

Abstract

Background

Few results are available concerning long-term clinical outcomes in ART treatment programs. The objective of this study was to describe clinical and laboratory outcomes for adult patients commenced on ART in Selebi Phikwe, Botswana from June 2004 to June 2005 within one year of commencement of ART.

Methods

Cross-sectional descriptive study of clinical and laboratory outcomes for 904 adult patients initiated on ART in Selebi Phikwe, Botswana, from June 2004 to June 2005. Data from ART services statistics was analyzed using descriptive statistical methods.

Results

Most patients had low a basal CD4 cellular count with a median count of 25 cells, which rose to 147 after 12 months of treatment. Of the 84 (9%) deaths, 75 (89%) had a basal CD4 count of less than 10 cells and 48 (57%) died within three months of commencing of ART

Conclusion

Good clinical and laboratory outcomes for patients on ART in resource limited are achievable. Mortality commonly occurs among patients with low CD4 counts and within three months of commencement of therapy.