

EFFECTIVENESS IN FOLLOW-UP AND RECAPTURE INTERVENTIONS IN PATIENTS WHO LEAVE A HIV PROGRAM CARE IN BOGOTA (COLOMBIA) BETWEEN 2015-2017

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INTRODUCTION

A fundamental factor in the HIV management has been to achieve the adherence to antiretroviral treatment, whose failure brings consequences produced by the increase in morbidity and mortality. The aim of this study is to determinate the prevalence of nonadherence, and to evaluate the effectiveness of the follow-up area of a HIV care centre; this area is responsible for recovering non-attendants patients (those without physician consultations in a period of more than 6 months and / or who do not make the claim of medicines in the following month in the Centre).

MATERIALS AND METHODS

A cross-sectional retrospective study was developed in the CEPAIN HIV program care at Bogota, Colombia; the databases of patients not attending to the HIV program in the 2015-2017 period were reviewed, with subsequent review of clinical histories.

Figure 1. Age group of non-adherent patients

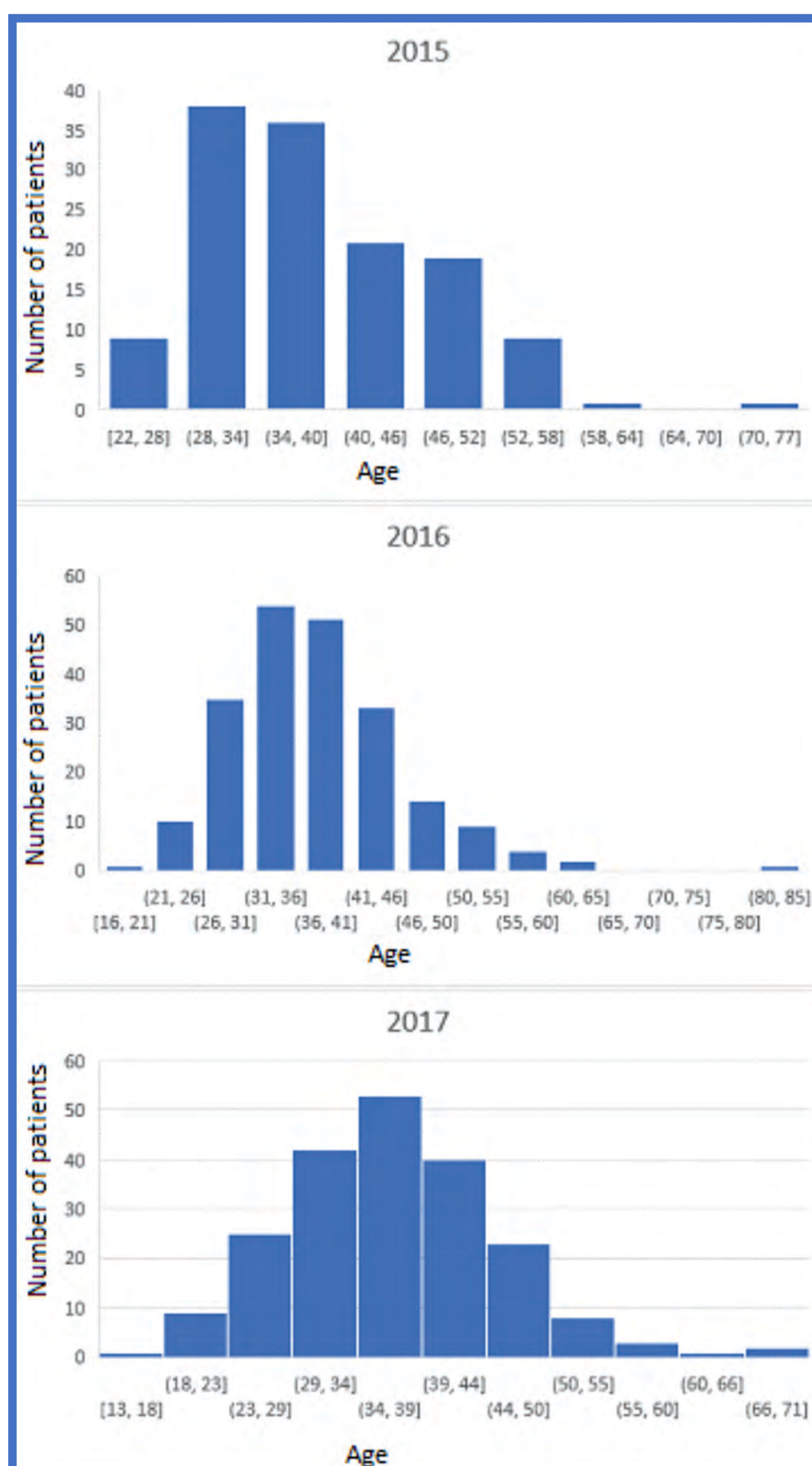
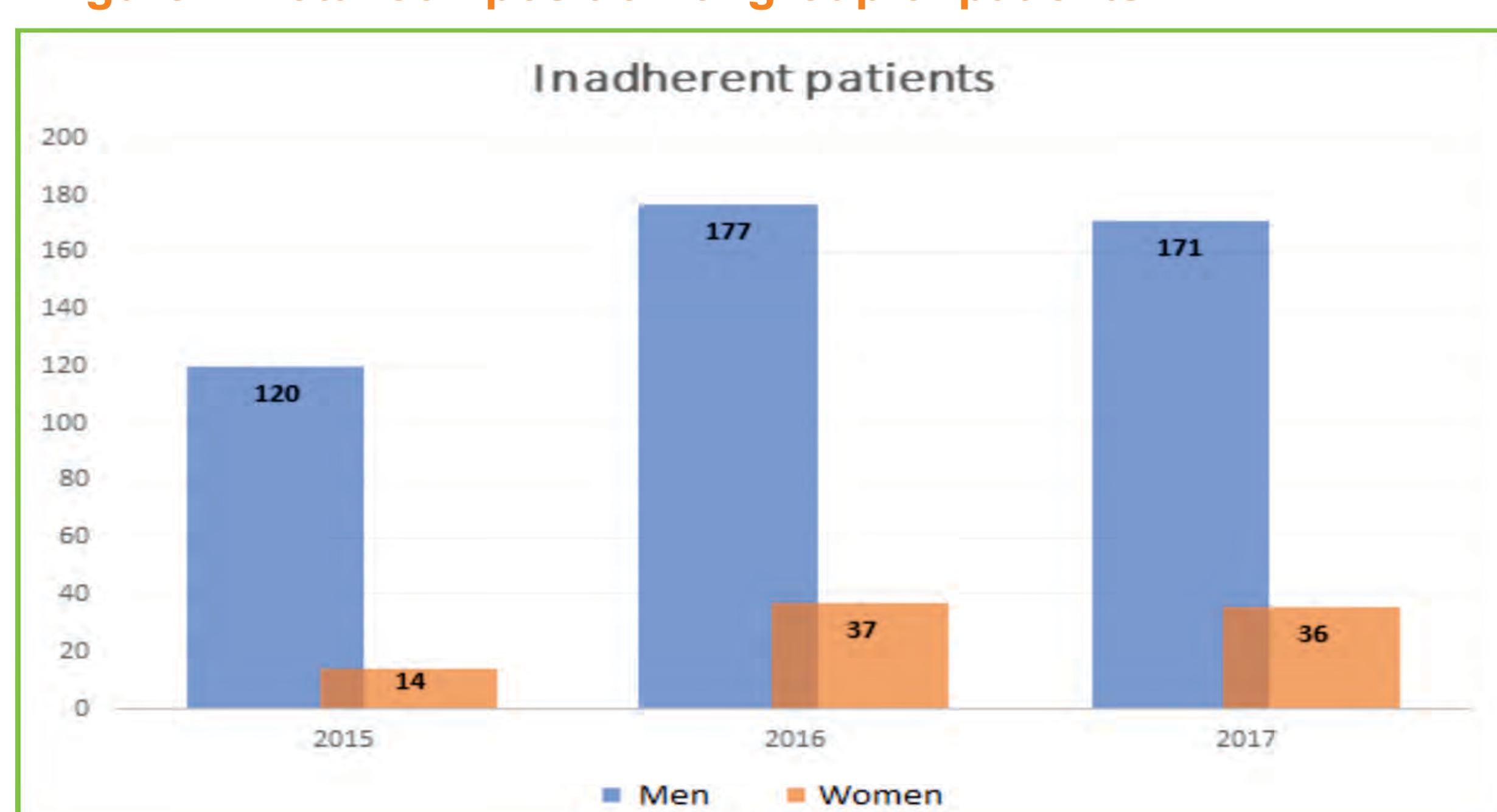


