

# Profile of defaulters of an HIV clinic and implications to care

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## Objective:

We described patients who defaulted from an HIV clinic, Hong Kong between 2005 and 2009.

## Method:

“Active patients” were subjects who had one or more medical attendance as of 31st Dec, from 2005 to 2009. “Defaulters” were subjects who ever defaulted, but not due to death, transferal or departure from Hong Kong. These defaulters had non-attendance for 12 to 24 months antecedent to 31st Dec of the respective years. Scores were assigned to overall antiretroviral drug adherence (100% adherence= 4, 95-99% =3, 90-95% =2, <90% =1). Gender, age, ethnicity, social background, HIV stage, treatment and follow-up history were evaluated.

## Results:

Between 2005 and 2009, the number of active patients per year increased from 818 to 1519. The average annual default rate was 3.2 % (range 2.64 –4.43%, figure 1). In the multivariate analysis, defaulters were significantly ( $P<0.05$ , figure 2) more likely to have poorer overall antiretroviral drug adherence (mean adherence score [SD] of defaulter Vs active patients in 2006, 2007, 2008 and 2009 were 3.31[0.59] Vs 3.78 [0.36], 3.75 [0.28] Vs 3.80 [0.29], 3.18 [0.97] Vs 3.78 [0.34] and 3.33 [0.88] Vs 3.79 [0.31] respectively). Moreover, non-Chinese patients were significantly ( $P<0.05$ ) more likely than Chinese patients to default (OR [95% confidence interval] = 2.5 [1.1 – 5.5] in 2007, OR 3.7 [1.2 -11] in 2008, OR 5.7 [1.7 – 18.7] in 2009, figure 3). Throughout the years, defaulters were consistently and significantly ( $P<0.05$ ) more likely to have missed one or more scheduled medical appointment(s) during the calendar year of their last follow-up (OR [95% confidence interval] from 2005 to 2009 were 6.5 [2.4 – 17.7], 18.3 [5.5 – 61.5], 6.27 [2.9 – 13.8], 13.8 [7.0 – 26.9], 5.09 [2.8 – 9.3], table 1).

## Conclusions:

Patient who missed one or more scheduled medical appointment(s) were more likely to default in the subsequent year. This appeared to be the single most consistent risk factor associated with default. Patients with any risk factor of default warrant intensive counseling and support in order to ensure regular medical follow-up and hence minimizing the chance of opportunistic infection, drug resistance and treatment failure.

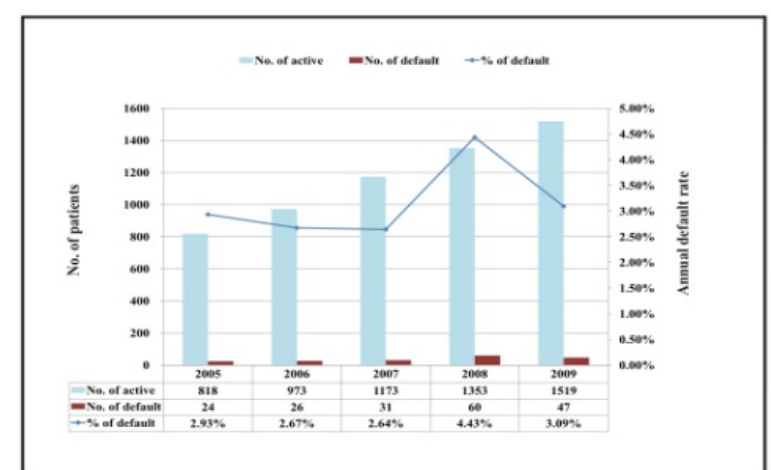


Figure 1: Number of active patients and annual default rate from 2005-2009

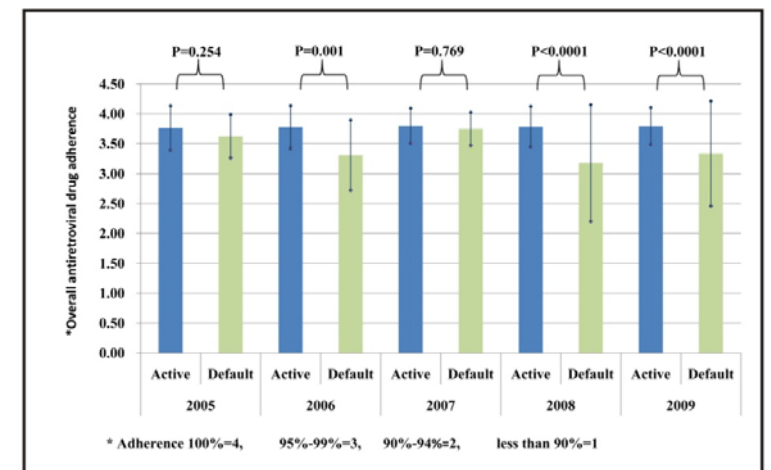


Figure 2: Overall antiretroviral drug adherence of active patients Vs defaulters

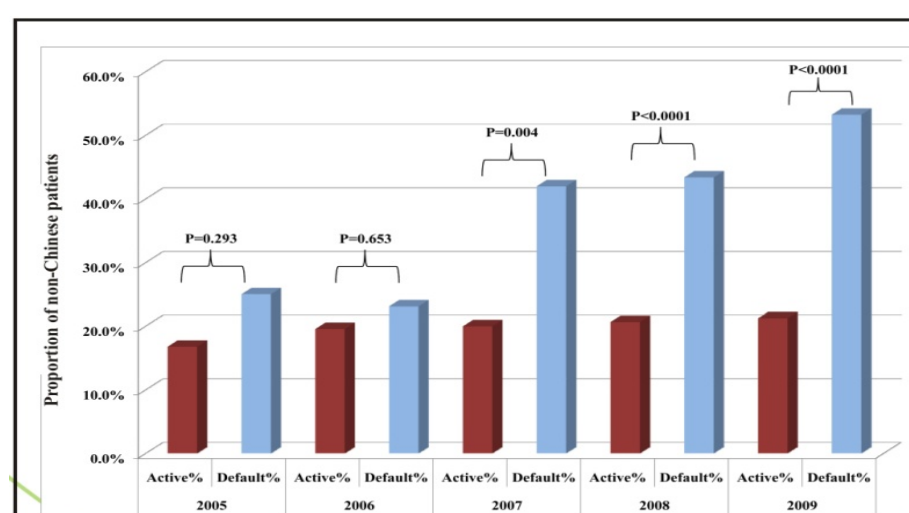


Figure 3: Proportion of non-Chinese among active patients Vs defaulters

	Active	Default	OR (*95% CI)	*P	
2005	No miss appt	517	5	1	<0.0001
	Miss 1 or more	301	19	6.53 (2.41-17.66)	
2006	No miss appt	686	3	1	<0.0001
	Miss 1 or more	287	23	18.33(5.46-61.51)	
2007	No miss appt	844	9	1	<0.0001
	Miss 1 or more	329	22	6.27 (2.86-13.76)	
2008	No miss appt	1023	1	11	<0.0001
	Miss 1 or more	330	49	13.809 (7.01-26.87)	
2009	No miss appt	1127	17	1	<0.0001
	Miss 1 or more	391	30	5.09 (2.78-9.32)	

\* P value and 95% CI derived with logistic regression model

Table1: Number of active patients and defaulters who have missed one or more scheduled medical appointment(s)

