

THE “NO-SHOW” PATIENTS IN HIV CLINICAL CARE

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BACKGROUND

Advances in the diagnosis and treatment of people living with HIV have significantly improved survival in the last years. However, many patients do not completely benefit due to poor retention in medical care and treatment adherence.

Missed clinic visits constitute a healthcare related issue, as they have been associated with **worse clinical outcomes** in chronic diseases follow up.

OBJETIVE

To evaluate the proportion and factors associated with missed HIV-clinic visits in a large public hospital in Buenos Aires.

MATERIAL AND METHODS

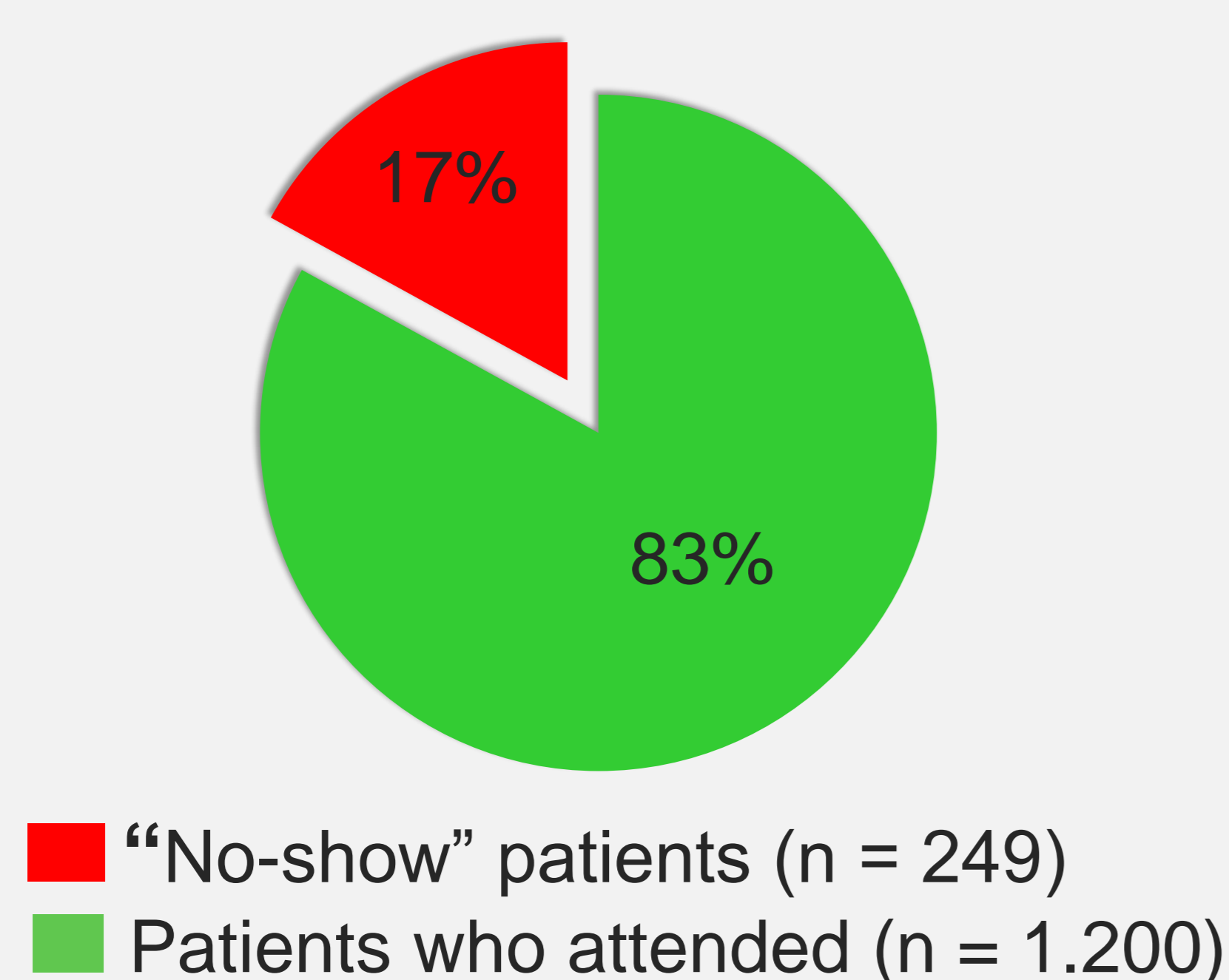
We performed a cross-sectional analysis including all subjects who took an HIV-care appointment during a five-month period.

