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Abstract Title

The Presence Of Tuberculosis At The Initiation Of Antiretroviral Therapy Predicts Retention In Care

Abstract text (max 2500 characters incl spaces):

Background Tuberculosis still remains a very important opportunistic infection among HIV positive patients and continues to be a significant cause of mortality in sub-Saharan Africa. Its presence in HIV positive patients not only determines threshold for commencing antiretroviral therapy (ART) but is important in predicting long term retention in care. We sought to review the outcomes of patients co infected with TB at the commencement of ART. Methods We carried out a review of the records of 1262 adult patients across 12 comprehensive ART treatment facilities in Nigeria who had been on antiretroviral therapy for a minimum of nine months. Patients' records were reviewed for age, sex, number of months on therapy, CD4 count at initiation of antiretroviral therapy, presence or absence of tuberculosis within three months before and one month after commencing antiretroviral therapy. Patients with TB at start of therapy were termed TB group while patients without TB were termed the non TB group. Patients were evaluated for probability of either group having their care ended. Cared ended being patients who were lost to follow up, died, stopped or had their care transferred. Analysis was done using STATA version 12 Results A total of 1262 charts were reviewed with an age average of 37 years and a 65.3% female population. The TB group constituted 9.73% of the patient population and the median follow up was 26 and 27 months for the TB and non TB groups respectively. A total of 34 (2.69%) patients had their care ended at various times on therapy with 23.53% of them in the TB group. When both groups were compared, the TB group had a higher risk of having their care ended [Relative Risk RR = 2.849, P= 0.014, Yates Chi2 6.022 at a CI of 95%: 1.204 -- 6.403]. Conclusion Patients who have tuberculosis at the beginning of therapy have a higher risk of dropping out of care and should have closer monitoring and follow up even after completion of their anti tuberculosis therapy

References

1. Manosuthi W et al. JAIDS Journal of Acquired Immune Deficiency Syndromes. Sept 2006-Vol 43 Issue 1-pp42-46 2. Masja Sreatemans et al. PLoS ONE 5(12): e.15241.doi:10.1371/journal.pone.0015241

Track Descriptors

200 Track B: Clinical course of HIV infection and disease - B1. Natural history of HIV Disease including markers of HIV Disease progression

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