

## **Differences in Treatment Outcomes among HIV/AIDS Patients Based on Frequency of Healthcare Visits**

### **Abstract**

#### **Objective**

To investigate the treatment outcome differences between HIV/AIDS patients on antiretroviral therapy with four or more healthcare visits annually, as compared to three or less annual clinic visits, for evaluating recommendations for ongoing healthcare monitoring.

#### **Methods**

Data from a population-based behavioral and clinical outcome cohort surveillance project conducted between 12/2005 and 3/2006 was used for this study. Data were obtained by medical record abstractions of 168 HIV+ patients ( $\geq 18$  years of age) receiving care in Houston/Harris County. A treatment outcome failure was defined as failing in the 12 month medical monitoring period if there was a viral rebound, a fall in CD4 count, or an occurrence of an AIDS defining opportunistic infection during the observation period.

#### **Results**

There was a significant difference in mean time to treatment failure between patients with  $\leq 3$  annual health care visits as compared with those with  $\geq 4$  annual health care visits ( $P < 0.001$ ; Log Rank Test = 12.4). The presence of opportunistic infection(s) [hazard ratio (HR) = 4.7; 95% CI: 1.3 – 17.1]; cessation of antiretroviral therapy (HR = 2.7; 95% CI: 1.2 – 6.4); and CD4 count  $< 200$  (HR = 5.9; 95% CI: 1.4 – 24.2) were associated with a less favorable treatment outcome.

#### **Conclusion**

These results indicate that patients compliant with the current recommendation of quarterly healthcare visits had better treatment outcomes than those who did not. This finding does not support data from studies that suggest selected patients may safely be monitored with  $\leq 3$  annual clinic visits.