

PEER SUPPORT FOR PEOPLE WITH RECENTLY DIAGNOSED HIV -INFECTION IMPROVES ADHERENCE IN THE FIRST YEAR AFTER THE DIAGNOSIS

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Background: There are many challenges to link and retain in care people living with HIV (PLHIV). In order to promote adherence, several strategies were applied. One of those is the peer support. A peer is a PLHIV trained to help others who share their HIV-status, to overcome barriers that arise in medical care. With that goal we created “Positivos para positivos” (PPP), a peers group for supporting PLHIV with recent diagnosis (RecDg) of HIV-infection.

Objectives: to compare adherence and laboratory parameters in recently HIV-diagnosed PLHIV as they were accompanied or not by members of PPP, in the first year after the diagnosis.

Material and methods: A team of physicians, social workers and psychologists selected adherent PLHIV with undetectable plasmatic HIV viral load (VL), assisted in our center, and offered them to integrate PPP. Those who accepted were trained by the team. RecDg was defined when the first positive test was performed ≤ 6 months before the first consultation. Each PLHIV with RecDg were offered contact with a member of PPP. If they agreed, 2 PPP members were designated for their accompaniment. Recently diagnosed PLHIV with at least 1 appointment with a PPP member constituted the “study group”. The “control group” was constituted by PLHIV who refused the contact and by those who were not offered (for any reason). Medical care to both groups was identical. The analyzed variables were: deaths; proportion of PLHIV with optimal clinical control (≥ 3 visits to the office during follow-up); proportion of PLHIV who started HAART; pharmacy refill rate; unstructured HAART interruptions (≥ 3 consecutive months without pharmacy refill); CD4 evolution; proportion of PLHIV lost to follow-up (≥ 6 consecutive months without contact with the health care system); proportion of PLHIV with good laboratory control (≥ 1 blood collection during follow-up); proportion of PLHIV who achieved undetectable VL; proportion of PLHIV who increased > 50 CD4/mm³ at the end of follow-up). Categorical variables were analyzed by 2x2 tables and Chi-square (EpiInfo 7.2.2.6).

Results: 127 PLHIV met the inclusion criteria. The “study group” had more advanced disease. Otherwise, both groups were similar. The results are shown in the table.

Table. Comparison of studied parameters in recently HIV-dignosed PLHIV accordint they received or not peer support.

Variable	Study group (n=32)	Control group (n=95)	RR (IC 95%)	p
PLHIV died (all before 3 months of follow-up); n/n (%)	1/32 (3)	2/95 (2.1)	0.99 (0.92-1.06)	1
Optimal clinical control; n/n (%)*	30/31 (96.8)	70/93 (75.3)	1.29 (1.13-1.47)	0.008
PLHIV who started HAART; n/n (%)	32/32 (100)	79/95 (83.2)	1.2 (1.09-1.32)	0.01
Refill rate $> 90\%$; n/n (%)*	31/31(100)	27/78 (34.6)	1.96 (1.33-2.89)	0.002
Unstructured HAART interruption; n/n (%)	4/31 (12.9)	29/78 (37.2)	0,34 (0.13-0.91)	0.02
PLHIV with ≥ 1 blood collection; n/n (%)**	26/31 (83.9)	54/78 (69.2)	1.21 (0.98-1.5)	0.12
PLHIV who achieved CV < 50 ; n/n with available data (%)***	26/26 (100)	45/54 (83.3)	1,2 (1.06-1.35)	0.05
PLHIV with increase > 50 CD4; n/n with available data (%)***	19/26 (73.1)	38/52 (72.5)	1 (0.75-1.3)	1
PLHIV lost to follow up; n/n (%)	2/31 (6.5)	23/93 (24.7)	0.26 (0,07-1.04)	0.04

*denominator excludes dead patients; **Only PLHIV who started HAART; ***Only PLHIV with ≥ 1 blood collection (in 2 patients of the control group CD4 was not informed).

Conclusion: Peer support had a positive impact on adherence parameters of recently diagnosed PLHIV during the first year after the diagnosis. The influence on laboratory parameters was weak.