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Regional Differences in Self-Reported HIV Care and Management in the EuroSIDA Study

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BACKGROUND

EuroSIDA has previously reported a poorer clinical prognosis for HIV positive individuals in Eastern Europe (EE) as compared with patients from other parts of Europe, not solely explained by differences in patient characteristics. We explored regional variability in self-reported HIV management at individual EuroSIDA clinics. The goal was to identify opportunities to reduce the apparent inequalities in health.

METHODS

A survey on HIV management was conducted in early 2014 in all currently active EuroSIDA clinics. Responders in EE were compared with clinics in all other EuroSIDA regions combined (non-EE) (**Figure 1**). Characteristics were compared between regions using Fishers exact test.

RESULTS

- Half of the EE clinics indicated following WHO guidelines, whereas most non-EE clinics followed EACS guidelines (**Figure 2**).
- Significantly fewer EE clinics performed resistance tests before ART and upon treatment failure (**Figure 2)**
- The majority of clinics requested viral load and CD4–measurements at least every 6 months for patients on as well as off ART (**Figure 2**).
- The majority of EE clinics, and 25% of non-EE clinics, indicated deferral of ART initiation in asymptomatic individuals until CD4 ≤350 cells/mm^3 (**Table 1**).
- There were no significant regional differences in screening haematology, liver or renal function, which the majority of clinics reported to do routinely.
- EE clinics screened less for cardiovascular disease (CVD), and only about half screened for tobacco use, alcohol consumption and drug use (**Figure 3**).
- Screening for cervical cancer and for anorectal cancer was low in both regions (**Figure 3**).

CONCLUSIONS

We found significant regional variability in self-reported HIV management across Europe, with less resistance testing, screening for CVD and substance use in EE. EE clinics indicated deferral of ART initiation for longer than non-EE clinics. Screening for cervical cancer screening was poor in both regions. Whether differences in HIV management are reflected in clinical outcomes deserves further investigation.

Figure 1

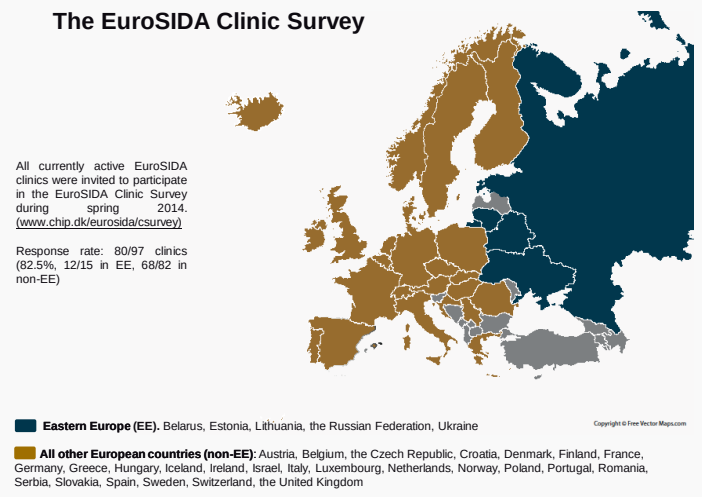


Figure 2

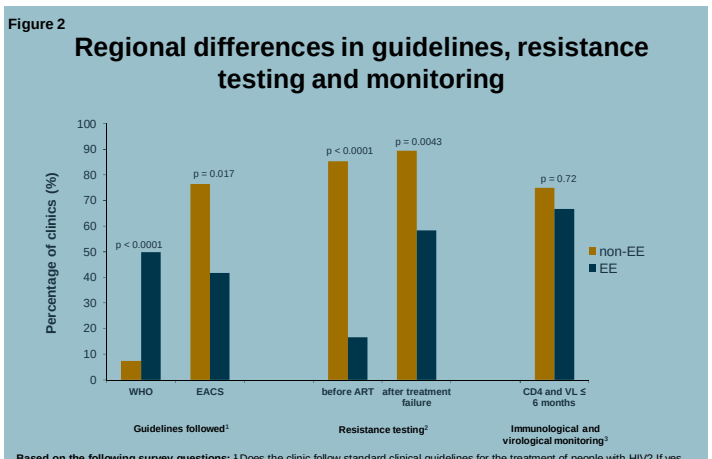


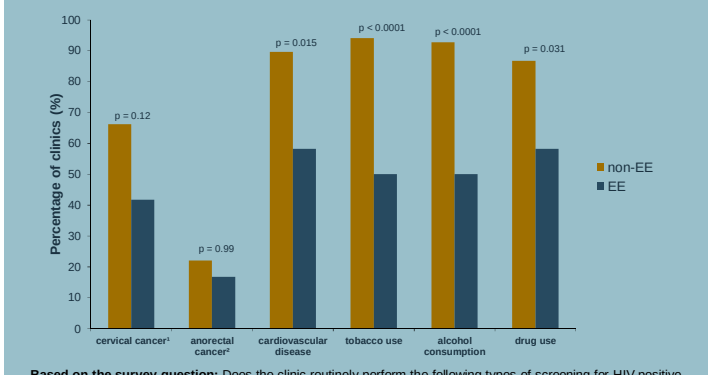
Table 1

Regional differences in deferral of ART initiation

	Non-EE		EE		P-value
	N centers	%	N centers	%	
CD4 < 200 cells/mm^3 and/or AIDS	0	0	0	0	0.0043
CD4 = 200-350 cells/mm^3	17	25.8	9	75.0	
CD4 ≥ 350 cells/mm^3, with clinical symptoms	21	31.8	2	16.7	
CD4 ≥ 350 cells/mm^3, without clinical symptoms	28	42.4	1	8.3	

Based on the survey question: When do antiretroviral treatment-naïve patients, who have been followed in the clinic for at least 3 months (i.e. excluding late presenters), generally start ART? (1 possible answer)

Figure 3



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