

#Adherence2014



9th International Conference on **HIV TREATMENT AND PREVENTION ADHERENCE**

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**The REACH project:
Factors associated with intervals between
women's visits to HIV outpatient clinics**

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on behalf Dr Alison Evans and the REACH team

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Disclosures

- Nil



The NEW ENGLAND
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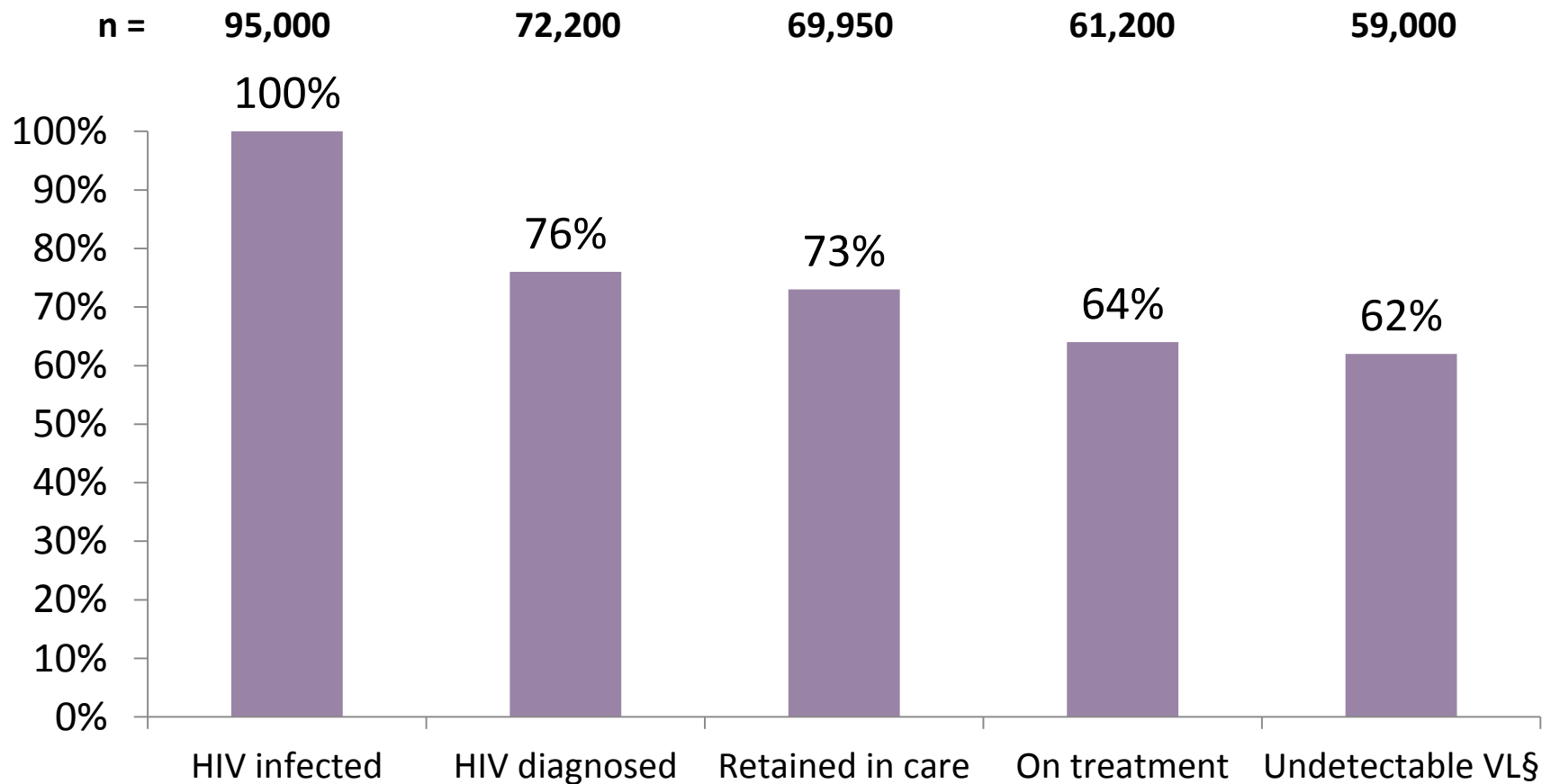
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ORIGINAL ARTICLE

