

HIV positive adolescents: bridging the gap between paediatric and adult HIV services

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Background:

- The introduction of HAART in the mid-1990s has led to a significant reduction in HIV-associated mortality with increasing numbers of children with vertically infected HIV infection surviving into adolescence¹.

- Young people account for 11% of new HIV diagnoses in the UK each year and to the end of 2009 there were 13,000 16-25 year olds living with HIV in the UK²

- St George's Hospital (SGH), South West London is a tertiary referral service for paediatric and adolescent HIV, seeing 73 HIV positive children upto 18 yrs. In addition, 33 patients >18yrs have already transitioned from paediatric to adolescent and adult HIV services.

Aims:

To characterise a cohort of HIV positive adolescents attending an outpatient transition service, for 18- 24 year olds SGH, South West London.

Methods:

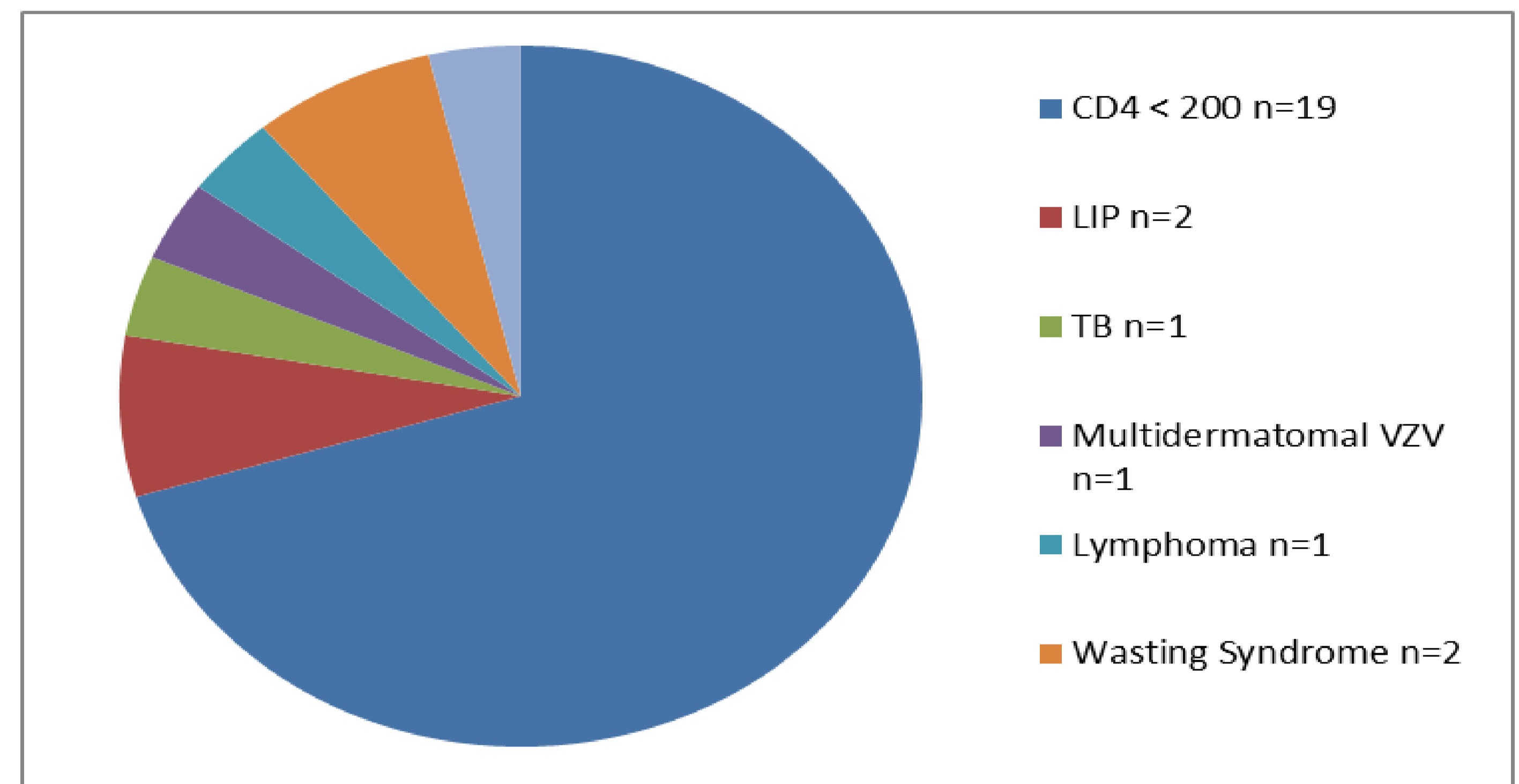
Study Design:	Retrospective case-note review of all adolescents, currently or previously attending the transition service.
N =	37
Data collection:	Data was collected using a standardised database recording: demographics, HIV stage, Anti-retroviral therapy (ART), psychosocial issues and sexual and reproductive health data.
Timing:	Data was collected between 01/09/2011 – 01/01/2012
Analysis:	Data were analysed using Excel 2010

Results:

Total Cohort Characteristics: All patients currently attending the outpatient transition service. N = 37	
Age years:	Median age 20 (range 18-22)
Gender:	51% male
Ethnicity:	87% Black African
Mode of HIV transmission:	97% vertical transmission
Previous attenders:	6 – transferred to on-site adult HIV care 3 – transferred care elsewhere 1 – lost to follow up since 2007 2 – deceased

