

## Continuing Care Often Lacking in HIV Patients

By David, Douglas

NEW YORK (Reuters Health) May 29, 2007 - Despite few financial barriers to care, a substantial portion of HIV-infected patients initially seen at US Department of Veterans Affairs (VA) medical facilities do not have continuing medical attention, researchers point out in the June 1st issue of *Clinical Infectious Diseases*. Poor retention in care predicts poorer survival in such patients.

"We need to understand how to improve patients' retention in care," lead researcher Dr. Thomas P. Giordano told Reuters Health. "We really don't know how to do that, whether we need to improve the fragmented health system, individual clinic policies, the patient-doctor relationship, what the patients think or know about HIV care, or some combination of all of these."

Dr. Giordano of Michael F. DeBakey VA Medical Center, Houston, Texas, and colleagues conducted a retrospective study involving 2619 male VA patients who had had HIV infection diagnosed between 1997 and 1998.

Patients were classified by the number of quarters in which they had at least 1 HIV primary care visit in the year following their first antiretroviral prescription. They were followed-up up for a mean of more than 4 years and survival was measured through 2002.

Only 36% of patients had visits in all 4 quarters, and 16% died during follow-up. Compared with patients with visits in all 4 quarters, the adjusted hazard ratio of death was 1.42 in those with 3 visits, 1.67 in those with 2 and 1.95 in those with 1.

By not improving attendance, concluded Dr. Giordano, "we're not making the most of the wonderful care for HIV that is available here, and many patients who really could be helped are getting sick and dying in the meantime."

Dr. Laura A. Cheever, author of an accompanying editorial, told Reuters Health that "in the US, it is estimated that only half of those eligible for antiretroviral therapy actually receive it."

"If we are to improve our response to the HIV epidemic in this country and lessen mortality, we need to place a greater emphasis on engaging and retaining patients in care," said Dr. Cheever, of the Health Resources and Services Administration, Rockville, Maryland.

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