

CLINIC ATTENDANCE & HIV MONITORING

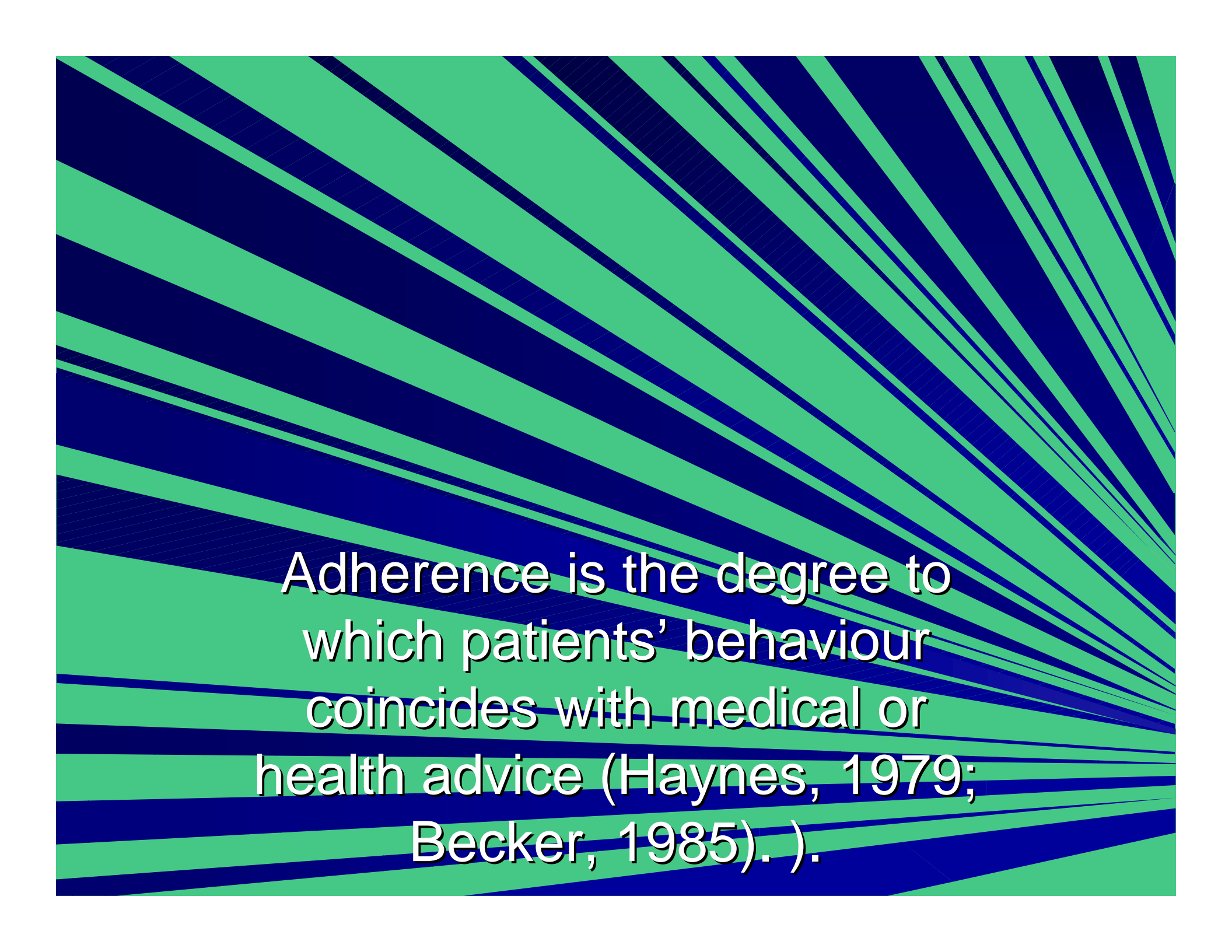
- AFRICAN HIV RESEARCH FORUM

- 01/11/2006.

