



Who Will Be Lost?

A Psychosocial Review on Loss To Follow-Up in People with HIV

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BACKGROUND

- ✓ People living with HIV (PLWH) could now have similar life expectancy to HIV-negative people¹. However, to achieve this purpose it is crucial to stay retained in care².
- ✓ A number of studies have identified medical factors related to linkage to care in HIV infection, but little is known about the psychosocial factors involved.
- ✓ In addition and importantly, loss to follow-up (LTFU) is described to be highly present in PLWH nowadays. Thus, other factors rather than medical involved in the continuum of care appear to be also essential to prevent LTFU³.
- ✓ For those reasons, we decided to review the literature in order to identify psychosocial factors described in connection with LTFU in PLWH.
- ✓ We established 2 goals for this work: 1) to describe general correlates associated with LTFU, and 2) to categorize factors involving psychological, social and cultural issues.

References:

¹ Marcus JL, et al. Narrowing the Gap in Life Expectancy Between HIV-Infected and HIV-Uninfected Individuals With Access to Care. J Acquir Immune Defic Syndr 2016; 73(1): 39-46.
² Krentz HB, John Gill M. Long-Term HIV/AIDS Survivors: Patients Living with HIV Infection Retained in Care for Over 20 Years. What Have We Learned? Int J STD AIDS 2018 [Epub ahead of print].
³ Mugavero MJ. Elements of the HIV Care Continuum: Improving Engagement and Retention in Care. Top Antivir Med 2016; 24(3): 115-119.

RESULTS

- We initially obtained 2325 reports, which were reduced to 29 performing a full-text analysis. Finally, 15 publications met the study criteria (**Figure 1**).
- The mostly common criteria of LTFU definition was not attending the next scheduled clinical or medical appointment up to 180 days following the last clinical visit.
- From the selected reports, 55 variables were identified related to LTFU. They could be classified into 8 categories: anthropometric, demographic, general health, institutional, physical complications, psychosocial, related to laboratory results, and therapeutic.
- Regarding psychosocial variables, 13 were identified in connection to LTFU. We grouped them into psychological, social and cultural (**Figure 2**, **Figure 3**, and **Figure 4**).
- The most frequently reported factors were depression, HIV nondisclosure, low social support, and perceived stigma.

CONCLUSIONS

- ✓ Psychosocial factors play a key role in PLWH, not only on mental health and quality of life, but also in retention in care and health outcomes as a result. Depression, HIV nondisclosure, low social support, and perceived stigma are particularly important.
- ✓ Detection and assessment of psychosocial variables are strongly recommended in PLWH in order to predict potential LTFU. Assessment and intervention programs should be designed and implemented to optimize linkage to care in PLWH.

METHODS

Review question:
Which are the mostly relevant variables that lead PLWH to LTFU?

Search strategy:
We conducted a literature search in January 2018 in the electronic database PubMed/Medline, with a selection period from January 2010 to December 2017.

Search terms:
Combinations of keywords: “retention in care”, “loss to follow-up” and “HIV”. Later additional search included “psychosocial” as a search term.

To ensure optimized results all words were searched as a keyword, subject heading, in the title or abstract.

Selection criteria:
We established the following inclusion criteria: 1) English language, 2) published in a peer-reviewed journal, 3) including any step of the HIV care continuum, and 4) finding at least one of the following factors as relevant: psychological, social, or cultural.

We did not exclude any domain from our search, therefore it included a wide range of topics such as demographic data (e.g., age, sex, studies), physical complications (e.g., chronicity, Kaposi sarcoma, dementia), or laboratory results (e.g., viral load, CD4 cell count).

Figure 1. Search strategy diagram.

