistently engaged and virologically suppressed on treatment.

References 1. A continuum of HIV care describing mortality and loss to follow-up: a longitudinal cohort study. Jose , Delpech , Howarth , Burns , Hill , Porter , Sabin; UK CHIC Study Steering Committee. Lancet HIV. 2018 Jun;5(6):e301-e308

