

# Looking for lost to follow-up patients : experience of Segou, Mali

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## Background and objectives

ART scaling up in Mali begun in 2003, promoted by the Sectorial Committee against AIDS (CSLCS), with technical support from NGO Solthis in the Segou region.

At the beginning of 2008, up to 1700 patients were receiving ART in the Segou region

A centralized database (Fuchia®) shows a significant rate of patients lost to follow-up (> 3 months after the last visit).

=> to quantify and understand the causes of losing patient to follow-up in the cohort

## Methods

Patients initiated to ART from January 2006 to December 2007

Three main hospitals in Segou town:  
-Regional hospital Nianankoro Fomba  
-Wale NGO  
- District hospital Famory Doumbia

1. Analyzing of the database

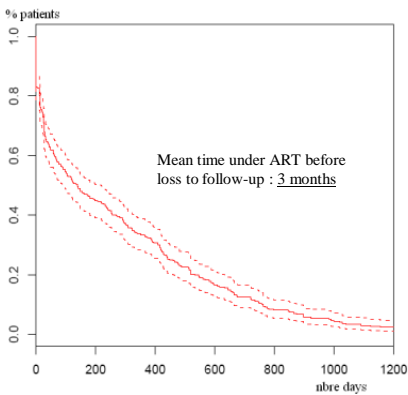
2. Active search of patients living in the Segou region

- Diagnosis of the loss to follow-up
- Team discussion of the case (social workers / members of PLVHA associations)
- Active research by members of the team
- Questionnaire
- Debriefing and experience sharing

## Results

### 1. Analyzing the database

Patients included in the cohort: 1061 patients, of which 493 (46,5%) were lost to follow-up



### Identifying patients lost to follow-up

- Lost to follow-up: > 90 days after the last visit	168	34%
- Still on treatment (without regular follow up)	124	25%
- Discontinued follow-up	136	28%
<i>Transferred within the Segou Region</i>		
<i>Left the Segou Region</i>	14	
<i>Stopped ARV</i>	57	
<i>Died</i>	16	
<i>Died</i>	49	
- Incomplete information	63	13%

### Negative outcomes of losing patients to follow-up

Individual level	Global level
Deterioration of individual health	Appearance and dissemination of resistant strains of HIV
Lack of medical follow-up	Healthcare system management

- => Lack of information due to incomplete patient files
- => Missing information obtained from pharmacies / social services / PLVHA associations

### 2. Active research of true lost to follow-up patients

### Outcome of the active research program

64 searches performed

Research limited to Segou town

Outcome	n	%
Not found	14	22%
Died	23	36%
Out the Segou region	8	12%
Transferred	1	2%
Didn't answer questions	5	8%
ART ongoing	6	9%
Back to cohort	7	11%

### Determinants of being lost to follow-up

Variable	Coeff	Std.error	t	Pr (> t )
Intercept	1.066	0.338	3.152	<b>0.002</b>
Distance from hospital	-0.118	0.047	-2.253	<b>0.012</b>
Late to scheduled visit	0.002	0.001	1.865	0.063
Age	-0.201	0.089	-2.247	<b>0.025</b>
BMI	0.003	0.003	-1.095	0.275
Treated at Regional hospital	-0.034	0.086	-0.400	0.689
Treated at Wale NGO	-0.236	0.073	-3.247	<b>0.001</b>

### Determinants of treatment adherence

Variable	Coeff	Std.error	t	Pr (> t )
Intercept	39.320	3.416	11.512	< 2 <sup>-16</sup>
Distance from hospital	-10.891	1.365	-7.980	<b>2.18<sup>-15</sup></b>
Divorced	2.772	3.170	0.874	0.3819
Engaged to be married	12.11	4.168	2.906	<b>0.004</b>
Monogamous	3.801	1.839	2.067	<b>0.0388</b>
Polygamous	3.228	2.103	1.535	0.1249
Widowed	-0.984	2.177	-0.452	0.651
BMI	0.433	0.111	3.905	<b>9.67<sup>-5</sup></b>
Treated at Regional hospital	-3.034	2.310	-1.314	0.1891
Treated at Wale NGO	-11.420	1.704	-6.700	<b>2.54<sup>-11</sup></b>
Male sex	2.156	1.379	1.563	0.1181

## Conclusion (1)

Main determinants of loss to follow-up identified in this study:

- distance from treatment site
- type of treatment site (public health care system or NGO)
- good health (normal or high BMI)
- age and family status => integration in society (stigmatisation)

## Conclusion (2)

- Need to improve quality of data collection using various sources of information pharmacy files, PLVHA associations, social services, etc.
- Need for early active search of lost to follow-up patients in order to increase the probability of finding them and allowing them to restart ART