

Higher Adherence of Antiretroviral Therapy (ART) in Community Hospitals than in Regional Hospitals: A Cohort Study Under The Universal Coverage in Thailand

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Background: Epidemic of HIV/AIDS in Thailand

Bureau of Epidemiology reported

- Spontaneous report since 1984 to 31st March 2011
 - Cumulative 372,874 AIDS patients
 - AIDS deaths 98,153 cases

(Division of Epidemiology, Thai MOPH, 2011)



Background: HIV/AIDS treatment and care in Thailand

Antiretroviral therapy (ART)

- HAART (Highly Active Antiretroviral Therapy) had been introduced to Thailand in 2000
- People accessing this treatment increased dramatically
 - Reducing no. deaths from AIDS
 - Thai HIV prevalence reduction
 - in 2003 = 1.8 %
 - in 2005 = 1.4 %

(Tribune I. H., 2005)



Background: HIV/AIDS treatment and care in Thailand

- •Thailand scaling up National AIDS Program (NAP) Since 2007
- Aimed toward universal coverage (UC) for ART
 - PLHA equally access to treatment and care
 - Free ART and OI drugs provided
 - Service covered >900 hospitals
- Supported CD4 & viral load laboratory network



Aim of the study

• To find facility factors related to Adherence of Antiretroviral Therapy under the universal coverage

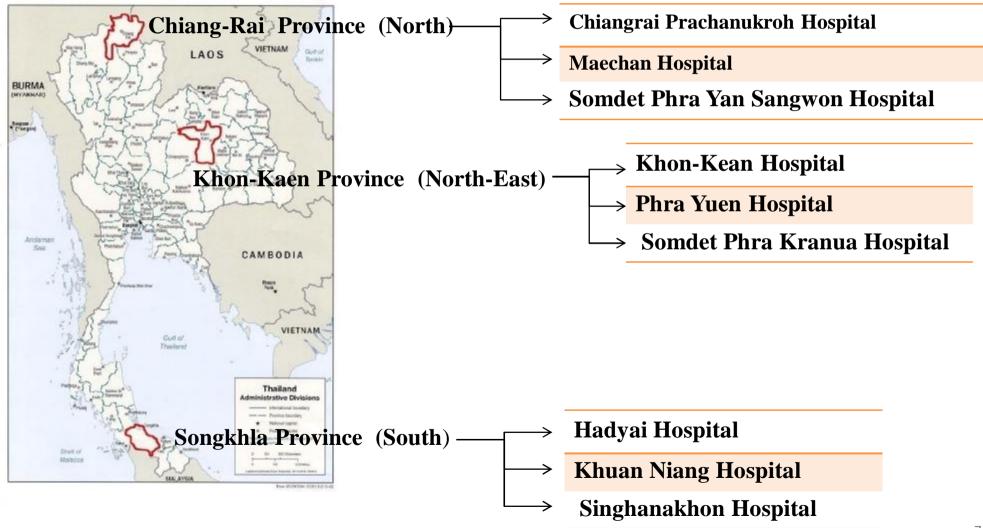


Research Methodology: Research Design

- A Cohort Study from June 2008 to September 2009
- Coverage Area of 9 hospitals in 3 provinces
- Approved by National Ethical Review Committee, MOPH
- Anonymity and confidentiality:
 - Not recorded patient names in case record form
 - Used IDs instead
 - All case record forms confidentially kept in locked cabinet



Research Methodology: Research Sites





Research Methodology: population and sample

- HIV-infected adults receiving antiretroviral therapy
 - Under National AIDS Program (NAP)
 - Age 20 years old and over
 - Male or female
 - Living in 3 provinces



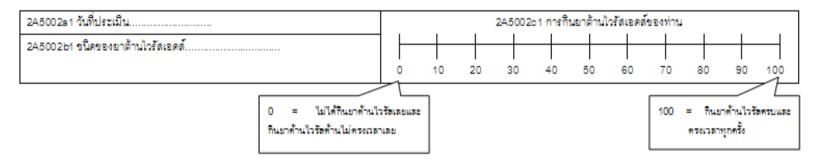
Research Methodology: Measured adherence

1. Pill count

2. Self report (VAS) score 0 to 100

การประเมิน Adherence ด้วยวิธี Visual Analogue Scale

5.2 บันทึกการทานยาด้านไวรัสเอดส์ในช่วง soวันของผู้ติดเชื้อเอชูไอวีเอดส์ที่มารับยาด้านไวรัสเอดส์โดยใช้Visual Analogue Scale ด้าอธิบายให้ท่านลากเล้นตามแนวนอนในช่องว่างหรือตอบเป็นตัวเลขตามระดับการรับประทานยาของท่าน





Results







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Characteristics of hospital

Level of Hospitals

Hospitals Beds		Level of hospital	
Chiangrai Prachanukroh Hospital	780	Regional Hospital	
Khon-Kean Hospital	867	Regional Hospital	
Hadyai Hospital	650	Regional Hospital	
Maechan Hospital	90	Community hospital	
Somdet Phra Kranua Hospital	90	Community hospital	
Somdet Phra Yan Sangwon Hospital	30	Community hospital	
Somdet Phra Kranua Hospital	30	Community hospital	
Khuan Niang Hospital	30	Community hospital	
Singhanakhon Hospital	30	Community hospital	



Characteristics of patients

823 cases come for follow up until the completion of the study

- Female 53 %
- Mean age 39.6 years
- Education higher than primary 44.1%
- Married 50 %
- Average income 4,643 baht (USD 154*) /month

*1 USD = 30 bath



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Characteristics of patients

Adherence from pill-counts and self-report

Adherence	Pill count	Self report (VAS)
	No.(%)	No.(%)
< 95%	76(12.6)	411(49.94)
>=95%	525(87.4)	412(50.06)



Adjusted associations between Level of hospital and Adherence from self-report by Visual Analog Scale (VAS) and Pill Count

Level of hospital	Pill count		OR	95%Cl	P-value
	Adherence<95%	Adherence>=95%			
	No.(%)	No.(%)			
Regional Hospital	65(17.3)	310 (82.7)	1		
Community Hospital	10 (4.8)	199(95.2)	4.17	2.10-8.31	<0.001
Level of hospital	Self report by VAS		OR	95%Cl	P-value
	Adherence<95%	Adherence>=95%			
	No.(%)	No.(%)			
Regional Hospitals	294(53.7)	253(46.3)	1		
Community Hospital	120(43.5)	156(56.5)	1.51	1.13-2.02	0.006



Conclusion & & Recommendation







Conclusion

- The study found that
 - Small hospitals higher ART adherence than lar ge hospitals under same system
 - This might be explained in smaller hospital
 - Closer and probably better patient-staff relationship
 - easy to travel or access to clinic
 - ART one-stop service
 - Exclusively private space for clinic





- Explanation for larger hospitals
 - Many patients per session
 - Limited space for clinic
 - Not separated from other clinics
 - Not one-stop services





- PLWHA Network
 - Found to be an important person help on service deliver in all hospitals
 - Weight and blood pressure check
 - Help on sharing information on ART & lab
 - Volunteers for ambulatory visits & psychosocial support in community



Recommendation

- Regional/general hospital might need
 - Substantial supports on budget and personnel
 - the allocation of service space
 - increasing interest in ART Adherence



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Recommendation

- Evaluation of ARV adherence
 - Taken into process of ARV service
 - Specify to same standard
 - Varies to context of each hospital



Recommendation

- Support of PLWHA Network to appropriately participate in service process of ART in hospitals
 - May help health personnel on ART Adherence evaluation



Acknowledgement

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Thank you for your attention



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