Prevention of HIV-1 Infection with Early Antiretroviral Therapy

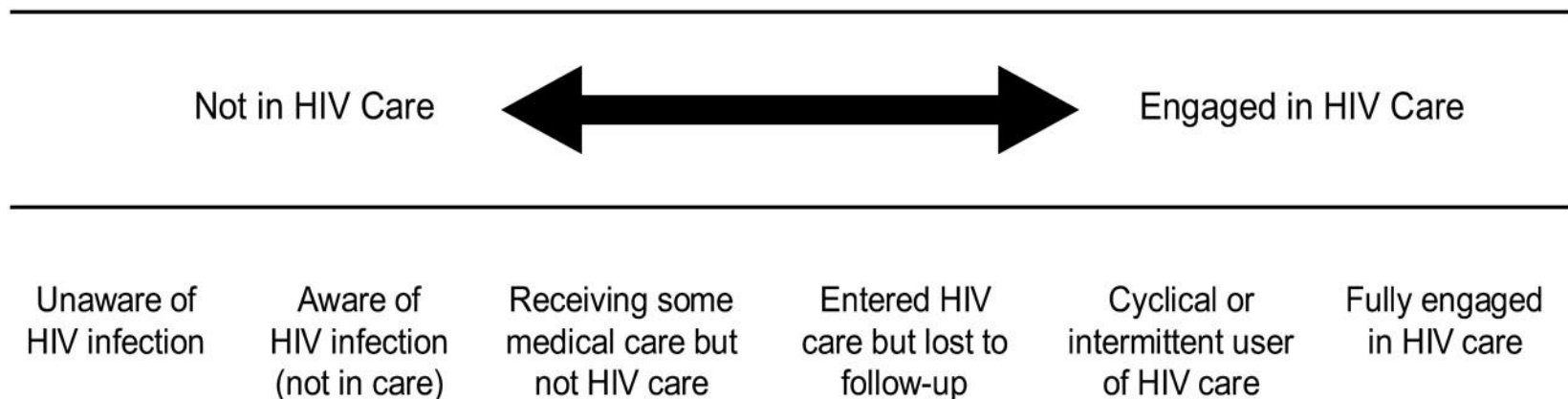
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Treatment cascade among all adults living with HIV in the UK, 2011



HIV and AIDS Reporting System, HPA 2013

Spectrum of engagement in HIV care



Gardner E M et al. *Clin Infect Dis.* 2011;52:793-800

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Aim

REACH aims to explore, describe and understand HIV out-patient attendance in people living with HIV, in order to develop cost effective interventions to optimise their engagement in care



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Exploration of women's attendance of HIV services

UK CHIC data

- 12 years of data: 1st Jan 2000 to 31st Dec 2011
- 15 UK HIV clinics included
- excluding patients with one visit
- excluding patients diagnosed before 2000
- 23,253 adults
- follow up censored at time of last recorded visit
- CD4 count / viral load / haemoglobin measure / treatment start date as markers of attendance



