

Final Abstract Number: 42.007
 Session: HIV/AIDS and Other Retroviruses
 Date: Thursday, April 3, 2014
 Time: 12:45-14:15
 Room: Ballroom

Impact of antiretroviral therapy on non infections co-morbidities among adult HIV-infected patients

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Background: Antiretroviral therapy for HIV disease has significantly improved the morbidity and mortality in the past 20 years. While breakthroughs in this therapy have increased years of life living with HIV, the quality of life in later years may still be greatly impacted by the accelerated onset of non-infectious co-morbidities.

Methods & Materials: We conducted a retrospective cohort study to understand the impact of HIV infection and antiretroviral therapies on adult HIV-infected patients in terms of non-infectious co-morbidities. For this study we examine diabetes, hypertension, cardiovascular diseases, kidney disease and liver disease prevalence that are associated with use of antiretroviral therapy more than 2 years. We also evaluated risk factors including body mass index, race, sex, age, and smoking with these non-infectious co-morbidities.

Results: We analyzed the prevalence of non-infectious co-morbidities among adult HIV infected population of the HIV Clinic using frequency analysis. Prevalence of diabetes was 26.5%, hypertension was 40.8%, CVD, and was 34.7% in this population. The prevalence of kidney disease was 20.8%; on the other hand the prevalence of liver disease was 30.6%. Associations were calculated using logistic regression and Chi-square tests. There was a significant association of smoking with CVD, hypertension and kidney disease.

Conclusion: The prevalence of non-infectious co-morbidities is high. This has significant implications for the affected population and the treating clinicians.

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HIV voluntary counseling and testing services among adolescent high school students

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Background: Voluntary HIV counseling and testing (VHCT) is one of the key strategies in the prevention of HIV in Ethiopia. However, utilization of the VHCT services among adolescents has been

services among adolescents attending high school in Addis Ababa, the capital city of Ethiopia.

Methods & Materials: A cross-sectional school-based design using quantitative methods was employed to attain the objectives of the study. Data collection was done using self-administered structured questionnaires among 378 adolescent high school students. Data was analyzed using the Statistical Package for Social Sciences (SPSS).

Results: The findings revealed that 75.7% of students are aware of the voluntary HIV counseling and testing services; 62.2% use the services and suggested that VHCT services should be located in schools and youth clubs for better access by adolescents. Thirty-two percent of respondents rated themselves at risk of HIV infection and 35.2% were not willing to disclose their HIV positive status to anybody.

Conclusion: The findings of the study clearly indicate a need for a more accessible voluntary HIV counseling and testing services for adolescents.

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HIV status disclosure in an anti retroviral therapy clinic in the Niger Delta region of Nigeria

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Background: In order to further elucidate the extent of self-disclosure of HIV sero-status in Nigeria, we evaluated the prevalence, pattern and determinants of disclosure of HIV status amongst adult patients in a hospital in the Niger Delta.

Methods & Materials: In a three month cross sectional study undertaken in March 2012, the demographic and clinical data as well as HIV sero-status disclosure frequency and pattern were obtained using a pre-tested questionnaire from consenting HIV infected adults attending an Anti-Retroviral Therapy Clinic in the Niger Delta. Independent determinants of HIV disclosure to current sexual partner were determined using an unconditional logistic model. $P < 0.05$ was considered statistically significant.

Results: A total of 260 patients were studied out of which 184 (71%) were females. Disclosure to current sexual partner was found to be 62.0% and students had the least disclosure rate. Majority of study participants preferred to disclose to family members (57%) than past sexual partner (2.5%) or friend (4.9%). Although HIV disclosure was significantly associated with male sex, living with sexual partner, partner being HIV positive; the only independent determinants of HIV disclosure were partner being on ART (OR-12.7, 95% CI 1.2-132.7) and being currently married (OR-8.8, 95% CI 2.1-36.8).



