LOSS TO FOLLOW-UP FACTORS OF PEOPLE LIVING WITH HIV

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BACKGROUND AND IMPORTANCE

Loss of adherence to antiretroviral treatment (ART) is one of the leading causes of virological failure in people living with HIV (PLWHIV). Lack of adherence is associated with a loss of follow-up by the health system, particularly in the Pharmacy Department.

AIM AND OBJECTIVES

To identify factors in PLWHIV which cause their follow-up to fail by the Pharmacy Department.

MATERIALS AND METHODS

The study was developed in a tertiary hospital which attends over 3,000 PLWHIV. Patients who had run out of medication for more than one month, according to pharmacy registrations between September 2020 and September 2021, were identified and named after cases if the reason to not come to the Pharmacy were not justified (death, hospital transfer, inclusion in a clinical trial, etc.). We conducted a case-control study (1:4), and cases were matched according to age (±5 years) and date of the last dispensation.

Statistical analysis was performed using the STATA 17.0 program (StataCorp LLC). All models were performed univariately, and a p<0.05 was considered significant.

Data were obtained from the clinical database.

Variables studied were:



- Gender
- Age
- Region of birth



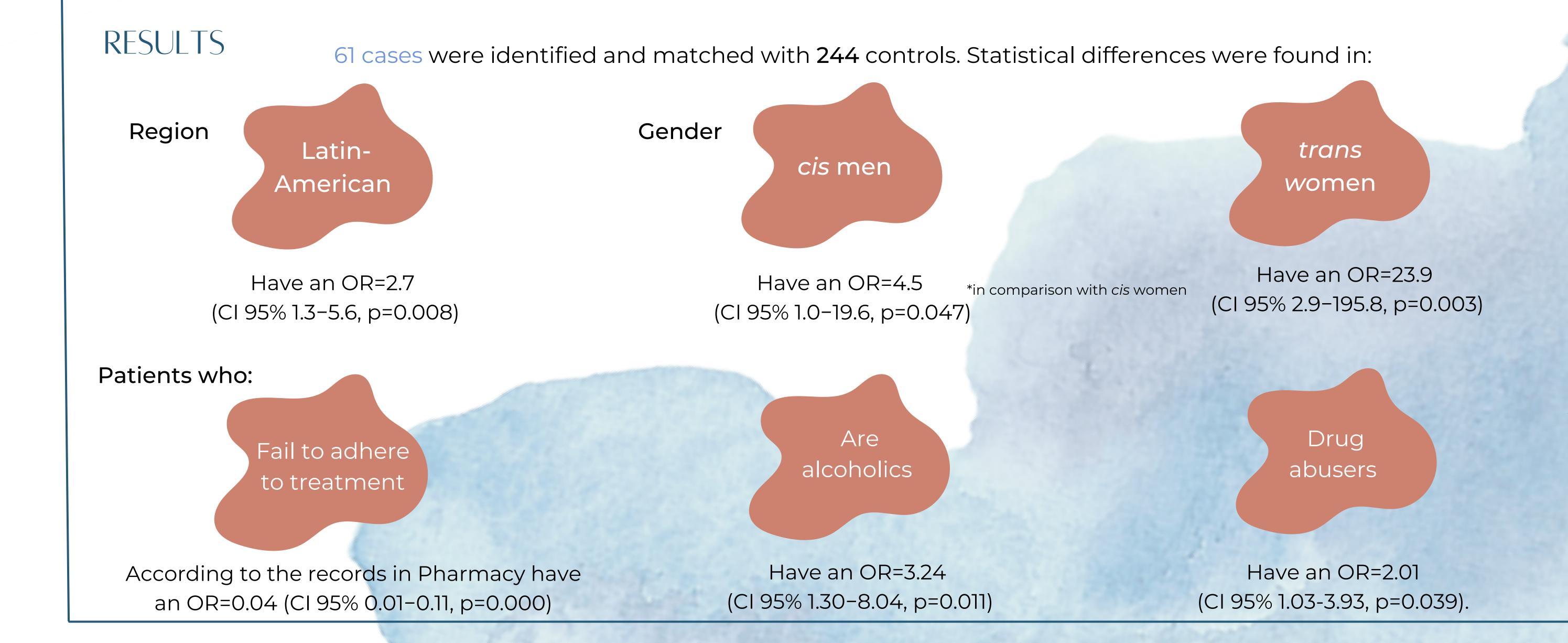
- Studies
- Stable housing
- Stage



- CD4 nadir
- Years after diagnostic
- Type of ART
- Years on ART
- Adverse effects to ART
- Adverse effects to ART
 Number of lines of treatment



- Route of HIV transmission
- Pharmacy registrations of adherence
- Alcohol use
- Drug use
- Psychiatric problems.



CONCLUSION AND RELEVANCE

• Clinicians should pay special attention to *cis* or *trans* women, Latin Americans, historic bad adherence registrations by pharmacists and alcoholic or drug abusers who are more prone to losing follow-up in their treatments. This enhances the importance of multidisciplinary team approach to these patients. Clinical, pharmacist and nurse interventions and information registration are crucial to identify these patients.