“No-show” individuals were defined as those subjects with **two or more scheduled HIV care visit** that were not cancelled either by the patient or by the clinic **for which the patient did not arrive**.

We collected patient-level data on demographic characteristics, immunological and virological status, and calculated the proportion of missed visits.

RESULTS

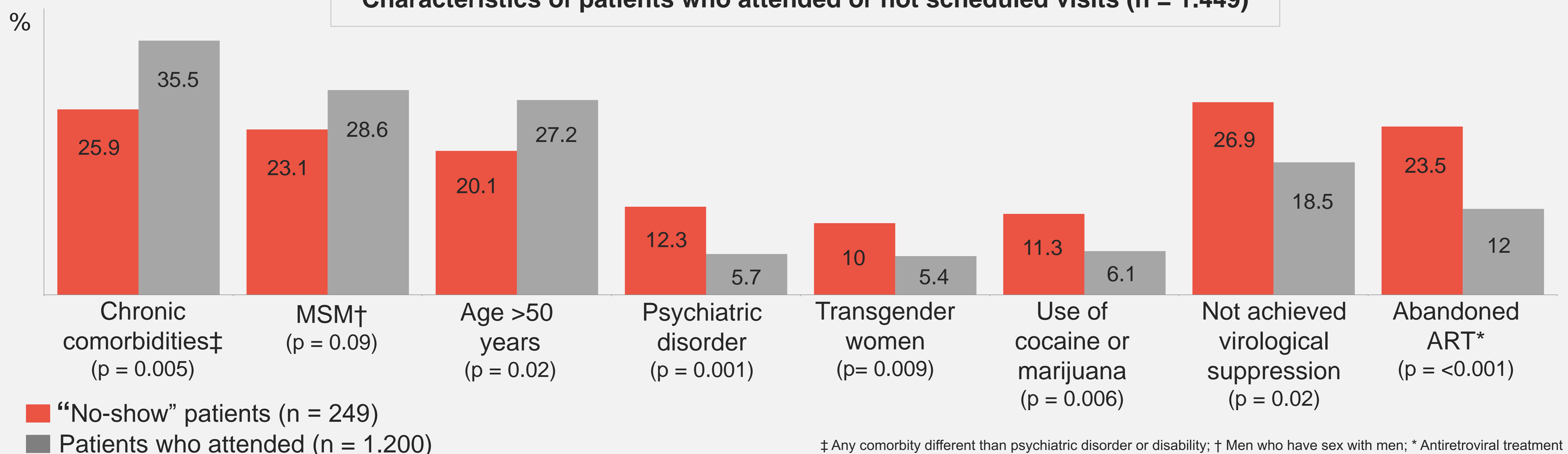
Subjects who scheduled an appointment during the study period (n = 1.449)



Sociodemographic characteristics of “no-show” patients (n =249)

Age (years); median (IQR)	40 (32-48)
Male sex: % (n)	62.2 (155/249)
Argentinian nationality: % (n)	77.6 (191/246)
Residence at Buenos Aires City: % (n)	53.4 (133/249)
Health insurance: % (n)	14.8 (36/244)
Level of education (years); median (IQR)	10 (7-12)
Employment: % (n)	41.6 (101/243)

Characteristics of patients who attended or not scheduled visits (n = 1.449)



‡ Any comorbidity different than psychiatric disorder or disability; † Men who have sex with men; * Antiretroviral treatment

CONCLUSION

Missed HIV visits were common in our cohort and were associated with a higher proportion of patients with detectable viral load and treatment interruptions.

Additional knowledge is needed to evaluate barriers to appointment compliance and to establish strategies focused on optimal access to care.