

Late and Early Presenters in the German KompNet Cohort – a comparison of sociodemographic variables

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Background: Late presentation (CD4-cell-count<200/ μ l) of individuals infected with HIV to a medical care provider is a major risk factor for an unfavourable short- and long-term outcome even with full availability of antiretroviral treatment. We analysed socio-demographic variables collected in the German KompNet Cohort with the goal to identify parameters which might help to target efforts to improve timely diagnosis of HIV.

Method: Patients were eligible for analysis if included ART-naïv in the cohort and if e-period between HIV-diagnosis and first documented CD4-cell-count was less than 3 years. We defined patients as early (CD4-count:>350), medium (CD4-count:200-350) and late (CD4-count:<200) presenters.

Result: 990 participants were eligible for analysis. Their sociodemographic distributions regarding sex, age, risk of infection and origin equalled the distribution of the overall-cohort reasonably. The proportion of late, medium, and early presenters was 9%, 18% and 73% respectively. Comparing late and early presenters we could not observe any significant differences between males and females, individuals living in or outside of larger cities, regarding educational or professional status, partnership status, age (<or>35y), income, and region of origin – with exception of individuals coming from Subsahara-Africa, for whom a trend to later presentation could be observed. Concerning HIV transmission risk factor, MSM tended to present earlier, people from high prevalence countries presented later (borderline significant).

Delayed initiation of treatment after HIV diagnosis (treatment initiation>1year after first CD4-count<200) was observed in 36 of 126 late presenters (29%). It was less frequent in MSM (OR=0.5,95%CI:0.2-1.0), and more frequent in IDU (OR=25.4,95%CI:3.0-212.2), more frequent in heavy drinkers (>4 drinks/day) compared with light drinkers (<2 drinks/day) (OR=13.9,95%CI:1.5-129.8), and more frequent in unemployed than employed individuals (OR=3.6,95%CI:1.5-8.4).

Conclusion: The analysis confirms published observations on late presentation of patients from high prevalence regions. Delayed treatment initiation after HIV diagnosis was associated with current and former drug abuse and unemployment.

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