Women in UK CHIC

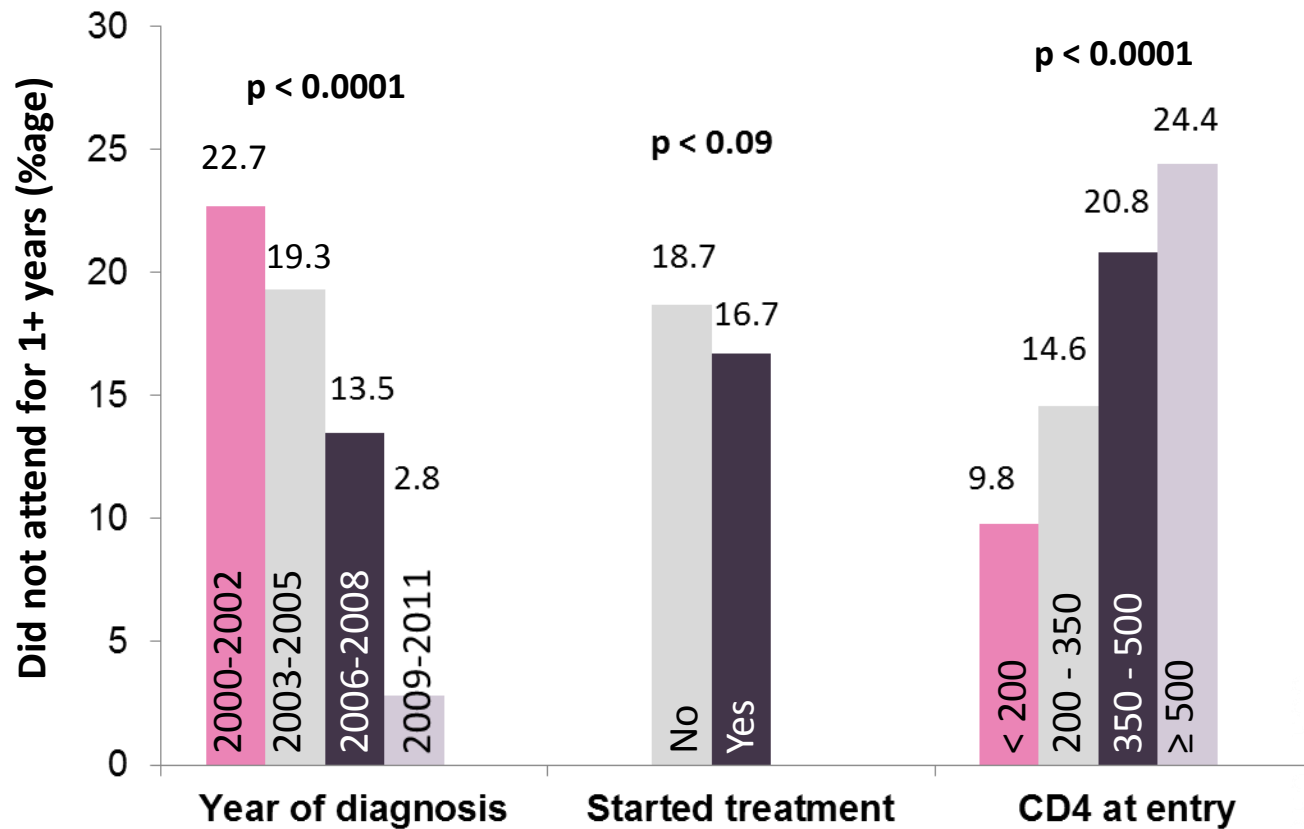
- 7,302 women (31.4%)
- median 4.2 years of follow-up (IQR 1.6, 7.1)
- 69.7% black African; 11.7% white
- 90.9% infected heterosexually; 1.6% IDU
- mean age at diagnosis = 33.6 yrs old (s.d. 9.5 yrs)
- 18.4% became pregnant 1+ times during study
- 14.8% diagnosed during pregnancy
- 3.9% women died during study period



