Profile of Patients on First Line Anti-Retroviral Therapy (ART) Attending a Tertiary Care Centre in Mangalore

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Background

Over 33 million people world-wide and 2.40 million Indians are suffering from HIV/AIDS. The first-Line ART proposed by WHO includes two Nucleoside Reverse Transcriptase Inhibitors (NRTIs) and a Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI). The ART treatment was initiated in India in the year 2004.

Aims & Objectives

To assess the profile of patients on first-Line ART based on their CD4, Hemoglobin levels, Total Leukocyte count and opportunistic infections.

Material And Methods

A retrospective record based study was carried out at a tertiary care hospital at Mangalore. All the patients on first-Line ART registered at ART centre in the last 3 years were included. The Study was conducted duration the month of May 2013. Prior to starting the study, permission to access the records was obtained from the Medical Superintendent. The data was collected from the records using a proforma. Ethical clearance was obtained from Institutional Ethics Committee of Kasturba Medical College. Data was entered in Microsoft Office Excel

Worksheet. Analysis was done using statistical software SPSS Version 11.5. Descriptive statistics like mean, proportions and standard deviation were used for expression of the results.

Results

A total of 109 patients received first line ART of which 69.71% were in the age group of 31-50 years.64.22% of patients were males,78.89% were married, and 52.29% patients were from Dakshina Kannada district. The most common opportunistic infection was found to be Tuberculosis (Pulmonary+ Extra-pulmonary) 27.52% followed by other respiratory infections of 23.85%. The patients had a median CD4 of 181 at the start of treatment followed by 337 after treatment.

Conclusions

Our study found that most of the patients were in the Reproductive age group and were married. As the most common Opportunistic Infections were Tuberculosis and other Respiratory Tract Infections hence, screening for these Opportunistic Infections is of prime importance.

Keywords: Anti Retro-Viral Therapy (ART); Opportunistic infection; Retrospective; Tuberculosis.