









Age Matters: Inconsistent HIV Care and Outcomes Among Adolescents and Young Adults in Nigeria

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Background on Youth

- Aged 15-24yrs
 - Adolescents (11-19yrs)
 - Young adults (15-24yrs)
- Unique time of development
- Poorer adherence to care and outcomes in those with chronic disease



UN Sec Gen Report to Gen Assembly, A/36/215, 1981; Borus et al. 2010; Naimi et al. 2009; Lowenthal et al. 2014; Nachega et al 2009; Bygrave et al. 2012

HIV among Youth



- 2.1 million adolescents living with HIV worldwide
- 80% of adolescents with HIV live in SSA
- Opposing mortality trends (2005-2012)
 - 30% decrease in adult AIDS-related deaths
 - 50% increase in adolescent AIDS-related deaths

Objectives



- To determine whether youth is a risk factor for poor adherence to care in the first year after ART initiation
- To compare rates of viremia among youth (15-24yrs) and adults (>24yrs) who remain in care in the first year on ART

Study Setting: Nigeria

- Most populous African country (160 million)
- 3.5 million PLWHA
- 10% of global HIV population
- AIDS Prevention Initiative in Nigeria (APIN)
 - Comprehensive HIV treatment center
 - University teaching hospital
 - Semi-urban
 - Kaduna state
 - "Adult" clinic ≥ 15yrs



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Frequency of Visits First Year on ART



Nigerian National ART Guidelines 2010







- Summarized outcomes across age groups
- Compared proportion of patients in care 1 yr after ART & end of follow-up
- Used logistic regression methods to model odds of inconsistent care at 1 year (youth vs. adults)
- Determined rates of virologic suppression after 1yr on ART for patients remaining in care

Baseline Demographics



	Υοι	ıth (n=354) 15-24yrs	Adult >	(n=2,140 24yrs)	Total N=2,494
SEX						
Female	315	89%	1398	65%		p<0.01
Male	39	11%	742	35%		
EDUCATION						
No	107	30%	464	22%		p<0.01
Any	247	70%	1676	78%		
EMPLOYMENT						
Unemployed	170	49%	542	26%		p<0.01
Employed	100	29%	1450	68%		
Student	79	22%	122	6%		
MARITAL STATUS						
Married	178	50%	1328	62%		p<0.01
Single	176	50%	812	38%		

Baseline Clinical Factors

	Yo	outh (n=354) 15-24yrs	4) Adult (n=2,140) >24yrs		Total N=2,494
BASELINE CD4 cells/μL					
Median	252	IQR [107, 404]	204	IQR [96, 447]	p<0.01
<100	67	24%	448	26%	
101-200	47	17%	410	23%	
201-350	77	27%	489	28%	
350-500	92	32%	398	23%	
BASELINE TB					
Yes	8	2%	89	4%	p<0.09
No	346	98%	2051	96%	

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<50% of youth remained in care#ADHERENCE2015 after starting ART

End of first year on ART

Age (yrs)	In Care (n=1292)	Inconsistent Care (n=1202)	In Care vs. Inconsistent Care
	%	%	
Adults	53	47	p<0.01
Youth	45	55	

After Median 1.8yrs Follow-Up

Age Category	In Care (n=1091)	Inconsistent Care (n=1405)	In Care vs. Inconsistent
			Care
	%	%	
Adults	45	55	p<0.01
Youth	36	64	

outh were at increased #ADHERENCE2015						
isk for inco	nsistent care	adjusted OR	P value			
	Female (ref) Male	1 1.56	p<0.01			
	Married (ref) Single	1 1.17	p<0.01			
	No education (ref) Any education	1 0.81	p=0.04			
	No baseline TB (ref) Baseline TB	1 1.55	p=0.05			
	Baseline CD4 (cells/μL) <100 (ref) 101-200 201-350 350-500 missing	1 0.75 0.59 1.96 1.83	p=0.03 p<0.01 p<0.01 p<0.01			
	Adult (ref) Youth	1 1.36	p=0.01			

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*Multivariate logistic regression model



Do youth who remain in care have good virologic outcomes?







40% of youth <u>in care</u> at 1 year have substantial viremia

Patients In Care After 1 Year on ART N=1,098

Age (yrs)	≤1000 copies/mL	>1000 copies/mL	
	%	%	p=0.03
Adults	74	26	
Youth	60	40	



- Youth had 40% increased risk of inconsistent care compared to adults, with clinic absences >3 months
- Youth presented to care with higher median CD4 counts than adults
- •40% of youth who remained in care after starting ART had poor virologic outcomes at 1-year

Implications



- Youth-friendly models of HIV care are needed to optimize health and outcomes
- Better understanding youth-specific barriers to retention and adherence particularly among females

Thank-You

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