

Many with HIV start care too late

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Despite growing evidence that the earlier people are diagnosed with HIV and get access to care, the better their clinical outcomes, many HIV-infected people in the United States and Canada are not receiving the care they need early enough. A study of nearly 45,000 patients in both countries highlighting this trend appears in the June 1, 2010, issue of *Clinical Infectious Diseases*, now available online.

Researchers analyzed patients' CD4 cell counts, a critical measure of immune system strength, when these patients first began clinical care for [HIV](#) from 1997 to 2007. Although the median CD4 count at first presentation increased annually over this period, from 256 cells/mm³ to 317 cells/mm³, it remains below the level currently recommended for patients to start antiretroviral therapy, 350 cells/mm³. The median age at which patients first received HIV care increased over the study period from 40 to 43 years of age.

"The public health implications of our findings are clear: Delayed diagnosis reduces survival, and individuals enter into HIV care with lower CD4 counts than the guidelines for antiretroviral therapy initiation," said study author Richard Moore, MD, of Johns Hopkins University School of Medicine in Baltimore. "A delay in presentation for treatment not only increases the chance of clinical disease progression but also increases the risk of ongoing transmission."

In an accompanying editorial, Cynthia Gay, MD, of the University of North Carolina at Chapel Hill, agreed: "These findings reveal that despite such compelling data, there is much room for improving our

ability to link more HIV-infected individuals with effective treatment prior to immunological deterioration."

More information:

<http://www.journals.uchicago.edu/doi/abs/10.1086/652650>

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