



Retention overtime and reasons for stopping lifelong antiretroviral therapy in a group of Cameroonian pregnant and breastfeeding HIV-positive women initiating "Option B+" in the South West Region

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Background

- The uptake of lifelong antiretroviral therapy (ART) for HIV-positive pregnant and breastfeeding women has significantly increased with the introduction of the Prevention of Mother to Child Transmission Option B+.
- HIV-infected Pregnant and breastfeeding women are started on lifelong ART irrespective of their clinical and immunological status
- Benefits include for the HIV-infected women, their exposed infants, uninfected male partners and the overall ART program.
- These benefits hinges on adherence and long term retention in care which tends to vary with



Study objective

- To assess retention overtime and reasons for stopping lifelong ART in HIV-positive pregnant and breastfeeding women initiating option B+ in Cameroon.

Methods

- Study design was a prospective cohort study involving five health facilities in the Kumba Health district

Methods continued

- Between October 2013 and December 2014, a total of 5,966 pregnant and breastfeeding women were received at the 5 facilities and 5,939 (99.5%) were counseled and tested for HIV with 404 HIV-positive (6.8%).
- 136 (33.7%) women already on HAART or coming out of the health District were excluded.
- We examined retention at 6 and 12 months after ART initiation for 268 women retained for follow up. (Follow up 12-27 months)
- During follow-up women missing clinic appointments were traced by peer educators through phone calls and home visits.
- Tracing outcomes (TO, Deaths, LTFU, and Stopped treatment) and reasons for stopping lifelong ART were identified and documented
- The study was approved by the Institutional Review Board of the University of Buea and the ethical review board of the Medical Research School of the University of Munich (LMU), Germany.

Results and discussion

Baseline characteristics

- 253(94.4%) initiated ART in pregnancy and labour and 15(5.6%) during breastfeeding.
- The mean age at ART initiation was 27.8 years (SD 5.3).
- Over 263 (98.0%) of the women had at least primary school level of education,
- 97(36.2%) were single, divorced or cohabiting
- 104 (39.0%) were unemployed.
- On initiation, 235 (87.7%) of the women were ART naive,
- 261 (97.4%) were clinically WHO stages 1 and 2
- 115 (43.0%) had a CD4 cell count less than 350cells per microliter.

Results & Discussion cont.

Tracing outcomes by facility and women who eventually were followed up for 6 months and above (n=247)

Health facility	Enrolled	Transferred to another ART clinic n (%)	Deaths n (%)	Women analysed by facility n (%)
CMA K	81	5(6.2)	1(1.2)	75(92.6)
PHK	72	5(6.9)	1(1.4)	66(91.7)
DHK	66	3(4.5)	0 (0.0)	63(95.5)
CMA N	24	3(12.5)	0(0.0)	21(87.5)
CHC F	25	3(12.0)	0(0.0)	22(88.0)
Total	268	19(7.1)	2 (0.7)	247(92.2)