Conclusion: The results of our study suggest low rate of HIV status disclosure among HIV infected patients in the Niger Delta. We found that receiving ART and being currently married promoted disclosure. There is need for clinicians and policy makers to foster disclosure of HIV sero-status in Nigeria especially among HIV infected students and unmarried sexual partners.

Keywords: HIV Sero-status disclosure; receiving ART; being currently married

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Pre ART attrition and its associated factors in care and treatment centres in Tanzania 2010-2011



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Background: Despite significant success in scaling up care and treatment programmes in Tanzania, a majority of people living with HIV (PLHIV) do not access them. Successfully enrolled PLHIV in care and treatment clinics (CTC) are lost at every step along the continuum of care. This study aims at determining factors associated with attrition among Pre ART adults in CTC.

Methods & Materials: We conducted a clinic based retrospective cohort study that involves review of data from Pre ART adult clients (= 15years) register and client treatment card number 2 (CTC2 Card) at three CTCs in Morogoro from July, 2010 to July 2011.Pre ART clients who were not in care at their original sites at 1 year of follow up were traced through home based care volunteers and phone calls. Correlates of loss to care were evaluated using logistic regression. Analyses were done using Epi Info.

Results: A total of 351 CTC clients were enrolled between July 2010 and July 2011. A majority 267 (76%) of them were not initiated ART of whom 77 (28.9%) were eligible and 190 (71.1%) were not eligible. Most clients enrolled 161 (45.9%) were eligible and majority 84(52.1%) were initiated ART. Mortality among those not initiated ART was 47 (17.6%) of whom 30 (63.8%) were eligible. Majority 234 (66.7%) of clients were loss to follow up. Independent predictors of Pre ART attrition were referral to CTC by health care provider [Adjusted odds ratio (AOR) = 2.20, 95% Confidence Interval (CI): 1.22 - 3.99] and self stigma [AOR = 3.9, 95% CI: 2.01- 7.75].

Conclusion: Attrition due to mortality and opt out of care is high among CTC enrolled clients. Majority of deaths were among ART eligible clients who were not initiated treatment.Self stigma and patients referred to CTC by health care providers were attrition risk factors. Strengthening of CTC to improve linkage between CTC and other clinics as well as prioritizing ART initiation among clients who are ART eligible is recommended. There is a need of PLHIV to be encouraged during counselling session to disclose their HIV status as this will reduce self stigma.

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Association between stroke and HIV infection: A population-based study in Taiwan



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Background: HIV infection may cause stroke through several mechanisms. As antiretroviral therapy and case management had been implemented for years, the aim of this population-based study is to investigate the incidence and demographic characteristics of stroke in HIV-infected patients in Taiwan.

Methods & Materials: Our database is a subset of the Taiwan National Health Insurance Research Database (NHIRD), for which one million people were randomly selected from the whole of nearly 23 million National Health Insurance Program participants since 2004. HIV-infected population was selected and matched by age and gender, comparing with non HIV-infected population with the ratio of 1:2. Conditional logistic regression was applied to estimate the association between stroke and HIV.

Results: A total of 622 HIV-infected patients is compared with 1244 matched patients of non HIV-infected group. The mean ages of HIV and non-HIV group are 34.45 years and 34.52 years, respectively. The prevalence of hypertension, diabetes mellitus and dyslipidemia between both groups are similar. There is a significantly higher incidence rate of stroke in the HIV group (0.96% vs 0.24%, $p = 0.0678$). After adjusted by other possible risk factors of CHD, the odds ratio of stroke in the HIV group is 2.75 (95% CI 1.17-6.44, $p = 0.0199$) compared with people without HIV infection.

Conclusion: Our study concluded that there is an increased risk for stroke in HIV-infected patients in Taiwan despite having similar traditional risk factors. In this group of patients, stroke also occurred in relatively young age. The management of stroke will be great challenges in the future care of these young HIV patients.

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