

Effective HIV care benefited all HIV patients, regardless of demographics and behavioral risk

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Improved treatment options, a multi-pronged treatment model, and federal funding from the Ryan White Program have helped an inner city Baltimore clinic improve outcomes for HIV patients across all groups, including those most often hardest hit by the disease. Published in *Clinical Infectious Diseases*, the results from the 15-year analysis of patients at a clinic serving a primarily poor, African-American patient population with high rates of injection drug use demonstrate what state-of-the-art HIV care can achieve, given appropriate support.

Current antiretroviral therapy is so effective that when such care is delivered by expert clinicians in a supportive environment, the prognosis for [patients](#) is measurably enhanced. "Contemporary HIV care can markedly improve the health of persons living with HIV regardless of their gender, race, risk group, or socioeconomic status," said study author Richard D. Moore, MD, MHS, of Johns Hopkins University in Baltimore. The study by Dr. Moore and colleagues Jeanne C. Keruly, MS, and John G. Bartlett, MD, which analyzed data collected from 1995 to 2010, is the first to directly compare outcomes for patient groups defined by these variables, often the groups affected most by health-care disparities.

The Baltimore clinic's [care model](#) has multiple levels to address HIV patients' complex needs: primary, specialty (substance abuse and mental health), and supportive care (case-management, nutrition, treatment

adherence, emergency services, and transportation). Supported in part by the federally funded Ryan White Program, created in 1990, the clinic receives financial assistance to provide HIV care to low-income patients, who in the 2010 fiscal year made up 92 percent of the clinic's patients.

Health care stumbling blocks for patients with HIV include inadequate access to treatment, lack of retention in care, and poor adherence to current HIV treatment guidelines. The Ryan White Program allowed this urban clinic to provide care to patients who might otherwise have slipped through the cracks, the study authors noted. As a result of the "integrated multi-disciplinary program of care" the clinic was able to offer, and because of advances in antiretroviral drugs, HIV-infected patients at the clinic now have a life expectancy of 73 years. This longevity remained the same across all demographic and behavioral risk groups. Even adjustments made for patients' source of medical insurance did not affect the outcomes.

There is one important caveat: The study's results include only those patients who were sufficiently "engaged in care" to show up for lab testing and clinical follow-ups. "Getting people living with HIV engaged in care is critical to their well-being," Dr. Moore said. "As investigators as well as our patients' clinicians, we were gratified to find that, with the support of the Ryan White HIV/AIDS Program, we have created a medical home that is able to deliver highly beneficial HIV medications and other therapy to all of our patients."

In a related editorial commentary, Michael S. Saag, MD, of the University of Alabama at Birmingham, noted the ongoing importance of the Ryan White Program, which is up for reauthorization by the U.S. Congress in 2013, in filling holes in the nation's primary care safety net for [HIV patients](#). "The lesson learned from the remarkable outcomes within the HIV clinic at Johns Hopkins and other Ryan White supported clinics in the U.S. is that supplemental funding for primary care is

needed to overcome health disparities widely evident in our current system," Dr. Saag wrote.

The study and editorial commentary are available online.

Provided by Infectious Diseases Society of America

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