Trends in the characteristics of HIV infected individuals at diagnosis in Portugal - 2000-2011

A. Alves[1], F. Aragão[2,3], L. Mendão[4], A. Ferreira[3], R. Fernandes[5], S. Pinheiro[6], E. Teófilo[6]

[1]Instituto de Marketing Research, [2]Escola Nacional de Saúde Pública [3]SER+, [4] GAT, [5] Positivo, [6] Centro Hospitalar de Lisboa Central

filipaaragao@gmail.com

HIV in Europe 2012 P: PO1/08

Introduction

Early diagnosis of HIV infected individuals generates significant clinical and economic benefits not only to the individual, but also from a public health perspective.

Objectives

We aimed at evaluating the socio-demographic and clinical characteristics of HIV infected individuals at the time of diagnosis in the last decade.

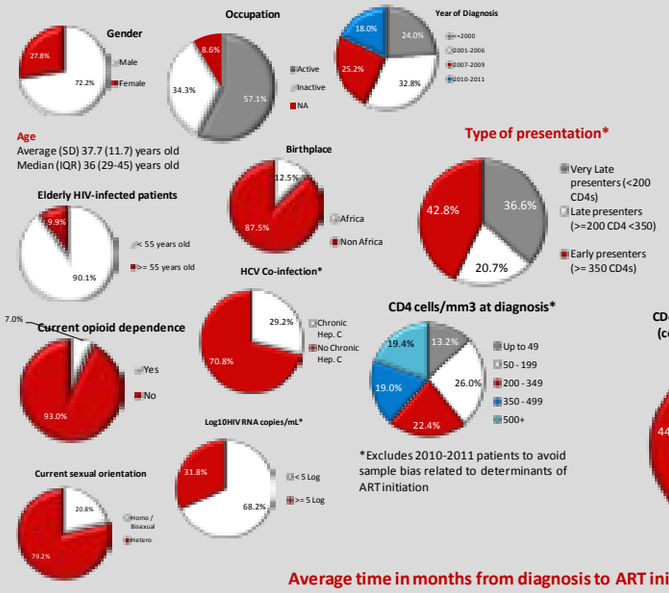
Materials and methods

Eligible individuals were those currently on antiretroviral therapy who attended a physician appointment with one of the 37 physician (20 centers) between May 1st and July 15th 2011. 1,073 individuals were randomly selected and patient records retrospectively reviewed.

Comparisons of groups of patients by year of diagnosis were performed using Anova for continuous variables, Pearson's χ^2 test for categorical variables and Mann–Whitney U test for detection of tendencies/trends. The analysis was performed in SPSS.

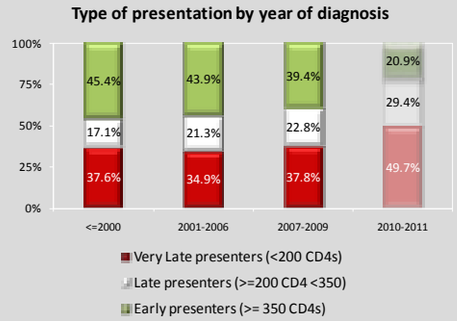
Results

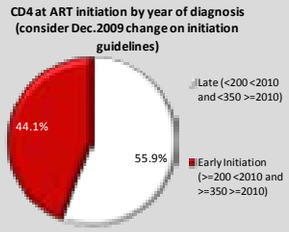
Characteristics at diagnosis and ART initiation



*Excludes 2010-2011 patients to avoid sample bias related to determinants of ART initiation

Trends over the last 10 years

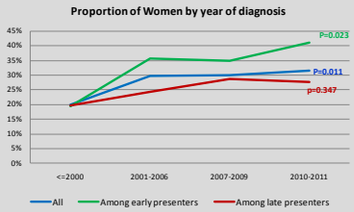


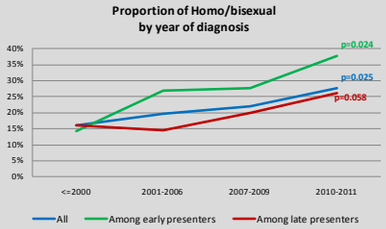


Subgroup analysis

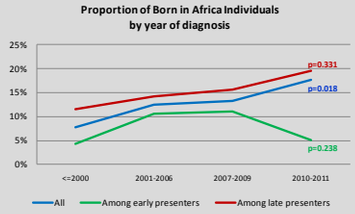
Percentage of early presenters	<=2000	2001-2006	2007-2009	N	p-value
Among Women	45%	53%	44%	207	0.449
Among Born in Africa	24%	37%	31%	90	0.616
Among Age 55+	0%	38%	35%	74	0.113
Among Homo/Bisexual	43%	59%	48%	144	0.330
Among Heterosexual	47%	40%	38%	588	0.205

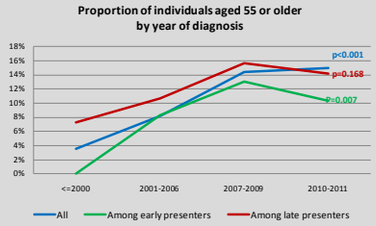
No evidence of improvement is found in terms of early diagnosis*



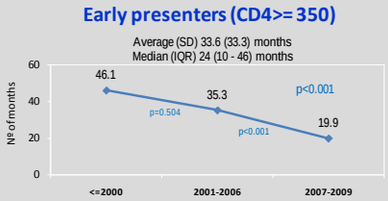


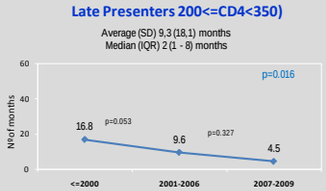
At diagnosis, data suggests an increase in proportion of females, Africans (born in), homosexuals/bisexuals and age>=55

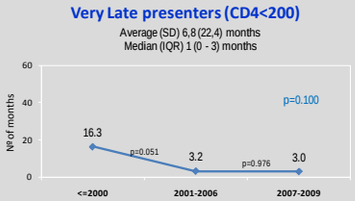




Average time in months from diagnosis to ART initiation







Time from diagnosis to ART initiation has decreased over time among early presenters

Conclusion:

The sample may be biased by the fact that (i) those diagnosed with a higher CD4 cell count are less likely to have died and thus less likely to be included in a sample of individuals currently on ART and (ii) those diagnosed with higher CD4 in the last period (2010-2011) are less likely to have started ART and thus less likely to be included in a sample of individuals currently on ART.

In spite this, the data available indicates that early diagnosis remains a challenge with no evidence of improvement in the last decade. Moreover, the data suggests an increase in the proportion of homo/bisexual, women, born in Africa individuals and age 55+ and in this context recently issued testing guidelines focusing on provider driven testing may not be enough to reach subgroups with reduced access to care such as immigrants.

Improvements are nonetheless observed in terms of time from diagnosis to ART initiation among early presenters, which has decreased over time.

Disclaimer : This study was financed by Gilead Sciences. AA is an employee of IMR, FA is a researcher at the National School of Public Health, LM is the president of GAT, AF is the coordinator of SER+, RF is the director of Postivo, ET and SF are employees of CHLC.