

Predictors of Lost to Follow-Up among HIV Patients Attending Anti-Retroviral Therapy Treatment Centers in Nigeria

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Abstract : Background: Despite of well-verified benefits of anti-retroviral therapy (ART) in prolonging life expectancy being lost to follow-up (LTFU) presents a challenge to the success of ART programs in resource limited countries like Nigeria. In several studies of ART programs in developing countries, researchers have reported that there has been a high rate of LTFU among patients receiving care and treatment at ART treatment centers. This study seeks to determine the cause of LTFU among HIV clients. Method: A descriptive cross sectional study focused on a population of 9,280 persons living with HIV/AIDS who were enrolled in nine treatment centers in Nigeria (both pre-ART and ART patients were included). Out of the total population, 1752 (18.9%) were found to be LTFU. Of this group we randomly selected 1200 clients (68.5%) their d patients' information was generated through a database. Data on demographics and CD4 counts, causes of LTFU were analyzed and summarized. Results: Out of 1200 LTFU clients selected, 462 (38.5%) were on ART; 341 clients (73.8%) had CD4 level < 500cell/ μ L and 738 (61.5%) on pre-ART had CD4 level >500/ μ L. In our records we found telephone number for 675 (56.1%) of these clients. 675 (56.1%) were owners of a phone. The majority of the client's 731 (60.9%) were living at not more than 25km away from the ART center. A majority were females (926 or 77.2%) while 274 (22.8%) were male. 675 (56.1%) clients were reported traced via telephone and home address. 326 (27.2%) of clients phone numbers were not reachable; 173 (14.4%) of telephone numbers were incomplete. 71 (5.9%) had relocated due to communal crises and expert client trackers reported that some patient could not afford transportation to ART centers. Conclusion: This study shows that, low health education levels, poverty, relocations and lack of reliable phone contact were major predictors of LTFU. Periodic updates of home addresses, telephone contacts including at least two next of kin, phone text messages and home visits may improve follow up. Early and consistent tracking of missed appointments is crucial. Creation of more ART decentralized centres are needed to avoid long distances.

Keywords : anti-retroviral therapy, HIV/AIDS, predictors, lost to follow up

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