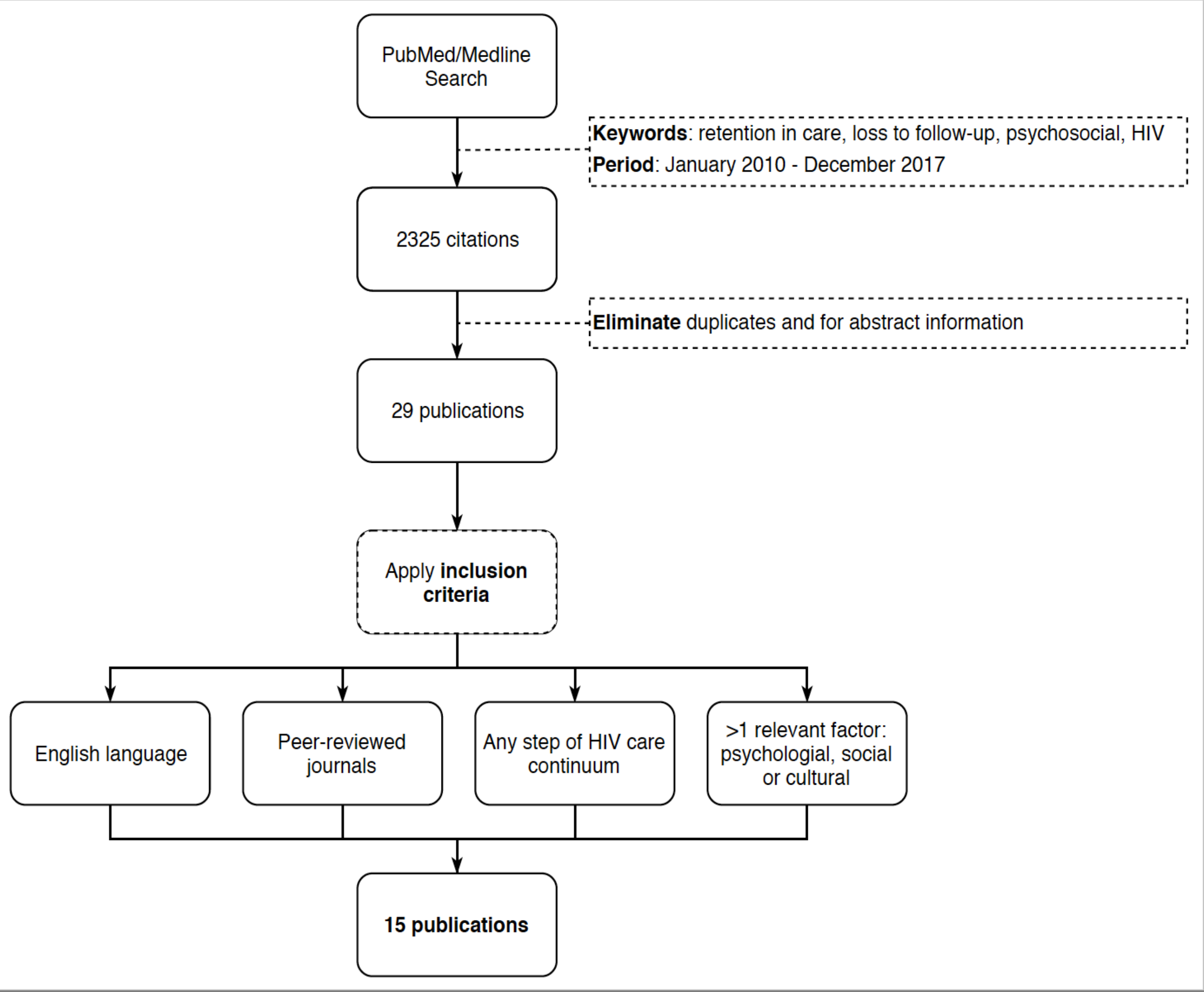


Figure 2. Psychological variables related to LTFU, shown per author and frequency (%).