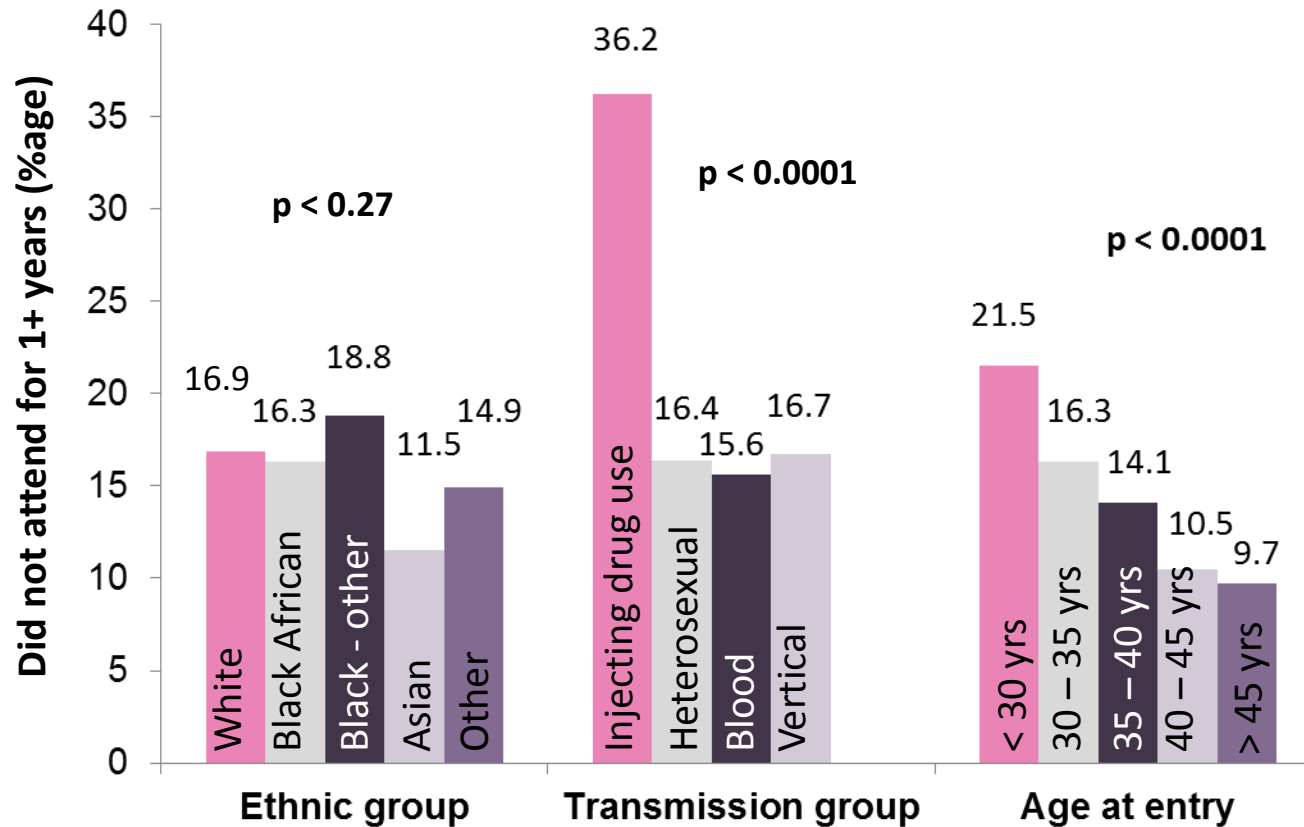
Intervals between patient visits

	Men	Women
All intervals < 4 months	22.0%	23.2%
All intervals < 8 months	72.0%	68.0%
All intervals < 1 year	85.9%	83.7%
<hr/>		
1+ interval \geq 1 year	14.1%	16.3%

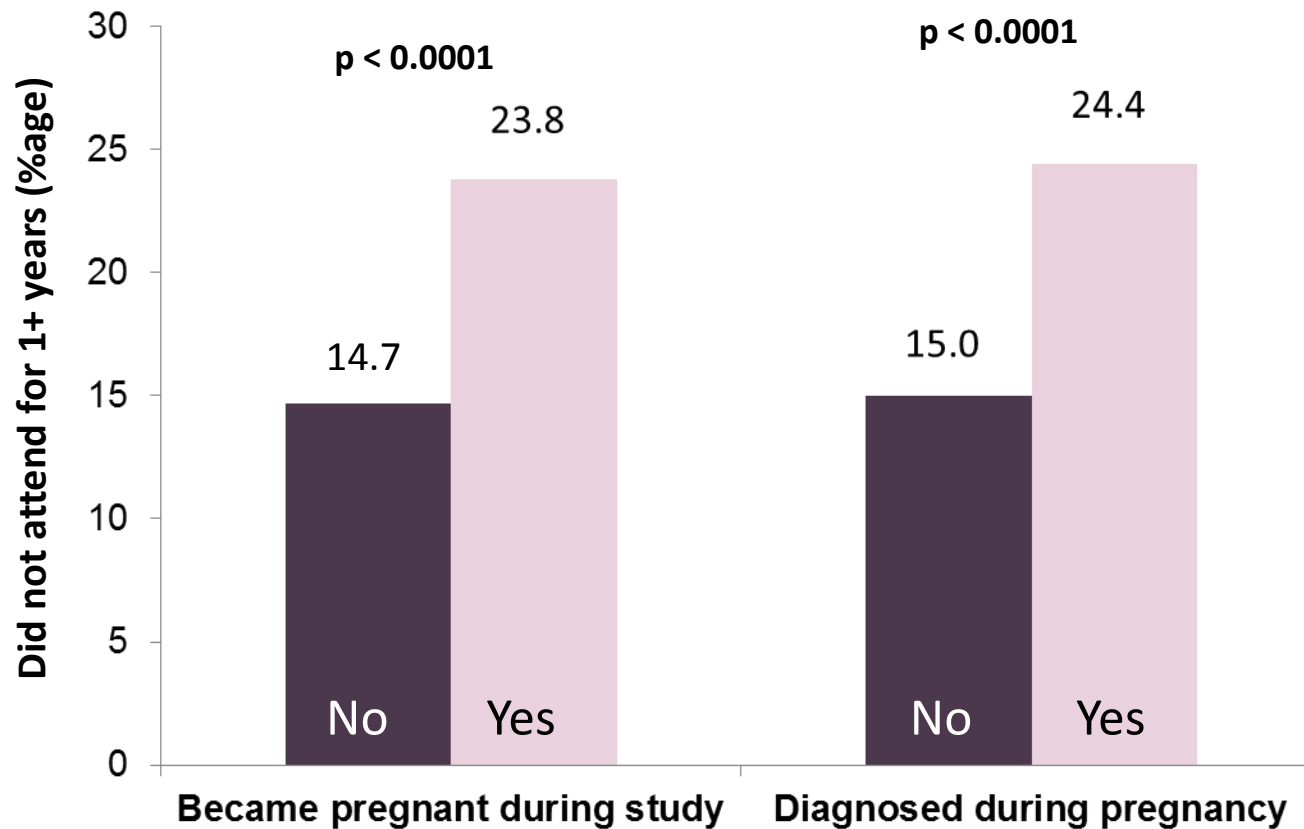
Women: associations between clinical factors and non-attendance for a year or more