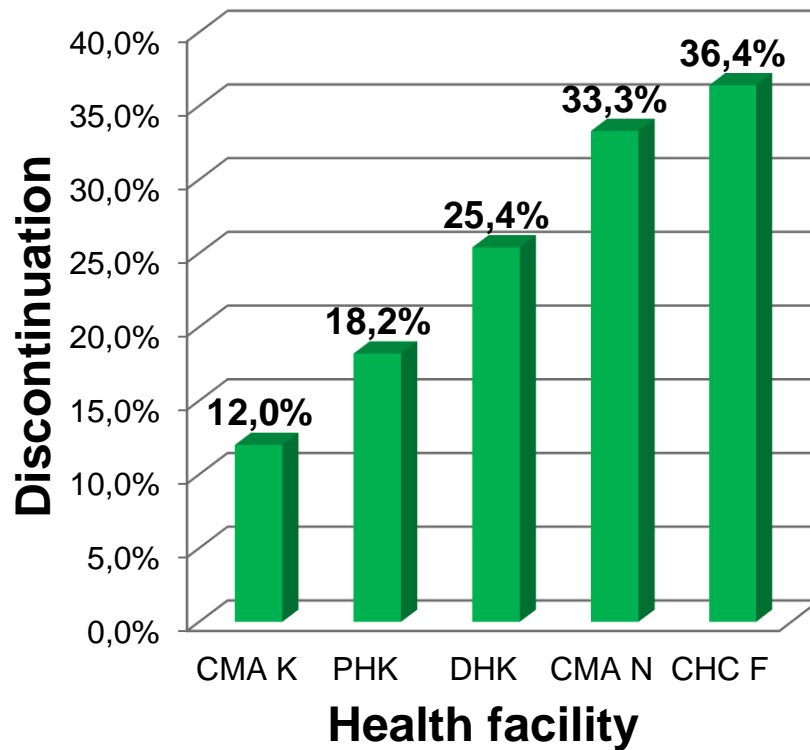
NB*

Clients lost to follow-up or who intentionally stopped their treatment were considered having discontinued treatment.

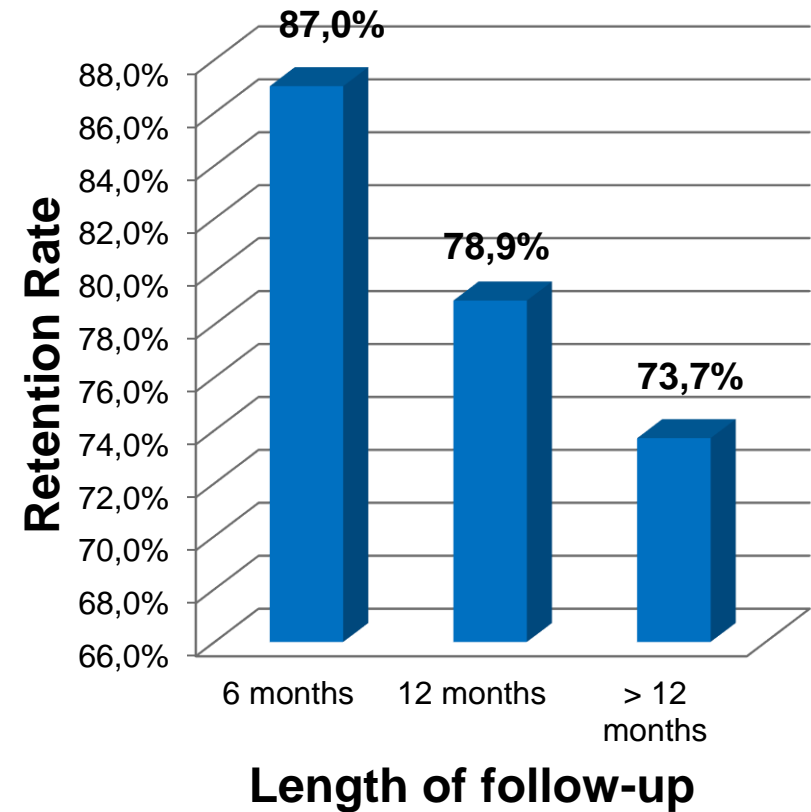
Results & Discussion cont.

