Retrospective evaluation of late presentation and retention in care in a monocentric cohort of HIV-patients in 2006–2011

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Almost 1/3 of HIV-infected individuals enter health care late in the course of infection, worsening their prognosis and costs of care. According to the recent European consensus definitions, late presenters are persons presenting with CD4 counts \( \leq 350/\mu L \), and presenters with advanced HIV disease have CD4 \( \leq 200/\mu L \) or an AIDS-event. These latter, in particular, are at high risk of further opportunistic infections or death despite of HAART. We included all patients newly diagnosed with HIV infection at the Infectious Diseases Unit of Pescara from 2006 to present, registered for at least one day of observation. The duration of follow up was plotted for all enrolled patients up to 31/12/2011. Demographic, clinical, virological and immunological data, lines of therapy and outcome of HAART were collected for each patient. We included 140 consecutive patients, 18.6% in 2006, 17.9% in 2011; 76.4% were male, while the average age was 39.3 ± 10.2y. AIDS diagnosis at presentation was for 39.7% (50% in 2006, 41.7% in 2011); 52.7% had advanced HIV disease (CD4 \( \leq 200/\mu L \), 53.8% in 2006, 70.8% in 2011), 67.2 % were late presenters (CD4 \( \leq 350/\mu L \), 73.1% in 2006, 79.2% in 2011). The average CD4 counts at enrollment were 313.8 ± 294.1 in 2006, 361.3 ± 263.1 in 2007, 281.8 ± 295.5 in 2008, 238.4 ± 201.6 in 2009, 394.1 ± 183.9 in 2010, 225.7 ± 245.2 in 2011. Eight per cent of patients were HCV coinfected. Heterosexual exposure occurred in 54% of patients, homosexual in 36%, drug addiction in 7.5%. Among enrollees, 71.4% were Italian, 18.6% from sub-Saharan Africa, 5.7% from South America and 4.2% from Eastern Europe. With a median follow up of 2.5 years, 105 patients (75%) were still being treated as of November 30th, 2011; among these 104 (99.1%) were in virological suppression. Among the 35 patients no longer followed, 15 (11.4%) died during the first 6 months of treatment, 20 (14.3%) were lost in the first 6 months of follow-up. All 15 deaths occurred in patients enrolled with CD4 \( \leq 200/\mu L \). After initiation of HAART only 1 patient (0.7%) switched for virological failure, 19 (13.6%) for toxicity or simplification. The proportion of late presenters at our center is high (67.2%) in the absence of appropriate local screening measures. Early mortality after diagnosis is similarly high, concentrated in patients with late presentation. Retention in care after 6 months and virological success of treated patients appear very promising, much more than recently reported in North America.

Reference

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