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- Clinic attendance
- Importance of clinic attendance in care and management of HIV
- Cost of non-attendance
- factors associated with attendance
- Are African/Caribbean patients culprits?
- What we need to identify
- Conclusion

The background of the slide consists of a series of diagonal stripes in two shades of green and one shade of blue. The stripes are arranged in a way that they appear to converge towards the right side of the image, creating a sense of depth and movement. The colors are vibrant and the lines are sharp.

Adherence is the degree to which patients' behaviour coincides with medical or health advice (Haynes, 1979; Becker, 1985).).

- May include
- Ordering prescriptions,
- following medical instructions,
- making recommended changes in exercise or dietary behaviours and
- returning for clinic appointments

- DNA is synonymous with
- “no show”,
- “attendance non-adherence”,
- attendance non-compliance”,
- “broken appointments” and
- “missed appointments”.

Non-attendance

- Resources,
- clinician's time and space are not utilised. High rates of non-adherence produce inefficiencies and wastes.
- (Haynes, 1979, Becker, 1985, Kissinger et al 1995, Shelton et al 1993, McClure et al 1995, Dockerya et al, 2001).

- The national figure for missed appointments in outpatient clinics in the United Kingdom is 12%.
- Variations between specialities and between regions (Dockerya et al, 2001).
- In people living with HIV or AIDS, non-adherence to clinic appointments is a significant problem

- medical care for HIV disease may be most effective when medical surveillance and services are initiated before the start of complications and consistently maintained over time
- To benefit from improving HIV care and management, must adhere to clinic appointments.

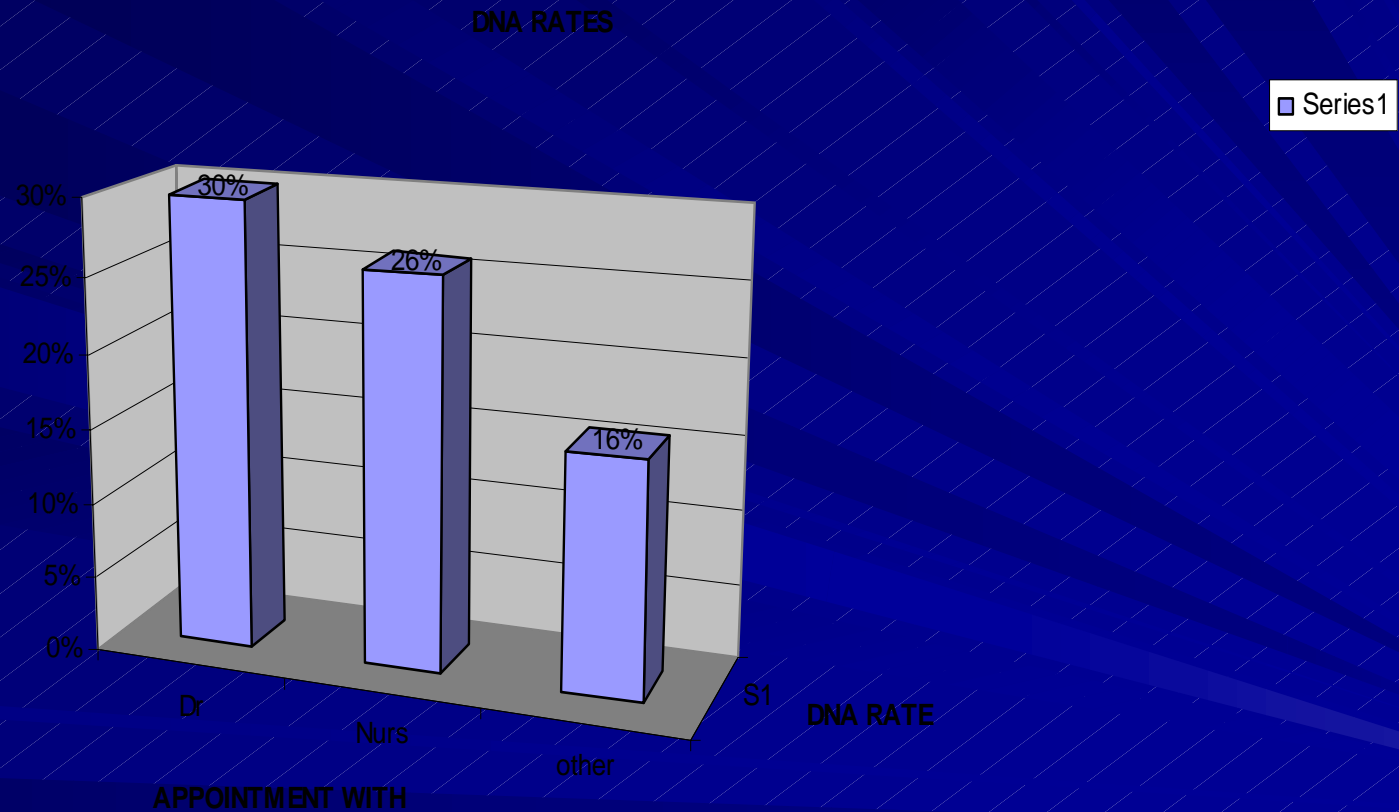
WHY IS IT IMPORTANT?