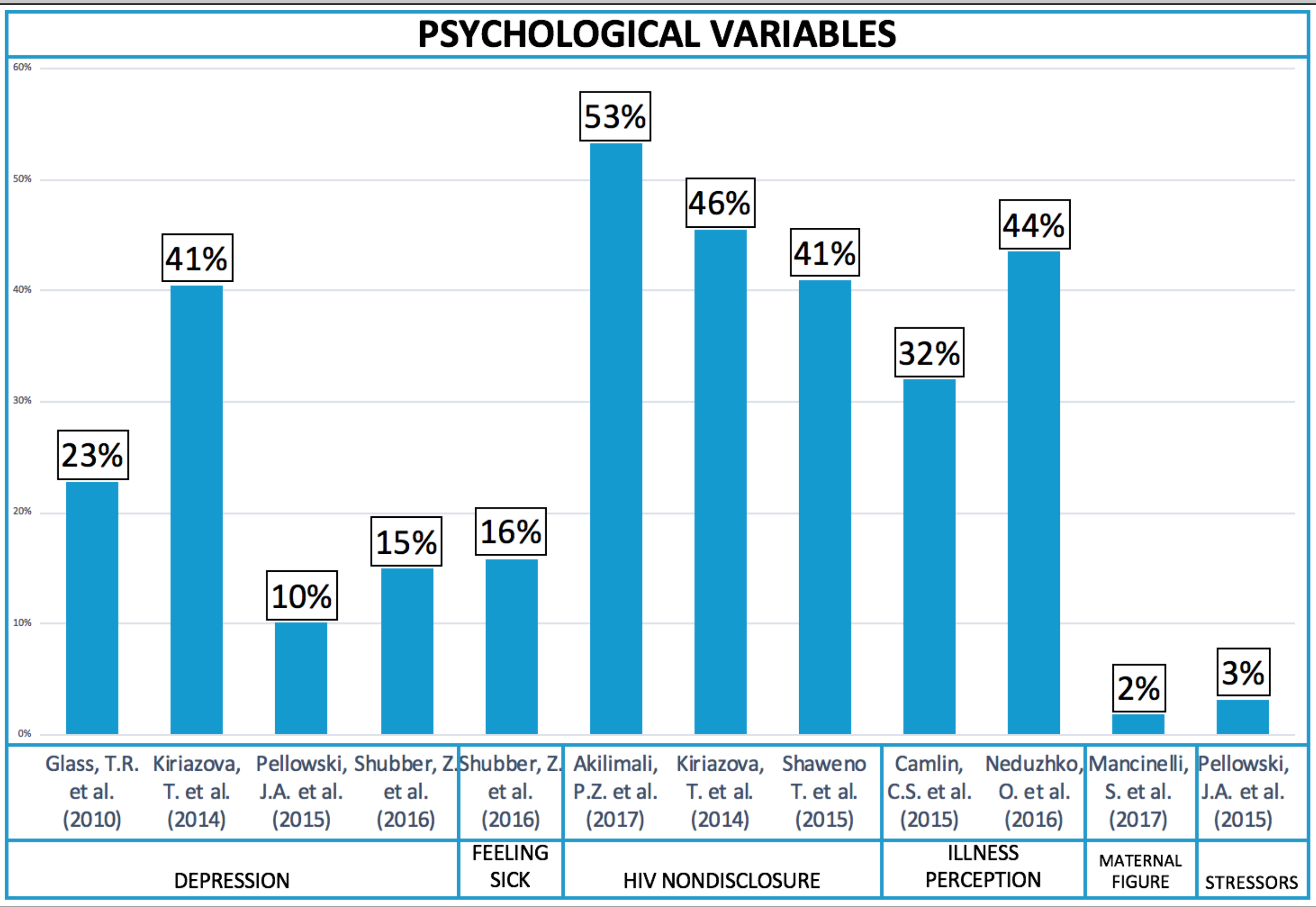


Figure 3. Social variables related to LTFU, shown per author and frequency (%).