Retention in Care and treatment

Discontinuation rates at 12months

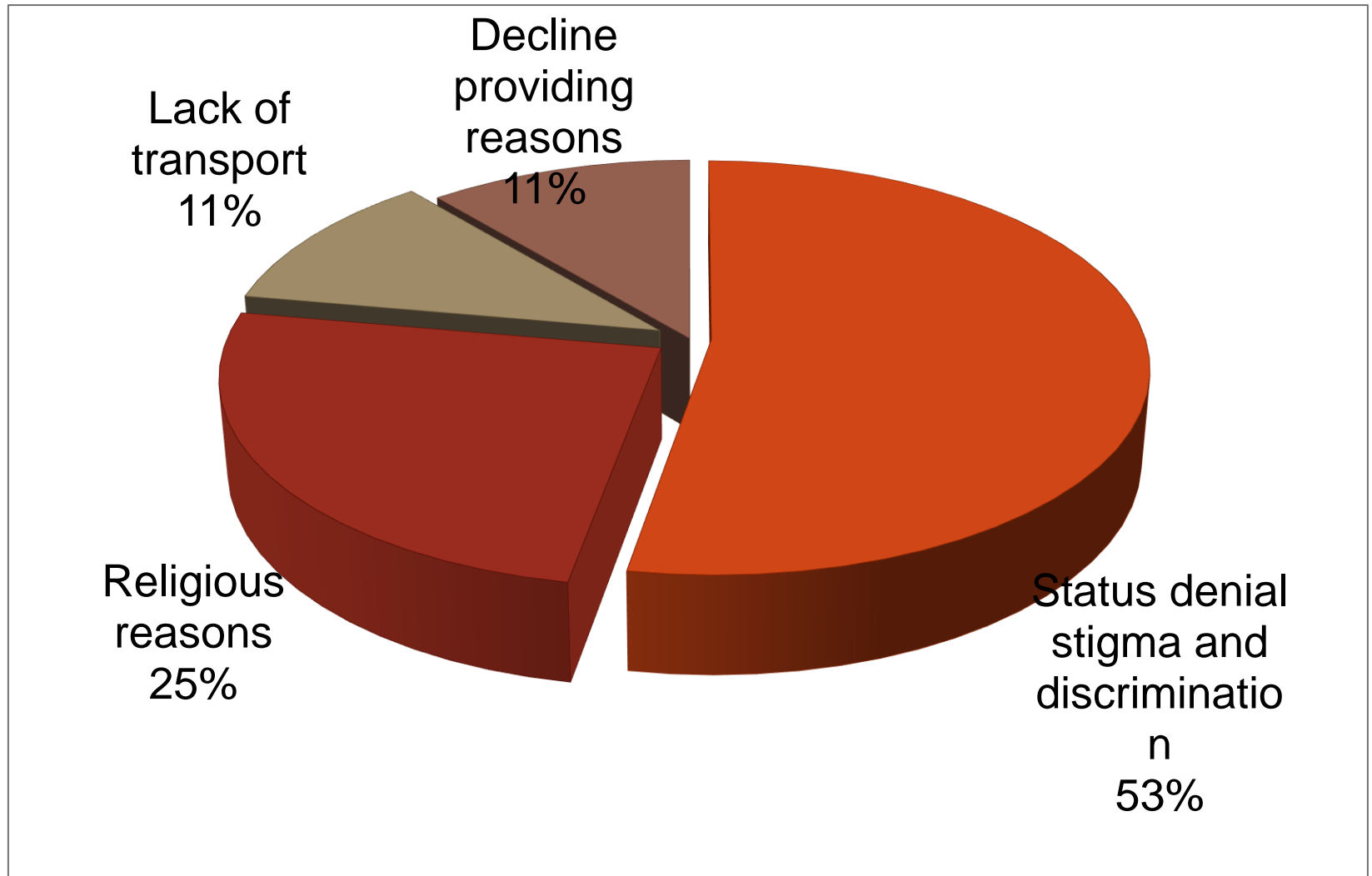


Overall retention



Results & discussion cont.

Reasons for stopping treatment



Conclusion

- Retention on option B+ decreases overtime and varies with facilities with small sites with lone staff recording lower retention rates.
- Though same day initiation is necessary for the success of option B+, adequate preparation is necessary for treatment success.
- HIV status denial, stigma and discrimination and religious beliefs were top reasons for stopping treatment.
- Improved staffing and community interventions to track defaulters and reduce stigma and religious beliefs would improve retention.

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Thanks for your kind attention

See you in
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