Journal of the International AIDS Society



Poster presentation

Open Access

Patient retention on antiretroviral therapy programme: risk factor analysis of a Uganda cohort

EJ Mills¹, P Olupot-Olupot*², C Cooper³, J Meadway⁴, H Boorman⁵, A Das⁵ and JSO Obbo²

Address: ¹British Columbia Center of HIV excellence, Vancouver, Canada, ²Mbale Regional Referral Hospital, Mbale, Uganda, ³University of Ottawa, Ottawa, Canada, ⁴Kisakye Children's Hospital, London, UK and ⁵Machester University, Manchester, UK

* Corresponding author

from Ninth International Congress on Drug Therapy in HIV Infection Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, 11 (Suppl 1):P28 doi:10.1186/1758-2652-11-S1-P28

This abstract is available from: http://www.jiasociety.org/content/11/S1/P28

© 2008 Mills et al; licensee BioMed Central Ltd.

Purpose of the study

To identify the risk factors for lost to follow-up (LTFU) among patients accessing antiretroviral therapy in Uganda.

Methods

A quantitative case control study was done. Records (cases: 201) of those LTFU were identified and a corresponding number (controls: 202) of records of those still in the programme were selected. Twenty-three variables were captured using an excel sheet. The data in the excel sheet was imported into SAS statistical software for analysis. Odds ratio and p-values were obtained to determine the strengths of association of various factors. The results were presented appropriately.

Summary of results

Data on 23 variables were collected from both cases and controls. The Odds ratio was insignificant in six out of 23 variables, namely: young age (<14 years); male sex; lack of family support; lack of social support; and few (<2) household members.

Conclusion

LTFU remains a big problem in Mbale Regional Referral Hospital infectious disease clinic, the main ART provider for the government ministry of health system in the eastern region. Patient factors, notably gender, age, family support, social support and number of household members, were associated with LTFU at various levels of strengths of association by Odds ratio.