Women: associations between socio-demographic factors and non-attendance for a year or more



Women: associations between pregnancy and non-attendance for a year or more



Number of days between visits

- mean number of visits per woman
= 21.2 (s.d. 17.2)
- total number of intervals between visits
= 147,252
- mean number of days between visits = 79
- women who became pregnant during study
 - during pregnancy: intervals = 44 days
 - outside pregnancy: intervals = 90 days

Care episodes

- grouped visits into months with at least one visit
- “care episode”

Is the time between care episodes good or bad?

- clinical data used to create dichotomous variable
 - 0 = delayed care episode
 - 1 = timely care episode
- highest viral load that month
- lowest CD4 count that month

Algorithm for timely care episodes

Factors at initial care episode

Timely subsequent care episode

Within 1 month of diagnosis

Within 2 months

AIDS diagnosis

Within 2 months

Started treatment / new drug

Within 2 months

Not on treatment

Within 2 – 6 months
mostly dependent on CD4

On treatment

Within 2 – 6 months
mostly dependent on VL

Description of care episodes

Care episodes for all women during study period

Mean number of care episodes 17.4

%age with **delayed** care episodes 65.6%

Care episodes and age

	Women (n)	Mean CE *	%age with delayed CE
Age at entry into study			
16 – 25 years	1,291	16.9	75.8%
26 – 35 years	3,359	18.0	67.5%
36 – 45 years	1,843	17.5	60.2%
46 – 55 years	605	16.0	55.5%
56 years and over	204	14.3	48.5%

* CE = care episode

Care episodes and pregnancy

	Women (n)	Mean CE *	%age with delayed CE
First pregnancy			
During	1,488	3.9	14.6%
Postnatal	1,488	3.1	55.1%
Second pregnancy			
During	520	3.9	19.4%
Postnatal	520	2.7	52.0%
Third pregnancy			
During	107	3.9	20.8%
Postnatal	107	2.6	43.3%


* CE = care episode


Clinician-led factors

- 6 clinicians interviewed about previous 10 patients
- routinely see patients 3-4 months
- shorter intervals - drop in CD4, virological breakthrough
- importance of non HIV-specific factors
 - comorbidities and psychosocial issues
- extended to 6 months if well and stable
 - on treatment and in social circumstances
- role of pregnancy
- therapeutic relationship

Next steps:


LONDON'S GLOBAL UNIVERSITY

Barts Health  NHS Trust



We would like to hear about your experience of living with HIV, your health and healthcare

We are inviting patients who attend this clinic to complete our survey





We would also like to interview some of you - it takes about an hour and we'll give you a £20 high street voucher

If you have any questions or would like to take part in this study
please ask for [name] in the clinic

or contact Dr Alison Evans
Email: alison.evans@ucl.ac.uk
Telephone: 020 3108 2070

Retention and Engagement Across Care services for HIV positive patients v1.16.03.2014

 **REACH** 
National Institute for Health Research

Clinical outcomes

Patient and provider experience

Quantitative component

- Survey linked to clinical data
- recruitment in 5 clinics
 - 400 regular attenders
 - 300 irregular attenders
 - 300 non-attenders

Qualitative component

- interview 40 patients
- interview 25 providers & funders

Conclusion

16% of women LTFU for a period of one-year or more

‘Timeliness’ according to clinical parameters

Delayed care episodes common

Young

Post-natal period

Importance of non HIV-specific factors

- co-morbidities and psychosocial issues

Thank you

REACH

Exploring patterns of Retention and Engagement Across specialised Care services of HIV

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