

ANALYSIS OF IMPEDIMENTS TO THE MAINTENANCE IN CARE OF PEOPLE WITH HIV IN ITALY

Poster Number P092

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Background

In Italy, the phenomenon of non-retention in care among HIV+ people has been so far monitored, but still not analyzed in its predictive elements.

Methods

This research analyzed some organizational aspects of Infectiology Centers and some others related to individual characteristics of HIV+ people in care, to identify possible predictive elements of a potential lack of retention in care. Data refer to 23.491 HIV+ patients, in 18 Infectiology Centers in 10 representative regions of North-Central and South Italy. The analysis covered the period between 2010 and 2017. Clinicians and nurses were asked to take questionnaires for investigating, on their opinions, about possible predictive elements of lack of retention in care; questionnaires were answered by 32 infectious diseases doctors and 55 nurses in centers which joined the project.

Results

It emerged that the issue of non-retention in care concerns particularly immigrants people, from European and Extra-European countries, whereas Italian people in care tend to rank low "lost in follow" rates. A critical element has instead emerged according to young patients, under 30 years of age, who ranked 10% of "lost in follow" rates. This appears to be certainly high, especially considering their mobility among treatment centers.

Age and origin of patients, however, even in the absence of research data that could highlight certain correlations, seem to be elements that can be reasonably linked to each other, considering the type of patients in care.

On the other way, gender was found not to affect retention in care any way. It also emerged how dimension of Centers affects the retention of patients; it is easier to lose patients in small centers rather than in the larger ones. Graphs 2 and 3 show consistent differences, concerning individual elements of patients, that represent an experiential datum shared by clinicians and nurses.

Conclusions

The research underlined a cognitive element that so far has not been registered on the relationship between patients' young age and risk of fail the retention in care. It also highlighted how new tools for tracing patients' mobility among centers, a significant phenomenon that makes quantitative data more difficult to interpret, should be considered for a further detailed analysis.