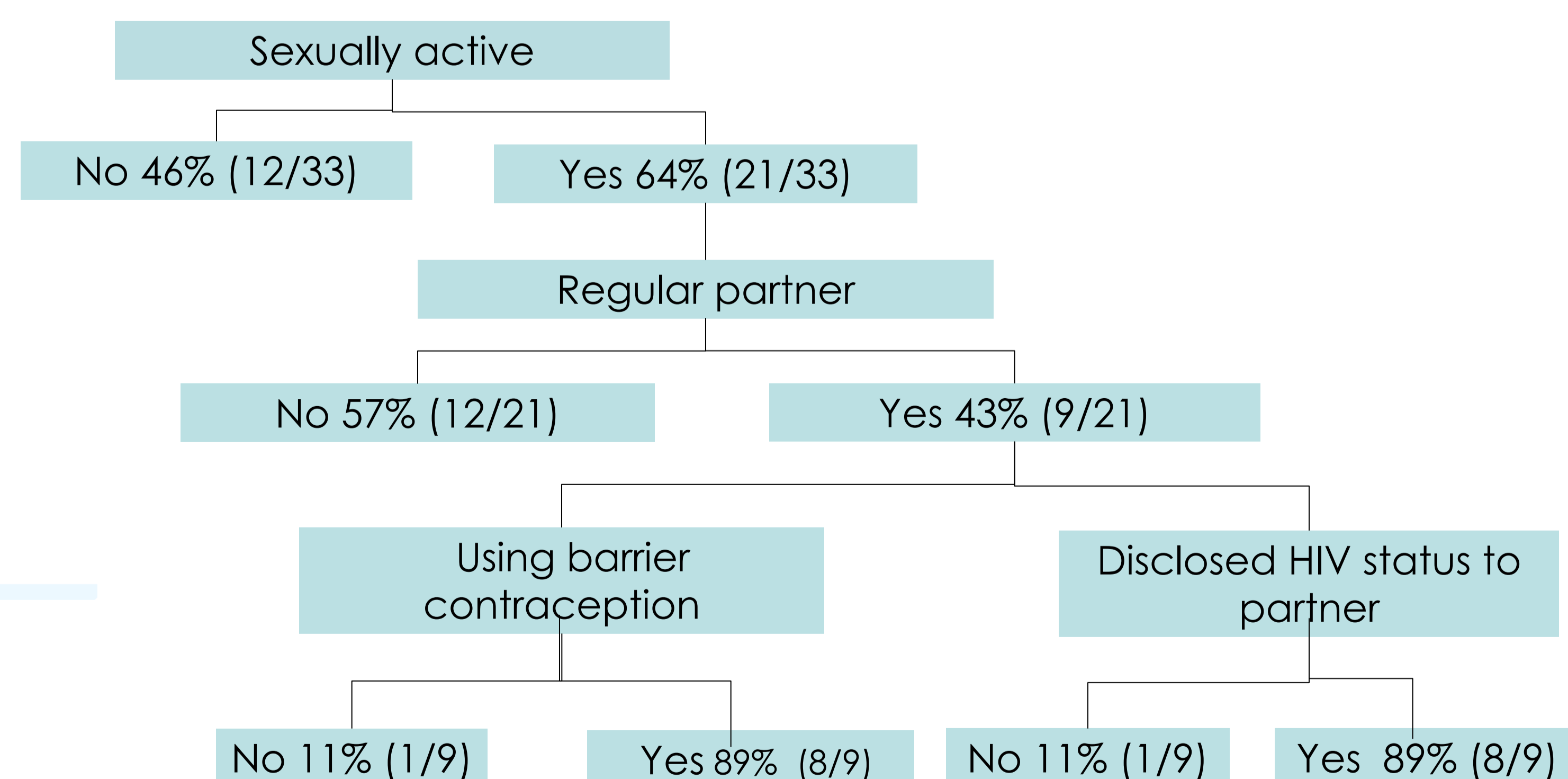
Characteristics of vertically infected adolescents transitioning from paediatric services n = 33	
Modal age of diagnosis (range)	18 yrs (1-16yrs)
Symptomatic at diagnosis CDC B or C	79%
% with AIDS defining illness (see figure 1)	82%
Most recent median CD4 count	567 (20% <200cells/μl)
% with learning difficulties	27% (9/33)
% undertaking university degrees	45% (13/33)
Attendance	36% (12/33) had missed ≥3 app. In the preceding 1 year. None had been lost to f/u for > 1 year

Figure 1 - AIDS defining illnesses:



Anti-retroviral therapy (ART):	
% of cohort on ART	85% (28/33)
% with VL <50 copies/ml	64% (18/28) Of those with a VL >50 copies/ml (36% 10/28) only 20% (2/10) had a VL <50 copies/ml at an attendance in the preceding year.
Median duration of ART therapy (range)	11.5 years (2-20)
% Taking 1st line therapy % Taking 2nd line therapy % taking 3 rd line therapy % taking 4 th line therapy % taking 5 th line therapy % taking 6 th line therapy	7% (2/28) 18% (5/28) 29% (8/28) 25% (7/28) 14% (4/28) 7% (2/28) Commonest reasons for change: Side effects (n=12), simplification of regimen (n=14), resistance (n=7).

Sexual Health:



- 38% (6/16) have been pregnant one or more times.
- 6% (1/16) are currently pregnant • 13% (2/16) had had live births.
- 25% (4/16) had previously had a termination of pregnancy
- 13% (2/16) had previously had a miscarriage

Discussion/conclusions:

- Key findings: (1) Advanced stage of HIV at diagnosis (2) Long duration of ART and most on ≥ 2nd line therapy (3) High prevalence of ART related side effects (4) High level of disclosure and barrier contraception use in those with regular partners (5) Significant numbers with learning difficulties. Despite this – high level of educational attainment.
- As a dedicated adolescent transition service – high retention rate and low levels of loss to follow-up.

References: