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BACKGROUND

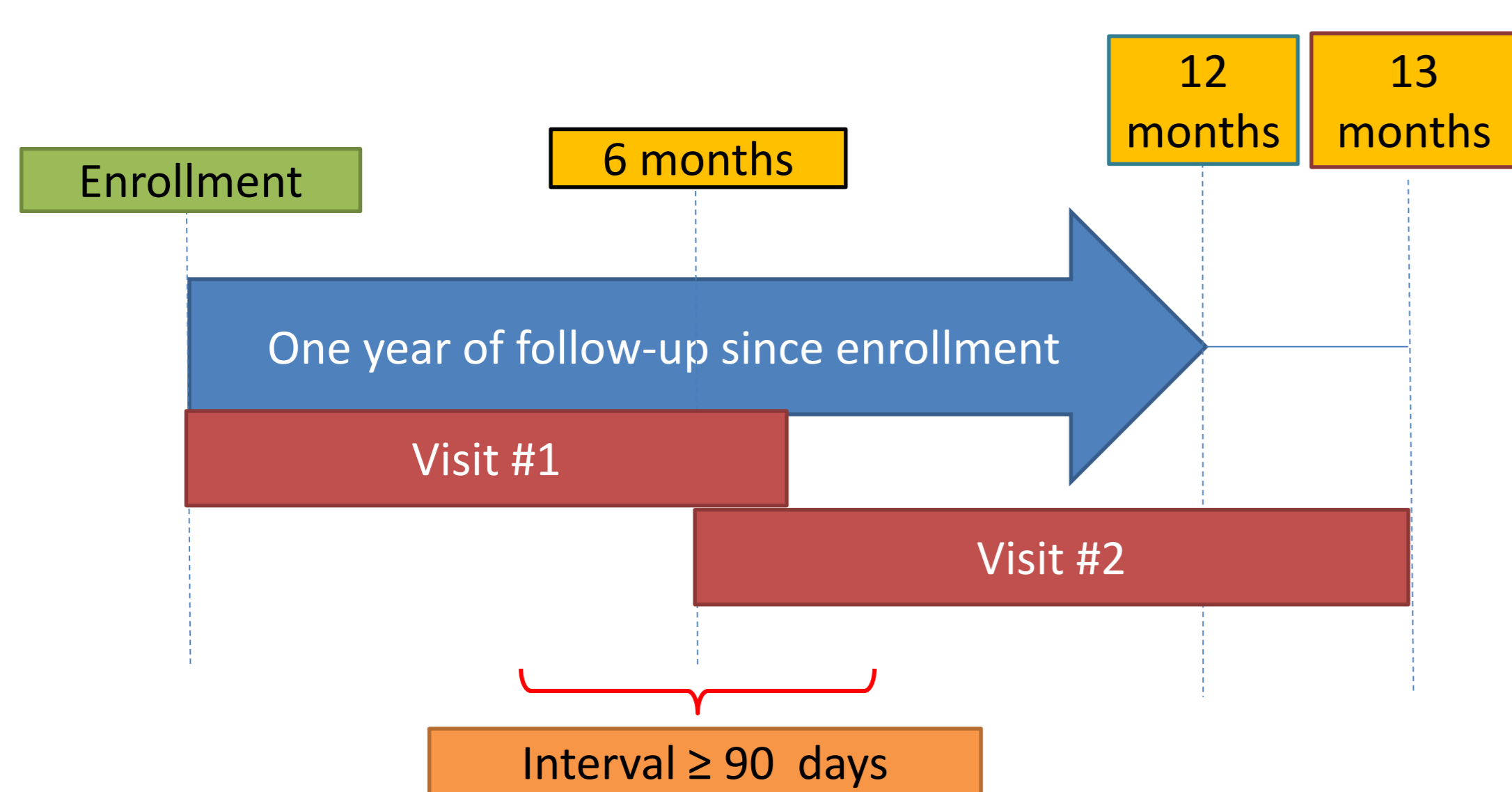
The continuum of care has become an important tool for evaluating HIV care locally and regionally. We aimed to evaluate retention and viral suppression one year after enrollment in a tertiary center in Mexico City, and assess factors associated with increased retention.

METHODS

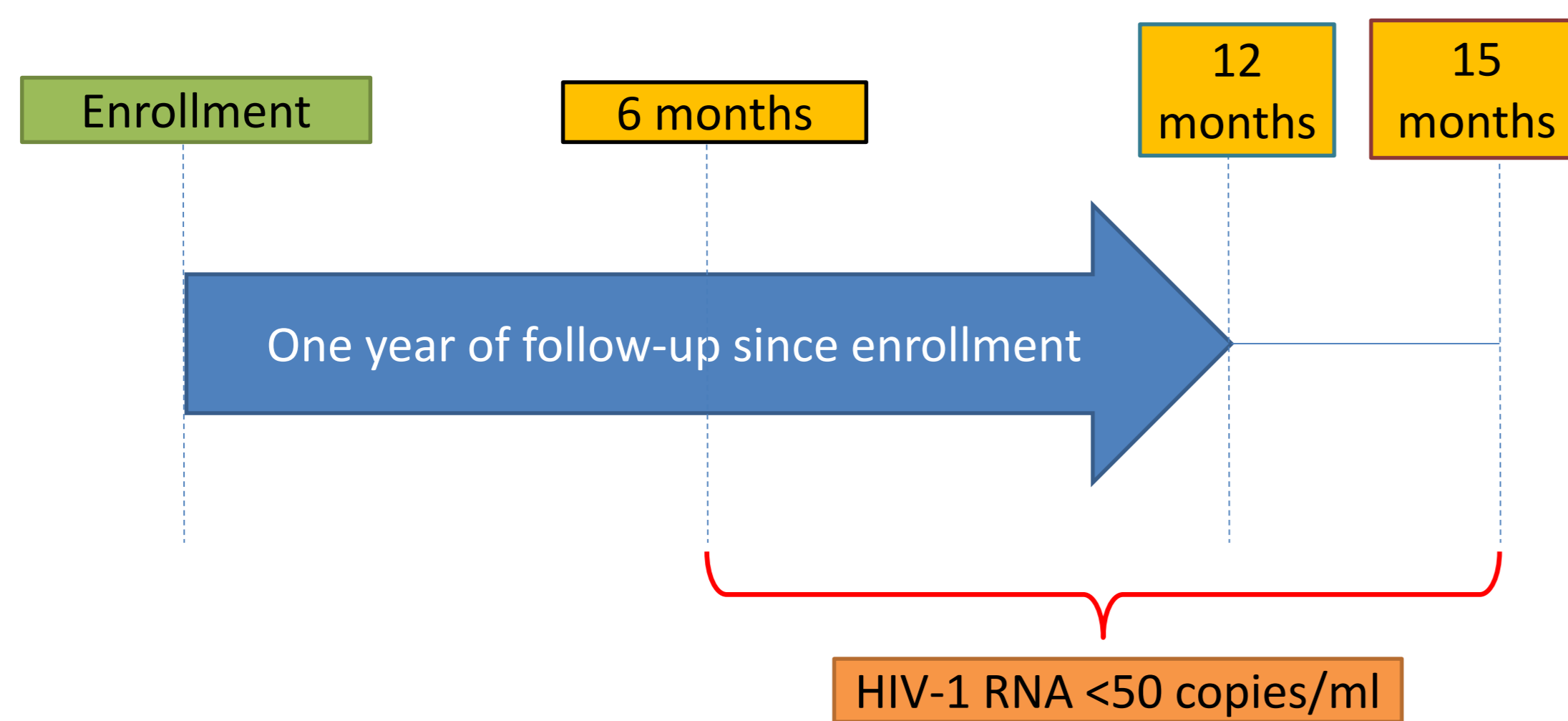
Retrospective, cross-sectional analysis of a cohort of adults receiving care for HIV, enrolled in a Mexican HIV Clinic (INCMNSZ, Mexico City) between 2002- 2015. Main outcomes were retention in care (RiC) and Viral suppression (VS) during the first year of care. We used multivariable logistic regression models, stratified by gender, to study associations of outcomes and age, previous ART, route of HIV transmission, AIDS at enrollment, year of enrolment, socioeconomic status and education.

Enrollment algorithm and definitions

- RETENTION IN CARE:** At least 2 HIV visits per year, at least 90 days apart.



- VIRAL SUPPRESSION:** HIV-1RNA <50 copies/ml (the closest viral load measured between 6-15 months after enrollment).



RESULTS: Baseline characteristics

Table 1. Demographic and clinic characteristics of patients at enrollment in HIV care.

Variable	Total (n=1729)	Women (n=894)	Men (n=835)
Age	34 (28 - 41)	33 (26 - 44)	34 (28 - 42)
Naïve at enrollment			
Yes	1444 (68.93%)	153 (60.96%)	1291 (70.01%)
No	651 (31.07%)	98 (39.04%)	553 (29.99%)
Socioeconomic status			
Low	580 (27.68%)	129 (51.39%)	451 (34.46%)
Middle	1031 (49.21%)	97 (38.65%)	934 (50.65%)
High	484 (23.1%)	25 (9.96%)	459 (24.89%)
Education (years)	12 (10.5 - 16)	10.5 (7.5 - 12)	12 (10.5 - 16)
Educational stage			
Low	1061 (53.5%)	184 (79.31%)	877 (50.09%)
High	922 (46.5%)	48 (20.69%)	874 (49.91%)
AIDS diagnosis at enrollment			
Yes	1224 (60.3%)	142 (57.96%)	1082 (60.31%)
No	815 (39.7%)	103 (42.04%)	712 (39.62%)
Transmission			
Heterosexual	514 (25.69%)	216 (88.16%)	298 (16.97%)
MSM	1419 (70.91%)	NA	1419 (80.81%)
Other	68 (3.40%)	29 (11.84%)	39 (2.22%)

Note: Female population statistically differs in social factors at entrance to care when compared with male. Proportion of AIDS defining events at baseline were similar.

RESULTS: Retention and suppression per year

Figure 1. Percentage of retention and suppression per year from 2012 to 2015.

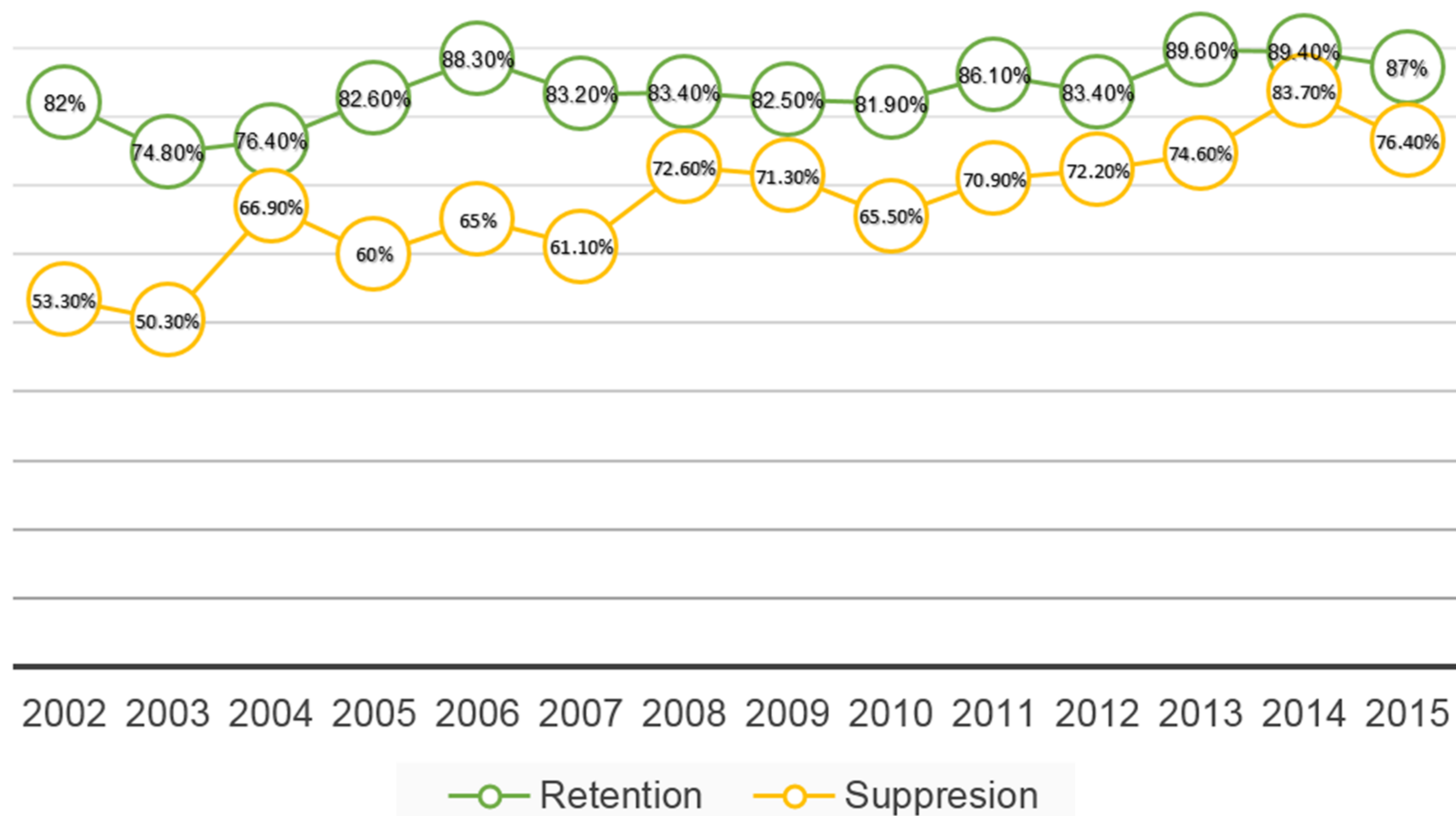


Figure 2. Percentage of retention and suppression per year from 2012 to 2015.

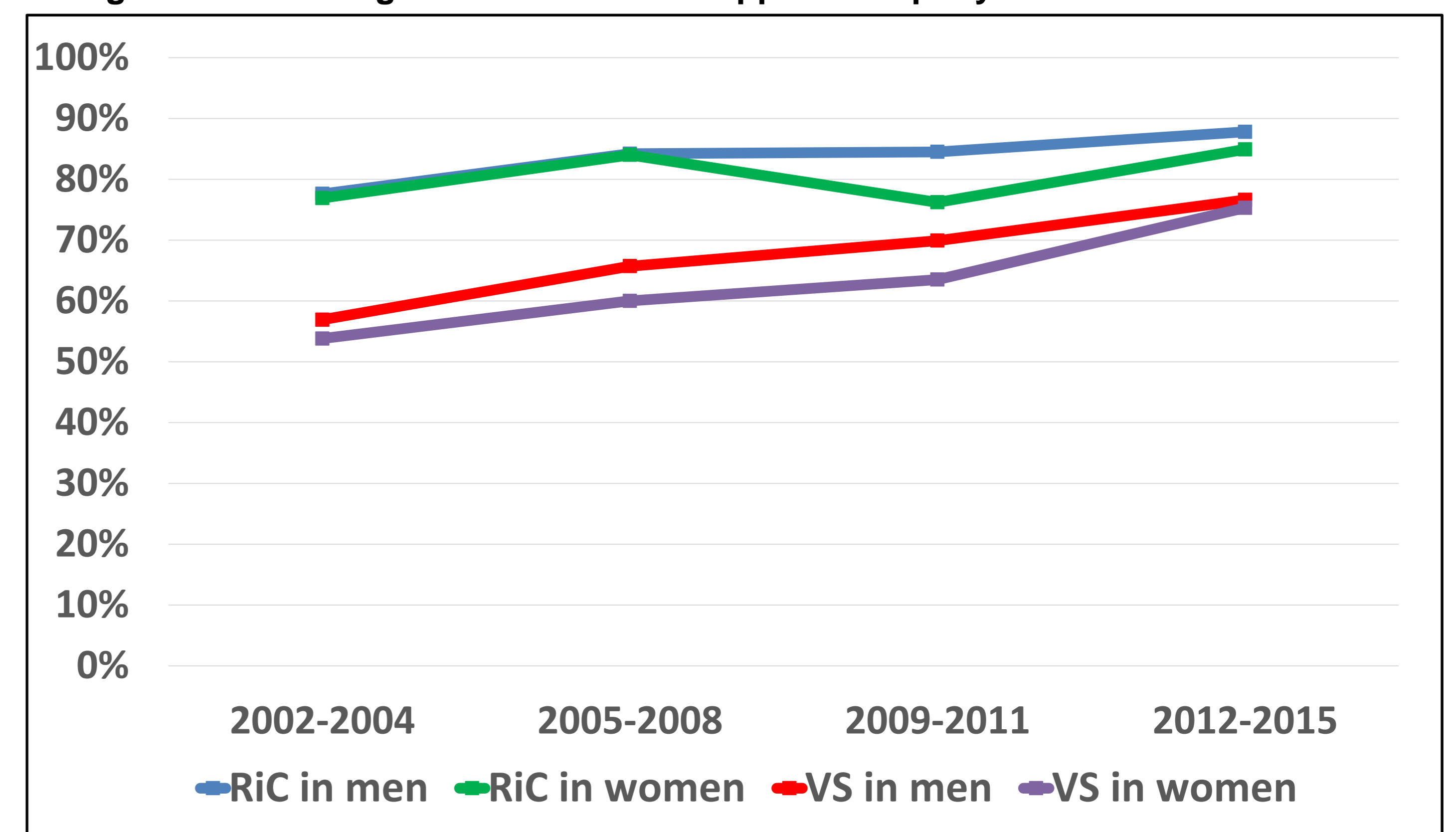
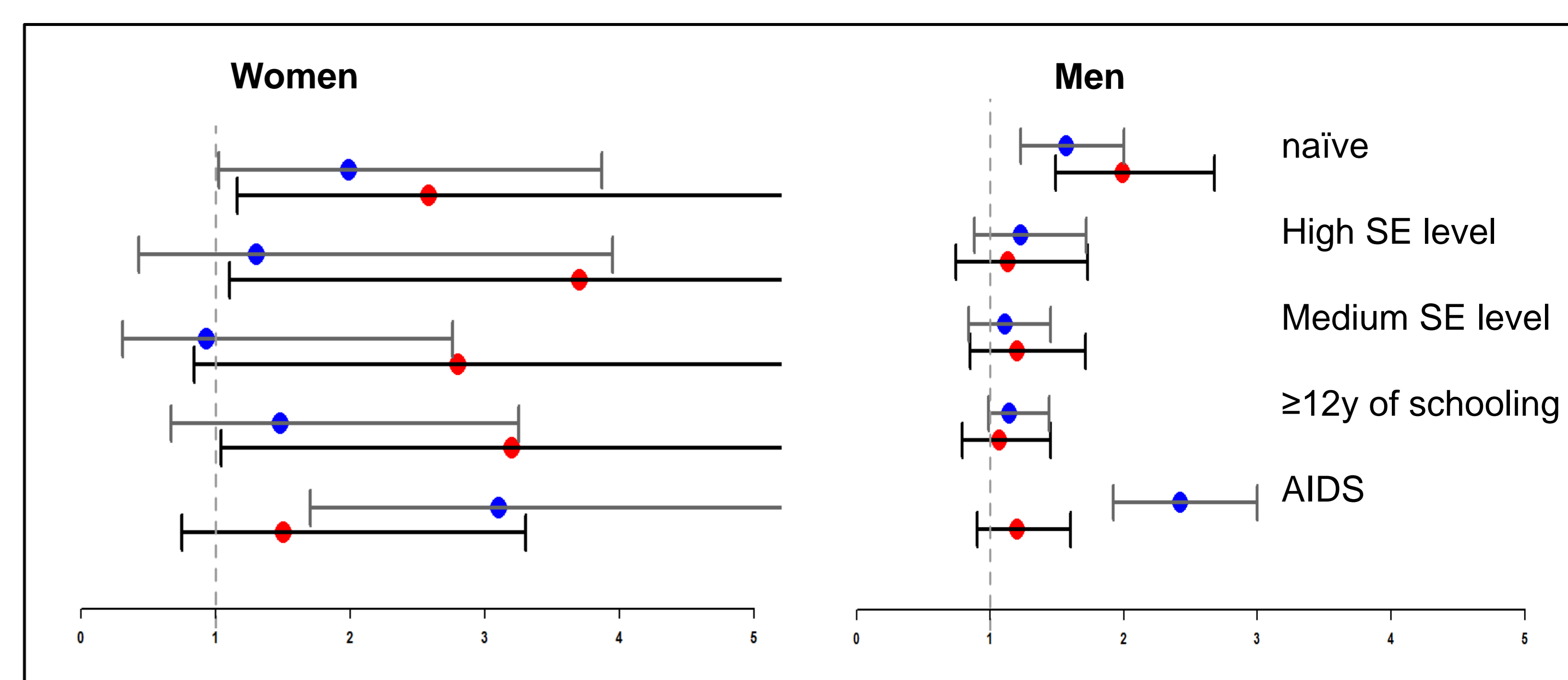


Figure 3. Factors associated to retention and suppression among women and men.



Note: Red points and black lines shows OR and 95% confidence interval for retention and blue points and grey lines shows OR and 95% confidence interval for suppression. Logistic models were also adjusted by age and route of transmission. All are baseline characteristics; SE = Socioeconomic.

Naïve women at entrance to care with a high socioeconomic level and schooling, were more frequently retained at one year of follow up, whereas having an AIDS defining event at baseline were associated with viral suppression. In the male group, those naïve at entrance to care were more likely to be retained and those with an AIDS event at baseline were more likely to be suppressed at one year of follow up.

Conclusions

Retention in care and virological suppression has improved over time for men but not for women. Women with more favourable social factors such as education and economic status were more likely to virologically suppressed. In Men, having an AIDS defining event and being naïve at entrance to care, were associated with retention at one year of follow up. Our study highlights that the previously documented vulnerability in women living with HIV in Mexico may have a negative impact in the continuum of care.