

https://dspace.org/

Characteristics of ‘lost to follow up’ patients on antiretroviral treatment (ART) defaulting at Tshwane District Hospital

Ubogu, Olufunmilayo Itunu

2011-11-23
http://hdl.handle.net/10539/10840

Downloaded from a DSpace repository. https://dspace.org/



CHARACTERISTICS OF 'LOST TO FOLLOW UP' PATIENTS ON ANTIRETROVIRAL TREATMENT (ART) DEFAULTING AT TSHWANE DISTRICT HOSPITAL

By

Olufunmilayo Itunu Ubogu

A Research Report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master in Public Health (Hospital Management).

Supervisors:
Prof S Naidoo
Ms P Cummins
School of Public Health University of the Witwatersrand
Johannesburg

DECLARATION

I Olufunmilayo Itunu Ubogu declare that this research is my own work. It is being submitted for the degree of Master of Public Health (Hospital Management) in the University of Witwatersrand Johannesburg. It has not been submitted for any degree or examination in any other university.

.....

O **I UBOGU**

3rd day of November 2010

ABSTRACT

After 25 years of existence, the Human Immuno-deficiency Virus (HIV) has become a global challenge. Yearly, about 3 million people in the sub Saharan region become infected with the disease each year, while 2 million die of the disease. The young, sexually active and those in the economically active group are mostly affected although other categories are also affected.

Over the years efforts have been made to turn HIV infection from a death sentence to a manageable chronic disease through the use of antiretro viral treatment (ART). Despite the fact that this treatment is a life-long commitment with adherence being crucial to its effectiveness, some patients still default.

This research study sought to identify the characteristics of HIV positive patients who are lost to follow up after the initiation of antiretroviral treatment over a 2-year period (2007-2008). A tick sheet was used to collect data from all the files of patients lost to follow up and 20 variables were tested. The conclusion reached is that age, sex, distance of residence to the ART site and economic capability contribute to 'lost to follow-up'.

ACKNOWLEDGEMENTS

I am grateful to:

- The Almighty God, the author and the beginner of all things;
- My supervisors, Prof Shan Naidoo and Ms Penelope Cummins for their patience, guidance, support and encouragement especially when the going got tough;
- Mrs Oreoluwa Labeodan, for her advice on the statistical analyses of the research report;
- Prof & Dr Mrs Adedoyin for their advice on the statistical analyses of the research report;
- Dr Theresa Rossouw who read through the proposal and suggested significant changes to the data collecting tool;
- My secretary, Ms Hester Prinsloo, who collected all the patients' files and ensured that they were kept safe;
- Ms Faith Tladi and her administrative team that helped to sort out the files of patients for the research study; and
- My supportive family Felix Snr, Temitayo, Dumebi, Felix Jnr and Bankole for their encouragement.

Table of Contents

	Page
TITLE PAGE	i
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF GRAPHS	ix
LIST OF TABLES	ix
GLOSARY OF TERMS	x
CHAPTER 1: INTRODUCTION	1
1.1 Introduction	1
1.2 Background	1
1.3 Overview of HIV/AIDS pandemic	2
1.4 Emergence of antiretroviral therapy	3
1.5 HIV as a chronic disease	5
1.6 HIV/AIDS treatment centre for the research study	6
1.6.1 Staff Establishment	7
1.6.2 Enrolment criteria	8
1.6.3 Booking and appointment systems	9
1.7 Treatment Readiness Assessment	11
1.8 Problem Statement	11
1.9 Justification for the study	12
1.10 Purpose of the study	12
1.11 Objectives of the study	12
1.12 Assumption	13
1.13 Conclusion	13
CHAPTER 2: LITERATURE REVIEW	14
2.1 Introduction	14
2.2 Theoretical context	15
2.3 HIV, sex, employment status and relationship with adherence	16
2.4 Relationship between with ART, Adherence and gender	17
2.5 ART and Residential Area	18
2.6 HIV, Support and Disclosure	19
2.7 ART Regimen and Compliance	20
2.8 HIV and TB	21
2.9 Alcohol and HIV	22
2.10 Generation of Propositions	24
2.11 Conclusion	24

	Page
CHAPTER 3: PROPOSITIONS	25
3.1 Propositions	25
3.2 Sub-proposition 1: Sex, Age and Financial Capabilities	25
3.3 Sub-proposition 2: Social Support	25
3.4 Sub-proposition 3: Change in ART Regimen	26
3.5 Sub-proposition 4: Type of Residence and Distance of Residence to ART Site	26
3.6 Sub-proposition 5: Abuse of Alcohol	27
3.7 Conclusion	27
CHAPTER 4: THE RESEARCH METHODOLOGY	28
4.1 Introduction and Research Setting	28
4.2 Ethical Consideration	28
4.3 Study Population	29
4.4 Sample	29
4.5 Inclusion criteria	30
4.6 Pilot Study	30
4.7 Method	30
4.8 Data Analysis	34
CHAPTER 5: RESULTS	35
5.1 Introduction	35
5.2 Results	35
5.2.1 Gender	36
5.2.2 Age Distribution	37
5.2.3 Race Distribution	37
5.2.4 Relationship Status	38
5.2.5 Residential Areas	39
5.2.6 Distance of residence to the ART Site	40
5.2.7 Level of Education	40
5.2.8 Dependants	41
5.2.9 Disclosure of HIV Status	42
5.2.10 To whom has the patient disclosed his/her HIV status?	42
5.2.11 History of Substance Abuse	43
5.2.12 Employment	44
5.2.13 WHO Staging	45
5.2.14 Type of Dwelling	47
5.2.15 Compliance with ART Management	48
5.2.16 Patient Accompanied/Supported	49
5.2.17 Financial Support	50
5.2.18 ART Regimen and Compliance	50