- Non-adherence to clinic appointments at outpatient clinics is a problem nationally
- high costs are incurred when many patients fail to attend their clinic appointments.
- In 1996-97, non-clinic attendance cost the NHS an estimated £226 million annually that is, £1 million per Trust (Dockerya et al, 2001).

- Little is known about missed appointments among people living with HIV/AIDS. Studies have documented the occurrence but have yet to adequately address who is likely to miss appointments, the reasons, the volume of resources wasted as a result of missed appointments and how best to prevent non-compliance to clinic appointments.


- Appointment keeping among people living with HIV/AIDS may be extremely problematic with missed appointments ranging from 15% to 36% of total clinic appointments (Kissinger et al 1995, Shelton et al 1993, McClure et al 1995).

DNA RATES OVER 3.5 YRS.



	Dr	Nurs	other
Series1	30%	26%	16%

- Non-adherence studies among people living with HIV/AIDS have focussed on adherence to medication and other specific treatment regimens but not on adherence to clinic appointments.

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- Regimens necessitate close monitoring of disease progress and regular medical follow –up over extended periods of time. Important that people adhere to all aspects of their prescribed care including clinic appointments

- Multiple regression analysis to determine the sociodemographic characteristics associated with medical appointment attendance among HIV positive patients.
- (Israelski et. Al. 2001)

- Patients diagnosed with AIDS, older in age, and receiving a income were more likely to keep medical appointments.
- African-American ethnicity and heterosexual identity associated with missing scheduled appointments ($p < 0.001$) for all.

- Younger age was predictive of missing medical appointments ($p < 0.001$).
- Catz et. Al. (1999), consistent attendance at medical appointments play a central role in prolonging life and enhancing quality of life for persons living with HIV/AIDS.

- Kissinger et. Al. (1995) followed 1824 HIV positive clients attending outpatient appointments.
- 15% of patients failed to attend their scheduled visits and this was associated with being African-American, IDU, low CD4 counts or AIDS diagnosis.

- They dissociated non-attendance with treatment duration, provider consistency, hopelessness and religious coping.

comparing compliance to clinic attendance with adherence to HAART.

- Bakken et. Al. (2000),
- patients more engaged with their health care provider reported greater adherence to medication regimen and provider service.

- Besch (1995), in HIV/AIDS patients, the necessity for taking medications adds to complex, hectic and sometimes unpredictable lives, perfect compliance with medical advice is rare.

WHAT WE MAY NEED TO IDENTIFY

- 1. patients that are likely to miss appointments
- 2. correlates of non-clinic attendance
- 3. remedies and coherent plan to implement
- relationship between clinic attendance and surrogate markers (VL, CD4).

CONCLUSION

- In people living with HIV or non-adherence to clinic appointments is a significant problem
- high costs are incurred when many patients fail to attend their clinic appointments.
- Appointment attendance may not correlate with adherence to treatment regimens,

- However,
- people living with HIV/AIDS cannot adhere to any available treatments if they do not first attend their medical appointments.