Faktor-faktor yang berhubungan dengan tertundanya inisiasi terapi antiretroviral pada pasien dengan infeksi human immunodeficiency virus = Factors associated with delayed initiation of antiretroviral therapy in human immunodeficiency virus infected patients / Dwi Rahayu Nur Laila Praptiwi

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Abstrak

[Latar Belakang: Cakupan pemberian obat antiretroviral (ARV) yang semakin luas berdampak positif dengan menurunnya angka kematian dan kesakitan pasien HIV/AIDS. Waktu inisiasi pemberian terapi ARV pada pasien HIV juga berhubungan erat dengan penurunan angka kematian dan kesakitan. Tertundanya inisiasi terapi ARV pada pasien HIV menyebabkan angka kematian yang lebih tinggi yaitu 10% dibanding yang tidak tertunda. Faktor-faktor yang berhubungan dengan tertundanya inisiasi terapi ARV penting untuk diketahui sehingga dapat dilakukan upaya pengendalian terhadap faktor-faktor tersebut sehingga dapat menurunkan angka kesakitan dan kematian pada pasien HIV.

Tujuan: Mengetahui faktor-faktor yang berhubungan dengan tertundanya inisiasi terapi ARV pada pasien HIV.

Metode: Penelitian ini merupakan studi potong lintang pada pasien HIV rawat jalan dewasa di UPT/HIV RSUPNCM yang memulai ARV pertama kali selama periode Januari 2013-Desember 2014. Data klinis dan laboratorium didapatkan dari rekam medis pasien. Tertundanya inisiasi terapi ARV dinyatakan bila pasien belum memulai terapi ARV 10 minggu setelah diagnosis HIV. Faktor-faktor yang diteliti adalah jenis kelamin, status pernikahan, tingkat pendidikan, pekerjaan, Indeks Massa Tubuh (IMT), status fungsional, stadium klinis HIV, dan infeksi oportunistik. Uji regresi logistik digunakan untuk mengetahui hubungan faktor-faktor tersebut dengan tertundanya inisiasi terapi ARV.

Hasil: Terdapat 444 pasien yang memulai terapi ARV pertama kali, 107 pasien (24,1%) yang tertunda inisiasi terapi ARV dan 337 pasien (75,9%) tidak tertunda. Berdasarkan hasil analisis bivariat didapatkan 3 variabel yang memiliki kemaknaan statistik yaitu stadium klinis lanjut (p<0,001), status fungsional rendah (p<0,001) dan adanya infeksi oportunistik (p<0,001). Pada analisis multivariat lebih lanjut terdapat dua variabel yang berhubungan dengan tertundanya inisiasi terapi ARV pada pasien HIV yaitu stadium klinis lanjut (OR: 2,92, IK95% 1,53-7,40, p=0,02) dan adanya infeksi oportunistik (OR 1,99, IK95% 1,21-3,29, p=0,01).

Simpulan: Stadium klinis lanjut menurut WHO dan adanya infeksi oportunistik merupakan faktor-faktor yang berhubungan dengan tertundanya inisiasi terapi ARV pada pasien HIV.;Background: Increase access towards antiretroviral therapy (ART) contribute to global decrease of HIV/AIDS-associated morbidity and mortality. Time to initiation of ART in eligible HIV-infected patients is associated with reduction of mortality and morbidity. Delayed initiation of antiretroviral therapy can lead to increase of mortality rate more than 10% compared to early initiation. It is important to identify factors associated with delayed initiation ART among HIV patient in order to control these factors and thus lower the mortality and morbidity in HIV patients.

Objectives: To identify factors associated with delayed initiation of ART in HIV patients.

Methods: This study was a cross sectional study among adult HIV patients in Out-patient Clinic of HIV Integrated Clinic Cipto Mangunkusumo General Hospital who started ARV therapy for the first time (ART-naïve patients) enrolled from January 2013 to December 2014. Clinical and laboratory data were extracted from medical records. Delayed initiation ART was defined as eligible patients didn?t initiate ART within 10 weeks after the diagnosis of HIV infection. Factors identified were gender, education level, employment, marital status, WHO clinical stage, BMI, functional status, and the presence of opportunistic infection. Logistic regression test was used to find factors associated with delayed initiation of ART.

Results: There were 444 subjects in this study, which consisted of 107 patients (24.1%) who delayed initiation of ART and 337 patients (75.9%) who didn?t delayed initiation of ART. Based on the bivariate analysis, there were three variables statistically significance, which were advanced WHO clinical stage ($p<0.001$), lower functional status ($p<0.001$) and the presence of opportunistic infection ($p<0.001$). Further multivariate analysis showed that there were two variables associated with delayed initiation of ART, which were advanced WHO clinical stage (OR: 2.92, 95%CI 1.53-7.40, p=0.02) and the presence of opportunistic infection (OR 1.99, 95%CI 1.21-3.29, p=0.01).

Conclusion: Advanced WHO clinical stage and the presence of opportunistic infections are factors associated with delayed initiation of ART among HIV patients, Background: Increase access towards antiretroviral therapy (ART) contribute to global decrease of HIV/AIDS-associated morbidity and mortality. Time to initiation of ART in eligible HIV-infected patients is associated with reduction of mortality and morbidity. Delayed initiation of antiretroviral therapy can lead to increase of mortality rate more than 10% compared to early initiation. It is important to identify factors associated with delayed initiation ART among HIV patient in order to control these factors and thus lower the mortality and morbidity in HIV patients.

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