5.2.19 Duration of ART treatment 52
5.2.20 TB Co-infection with HIV 53
5.2.21 Differentials in body weights after the initiation of ART 53
5.2.22 Missed Appointment 54
5.3 Conclusion 55

CHAPTER 6: INTERPRETATION OF THE RESULTS 56

6.1Introduction 56
6.2Variables
6.2.1 Gender 56
6.2.2 Age Distribution 56
6.2.3 Race Distribution 57
6.2.4 Relationship Status 57
6.2.5 Residential Area 57
6.26 Distance of residence to ART site 57
6.2.7 Level of Education 57
6.2.8 Dependants 58
6.2.9 Disclosure of HIV Status 58
6.2.10 To whom has the HIV positive patients disclosed to 58
6.2.11 History of Substance Abuse 58
6.2.12 Employment Status 59
6.2.13 WHO Staging 59
6.2.14 Type of Dwelling 60
6.2.15 Patient Accompanied/Supported 60
6.2.16 Financial capability 60
6.2.17 ART Regimen and Complication 60
6.2.18 Duration of ART treatment 61
6.2.19 TB co-infection with HIV 61
6.2.20 Differential in body weights after initiation of ART 61
6.2.21 Missed Appointments 61
6.3 Sub-proposition 1: Sex, Age and Financial Capability 62
6.4 Sub- proposition 2: Social Support 62
6.5 Sub-proposition 3: Change in ART Regimen 63
6.6 Sub-proposition 4: Type of Residence and Distance of Residence to ART Site 63
6.7 Sub-proposition 5: Abuse of Alcohol 63
6.8 Implication of the Study 64
6.9 Conclusion 66

Page

CHAPTER 7: CONCLUSION AND SUGGESTIONS FOR FURTHER RESEARCH 67

7.1 Introduction 67
7.2 Comparison with other studies 67
7.3 Limitations of the Study 68
7.4 Recommendations 68

8. References 70

APPENDICES
Appendix 1: WHO Adults and HIV/AIDS Staging 76
Appendix 2: The Counselling Schedule Form 77
Appendix 3: Data Collection Tool 81
Appendix 4: Comprehensive HIV/AIDS Programmes Patient Demographic Form 83

LIST OF GRAPHS **Page**

Graph 1: Residential areas from which patients at the ARV clinic come from 7
Graph 2a &2b: Gender Distribution 2007& 2008 35
Graph 3: Age Category, 2007 & 2008 36
Graph 4a &4b: Race Distribution, 2007& 2008 37
Graph 5: Relationship Status, 2007 & 2008 38
Graph 6a & 6b: Residential Areas, 2007& 2008 39
Graph 7: Distance of Residence to ART Site 39
Graph 8: Level of Education, 2007& 2008 40
Graph 9: Dependants, 2007 & 2008 41
Graph 10: Disclosure of HIV status 2007 & 2008 42
Graph 11: To whom has the patient disclosed his/her HIV status 2007& 2008 43
Graph 12: History of substance abuse 2007& 2008 44
Graph 13: Employment Status, 2007 & 2008 45
Graph 14a: WHO Staging First and Last visits, 2007 46
Graph 14b: WHO Staging First and Last visits, 2008 46
Graph 15: Type of Dwelling, 2007 & 2008 47
Graph 16: Compliance to ART Management, 2007 & 2008 48
Graph 17: Patient Accompanied/Supported, 2007 & 2008 49
Graph 18: Financial Support, 2007 & 2008 50
Graph 19a: ART First/Initiation and as at the Last visit, 2007 51
Graph 19b: ART First/Initiation and as at the Last visit, 2008 51
Graph 20: Duration of Treatment 52
Graph 21: Status of co-infection with TB, 2007 & 2008 53
Graph 22: Differentials in body weights, 2007 & 2008 54
Graph 23: Missed Appointments, 2007 & 2008 55

LIST OF TABLES

Table 1: Demographic Enquiries 31
Table 2: Psychosocial Enquiries 32
Table 3: Clinical Conditions 33
Table 4: Medication: ART 33

Glossary of Terms		
1	Adherence	Compliance (or Adherence) is a medical term that is used to indicate a patient's correct following of medical advice.
2	ART	Anti-retro viral therapies.
3	CHW	Community Health Care Workers.
4	Defaulter	A patient who fails to fulfil the obligation to attend the clinic appointment, and or misses his medication as instructed.
5	Stata	Statistical package for data analysis.
6	HAART	Highly Active Antiretroviral Therapy.
7	HIV	Human Immuno-deficiency Virus.
8	NGO	Non-governmental Organisation.
9	PAH	Pretoria Academic Hospital (now known as Steve Biko Academic Hospital).
10	PHC	Primary Health Care.
11	UNAIDS	United Nations Programme on HIV and AIDS.
12	WHO	World Health Organisation.
13	HIV positive (HIV+)	Presence of Human immune deficiency virus, the virus that causes AIDS, in the blood and confirmed by two successive ELISA test and the Western Blot.
14	PCP	Pneumocystis carinii pneumonia (PCP) is a life threatening form of pneumonia that occurs in people with suppressed immune systems. It is one of the most common opportunistic infection in people with HIV/AIDS.
15	Regimen	A particular antiretroviral programme.
16	Tuberculosis (TB)	An infection caused by *Mycobacterium tuberculosis*, not uncommon among HIV positive people.
17	White Blood cells	They are part of the immune systems and protect the body against foreign substances such as diseases-producing micro-organisms.
18	Kaposi Sarcoma	A cancer-like growth of the blood vessels that appears as dark raised areas on the skin which often appears on the trunk or upper body and also on the ears and nose.