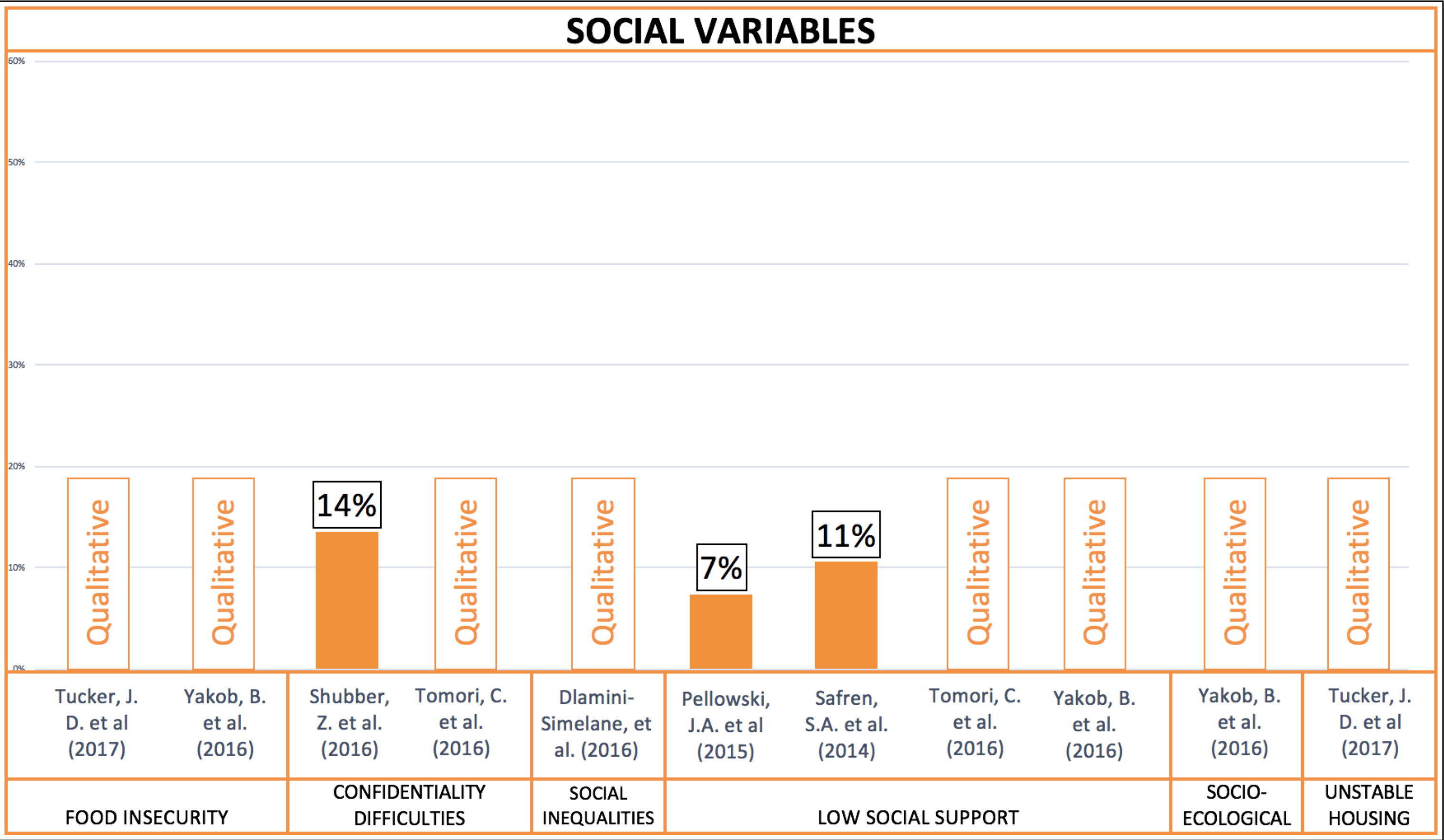
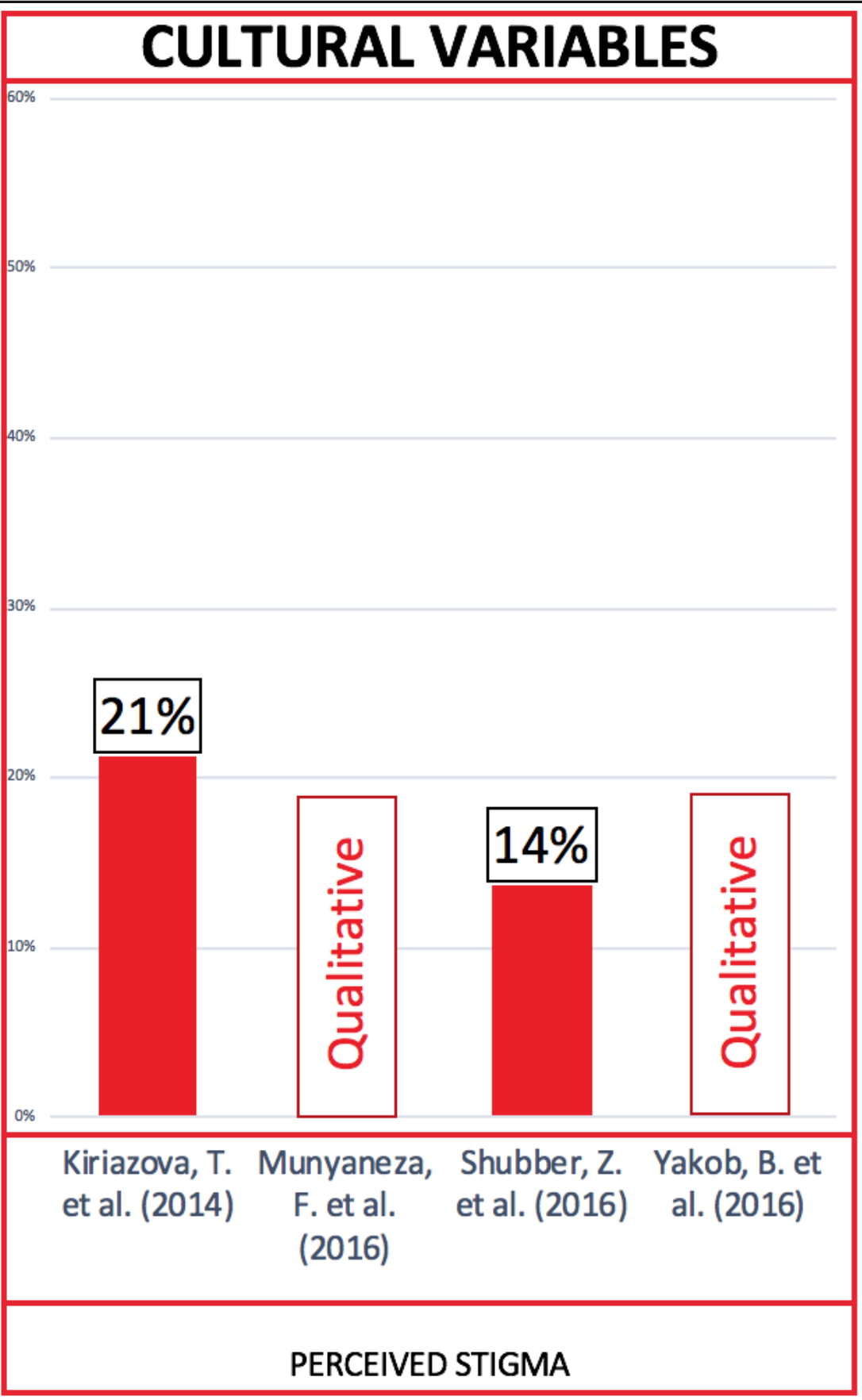


Figure 4. Cultural variables related to LTFU, shown per author and frequency (%).



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