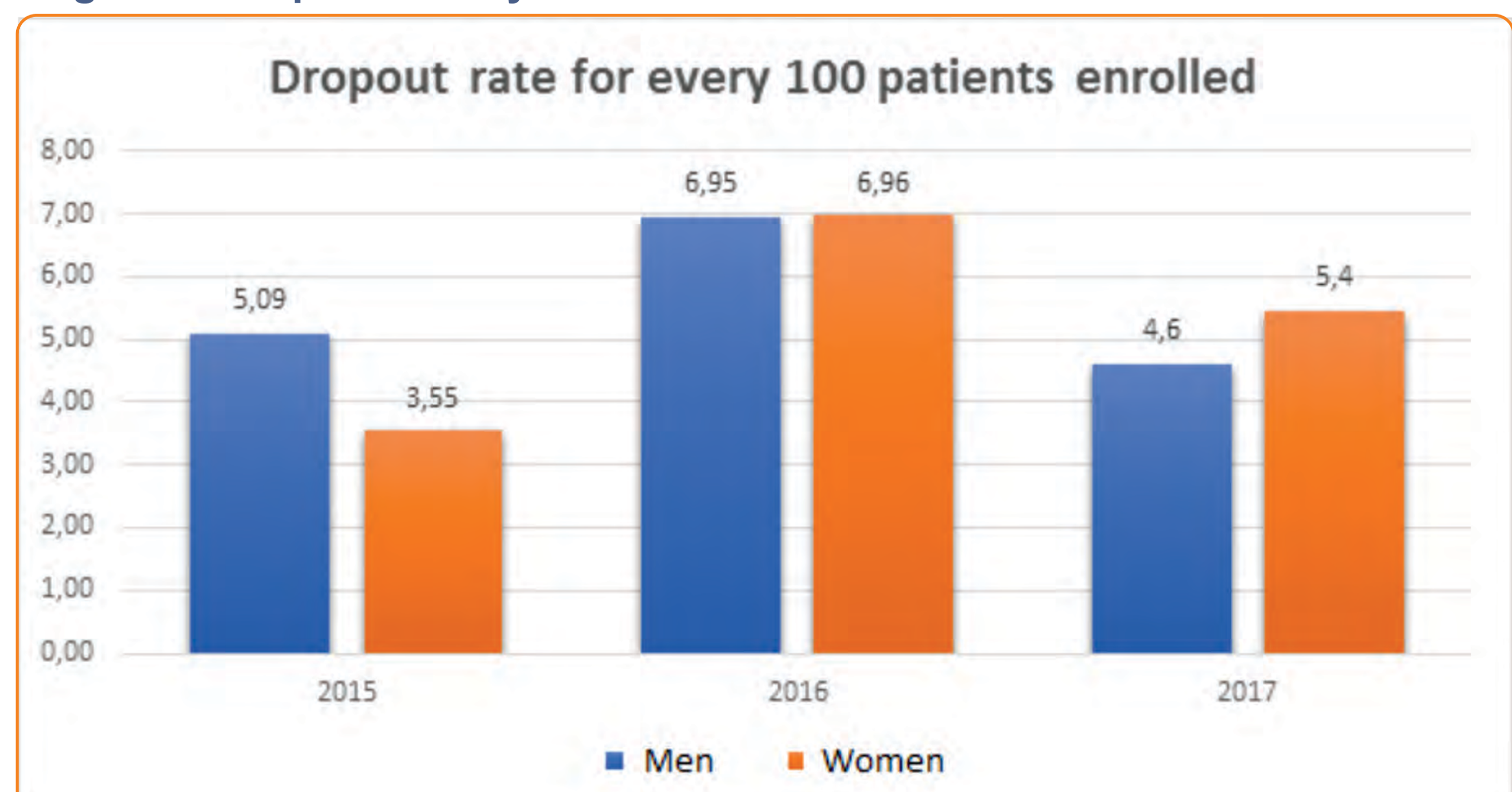
Figure 2. Total composition of group of patients



RESULTS

During the period from 2015 to 2017 the program had 4551 patients, follow-ups were performed to 555 patients who were identified as patients who left the program or were inactive due to absences in more than 6 months. In 2015 it started with 134 patients, 2016 detected 214, and 2017 141 patients (graphs 1 and 2), this implicate a lost-to-care of antiretroviral treatment in 3.17%, 4.68% and 4.55% for each year. It was identified that the discontinuation rate is higher in women than in men, since for every 100 women registered 5.3 do not return in average in the three years, while for every 100 men 4.4 leave the program (graph 3). The Engaged-in-Care with the intervention of the follow-up group was 88.8%, 64.0%, and 63.8% for those years, the average time between diagnosis and the abandonment of patients who do not return is 5.4 years 95% CI [4.7-6.0].

Figure 3. Dropout rate by sex



CONCLUSION

The factors associated with non-adherence have been widely described, but the effectiveness of the intervention is associated with having a work team aimed at identifying factors that may lead to abandonment and establishing concerted, educational and individual actions with the patient that facilitate their re-entry, guarantee the continuity of the services and ensure that the patient understands the risk of non-adherence.