DELAYED HIV TREATMENT AND FACTORS ASSOCIATED

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BACKGROUND AND IMPORTANCE
Clinical guidelines recommend starting antiretroviral therapy (ART) as soon as possible after HIV diagnosis

AIM AND OBJECTIVES
✓ To analyse delay in treatment initiation over the past ten years
✓ To understand factors associated with delayed ART initiation

MATERIAL AND METHODS
Retrospective observational study
From January-2012 to June-2022
Patients diagnosed with HIV infection in an integrated health area

RESULTS
108 patients included
34 years (IQR 29.2-42.7), 76.9% men
38.9% AIDS stage
58.4% diagnosed in the hospital setting
50.9% MSM
Median baseline logVL 4.63 (4.13-5.14) and CD4c 325 (95-500)

Median delay: 21 days (IQR 9-55)

Factors associated with delay

✓ Baseline CD4c (for every 100 CD4 increase, delay time extended by 2.29 days (95%CI 0.56 to 4.02; p=0.01)
✓ Baseline logVL -3.25 days (95%CI 1.57-8.08; p=0.18)
✓ AIDS at diagnosis -5.40 days (95%CI 3.30-14.10; p=0.2)
✓ Use of INSTI or PI/b compared to NNRTI -31.28 days (95%CI 7.85-54.71; p= 0.016)

2012-2018 vs. 2019-2022
Delay was reduced by 20 days (95%CI 13.66 to 27.26; p<0.001)

CONCLUSION AND RELEVANCE
• The delay to ART initiation has been significantly reduced in recent years.
• Factors related to the decrease in delay are lower CD4c, starting treatment with INSTI or PI/b vs. NNRTI and being within 2019-2022 vs. 2012-2018.

SPSS®v.15.0.

The delay to ART initiation was reduced by 3.05 days (95%CI 1.59-4.50; p<0.001)