

# ***Do patients treated by outpatient clinics or by private practitioners face differing treatment characteristics and clinical outcomes in Germany?***

**Authors:** K. Jansen (1), N. H. Brockmeyer (1,2), B. Haastert (3), A. Baumgarten (4), A. Stoehr (5), G. Behrens (6), H. Jaeger (7), H. Hartl (8), A. Mutz (9), A. Skaletz-Rorowski (1), S. Esser (10), C. Michalik (1, 11) and the Competence Network for HIV/AIDS

## **Affiliations:**

1. Kompetenznetz HIV/AIDS, Ruhruniversität, Bochum
2. Universitätsklinik, Bochum
3. mediStatistica, Neuenrade
4. Praxis Driesener Straße, Berlin
5. Ifi-Institut, Hamburg
6. Medizinische Hochschule, Hannover
7. Praxiszentrum Stachus, München
8. Praxisgemeinschaft Franz Joseph Straße, München
9. Klinikum, Osnabrück
10. Universitätsklinik, Essen
11. Zentrum für Klinische Studien, Köln

**Background:** Only about 30% of persons living with HIV/AIDS in Germany are assumed as treated in outpatient clinics (OC), about 70% by specialised private practitioners (PP). Partly, PP are assumed to be of lower threshold than OC, resulting in possibly differing patient populations. Treatment outcomes are discussed as being different, due to potentially differing treatment approaches. No reliable data were given regarding that topic so far. KompNet operates a nationwide cohort of PLWHA since 2004.

**Method:** Semi-annually, we gain sociodemographic and epidemiological data as well as clinical data regarding onset and course of infection, treatment parameters and outcomes, co-infections, and other diseases and their therapy.

We analysed cross-sectionally core outcome variables comparing PP and OC.

**Result:** Of 6,085 patients included in analysis, 68.6% were treated by 16 PP, 31.4% by 10 OC. In PP, proportion of women was 30.9% less compared to OC ( $p < 0.01$ ), corresponding to a higher proportion of MSM (PP:70.1%/OC:56.4%;  $p < 0.01$ ). HPL were represented stronger in OC (PP:4.2 %/OC:7.6%;  $p < 0.01$ ). CDC-stage C was more frequent in OC (PP:22.8%/OC:31.5%;  $p < 0.01$ ), no differences existed concerning age and therapy status.

Two main regimes covered two third of all treated patients in PP and OC: 2NRTI+1PI/r (PP:34.7%/OC:34.9%;  $p < 0.01$ ) and 2NRTI+1NNRTI (PP:33.1%/OC:35.6%;  $p < 0.01$ ); also concerning other regimes and treatment interruptions, there were slight differences. CD4-cell-count at start of ART was equal (PP:286/OC:283;  $p = 0.83$ ).

Core outcome parameters were similar concerning mean CD4-cell-count (PP:527/OC:524;  $p = 0.73$ ) and median of viral load above detection limit (PP:3,559/OC:3,087;  $p < 0.01$ ). Proportions of viral loads below detection limit differed (PP:64.7%/OC:73.2%;  $p < 0.01$ ).

**Conclusion:** Although patient populations differed between PP and OC, treatment standards and outcomes were very similar. This is an important information as to the choice of the type of a treating institution, both for patients and counsellors.

Differences in proportions of viral load below detection limit have to be analysed further.

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