

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

U. Marcus¹, C. Michalik^{2,3}, N. H. Brockmeyer^{3,4}, V. Duglay⁵, K. Jansen³, and the Competence Network for HIV/AIDS

¹Dept. Infectious Diseases Epidemiology, Robert Koch-Institute, Berlin ²Centre for Clinical Trials, Cologne ³Competence Network for HIV/AIDS, Bochum
⁴University Clinic, Bochum ⁵Institute for Medical Statistics, Informatics, and Epidemiology, Cologne

Background and Objective

Late presentation (CD4-cell-count < 200/μl) of individuals infected with HIV to a medical care provider is a major risk factor for unfavourable short- and long-term outcomes even with full availability of antiretroviral treatment. Late presentation for specialized care may be

- due to late HIV diagnosis or
- due to delayed presentation to a HIV specialized medical care provider despite knowledge about the presence of an HIV infection.

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 and/or timely initiation of antiretroviral therapy for HIV.

Results

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 Sub-Sahara-Africa, for whom a trend to later presentation could be observed.

Concerning HIV transmission risk factor, MSM tended to present earlier (OR 0.66; 95%CI 0.42-1.05; p=0.052), people from high prevalence countries presented later (OR 2.33; 95%CI 1.00-5.46; p=0.052)(both associations borderline significant).

Delayed initiation of treatment after HIV diagnosis (treatment initiation > 1 year 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 substance abuse and unemployment.

Methods

Patients were eligible for analysis if included ART-naïv in the cohort and if the period elapsing between HIV-diagnosis and first documented CD4-cell-count was less than 3 years.

We defined patients as

- early presenters having CD4-count > 350 c/μl,
- medium presenters having CD4-count 200-350 c/μl and
- late presenters having CD4-count: < 200 c/μl.

Table 1: Transmission risk factors, late diagnosis and delayed treatment initiation

	CD4<200 at first presentation and first CD4 count within one year after HIV diagnosis (late diagnosis)	CD4<200 at first presentation and first CD4 count > year after HIV diagnosis (delayed treatment initiation)	Late presenters
MSM (n=740)	59 (8.0%)	17 (2.3%)	76 (10.2%)
IDU (n=24)	1 (4.2%)	8 (33.3%)	9 (37.5%)
Heterosexual (n=148)	18 (12.2%)	9 (6.1%)	27 (18.4%)
High prevalence region (n=38)	7 (18.4%)	1 (2.6%)	8 (21.1%)
Total (n=990)	90 (9.1%)	36 (3.6%)	126 (12.7%)

Table 2: Employment status and delayed treatment initiation of late presenters

	CD4<200 at first presentation and first CD4 count within one year after HIV diagnosis (late diagnosis)	CD4<200 at first presentation and first CD4 count > 1 year after HIV diagnosis (delayed treatment initiation)	Total
employed	63	15	78
unemployed	21	18	39
Total	84	33	117

Contact

Klaus Jansen
 Cohort Manager of the Competence Network for HIV/AIDS
 Klaus.jansen@klinikum-bochum.de
 www.kompetenz-hiv.de