

The influence of age and gender on HIV/AIDS outcomes in adults in a managed healthcare setting.

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BACKGROUND

Aid for AIDS (Afa) is a disease management programme (DMP) for HIV/AIDS which is available to beneficiaries and employees of contracted medical funds and companies.

Through the programme, patients can access antiretroviral therapy (ART). Most patients are on triple therapy, although in earlier years, only dual therapy was affordable for many medical schemes.

The study objective was to document the overall influence of age and gender on programme enrolment, and probability of survival, in adult patients in a managed healthcare setting.

METHODS

Data was extracted from a confidential Afa database. A cohort of adults, defined as patients older than 18 years at registration, was stratified by gender and age.

Patients were located primarily in South Africa (97%) or other Southern African countries. The groups were compared to determine enrolment patterns and survival.

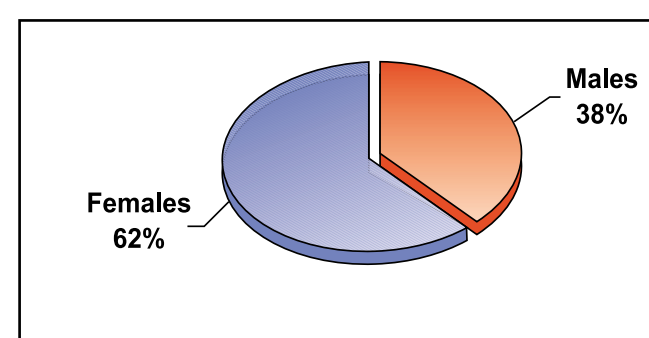
Descriptive statistics expressed as mean \pm standard deviation. Survival analysis was performed using the Kaplan-Meier method.

RESULTS

Patient demographics & clinical indicators

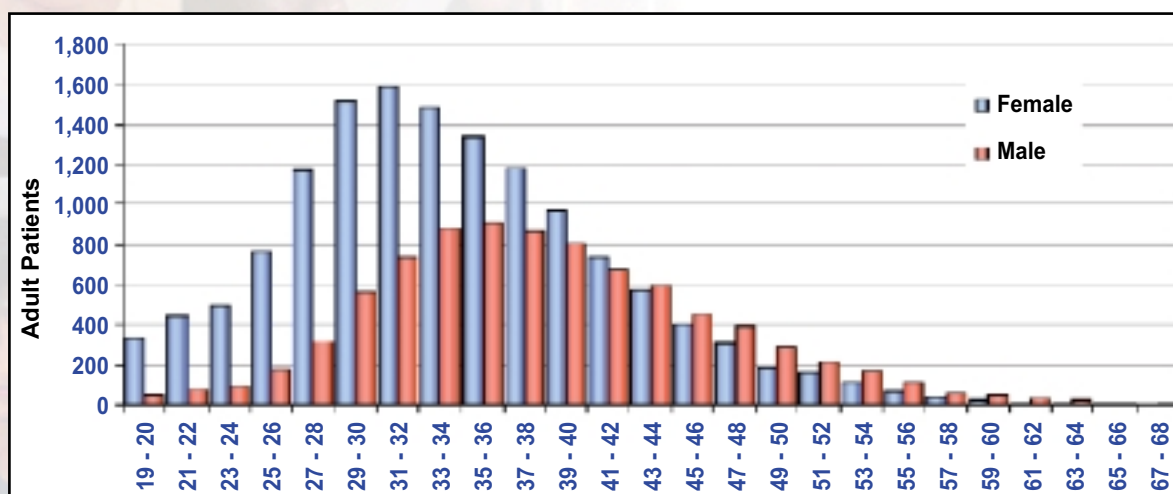
Description	Females	Males	Total
Patients	13,972	8,645	22,617
Active	76%	69%	73%
Left scheme	19%	22%	20%
Deceased	5%	8%	6%
High % ART claims	64%	57%	61%
% Entry CD4 > 349	34%	22%	29%
% Entry CD4 < 50	13%	19%	16%
% On ART	60%	73%	65%

Gender distribution for adult enrolment



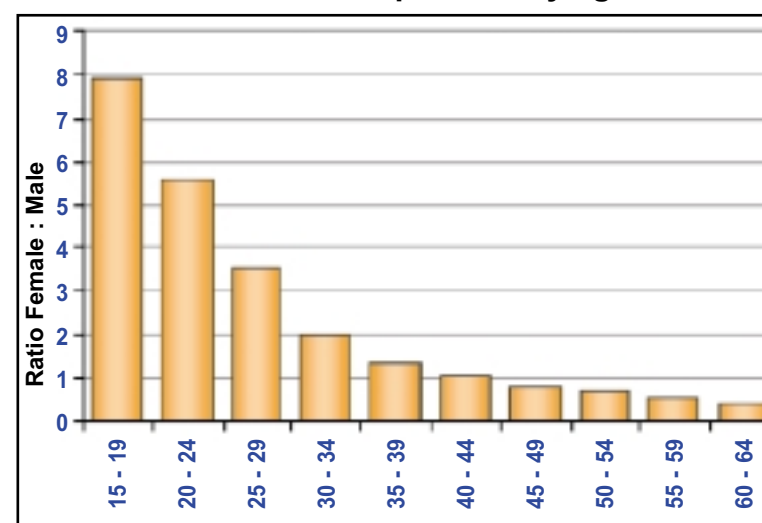
Female : Male ratio 1.6 : 1

Age distribution by gender for adult patients

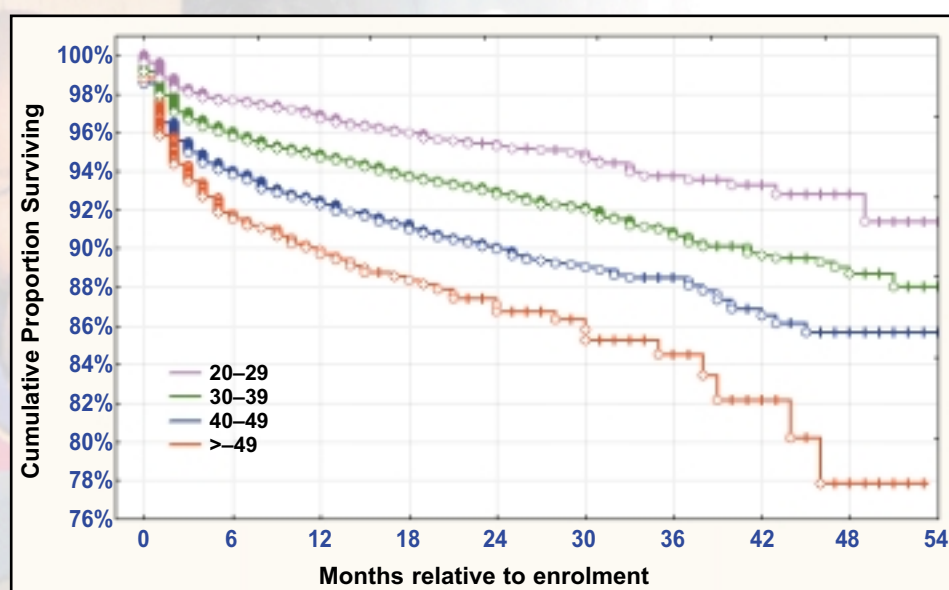


Mean age 35.8 ± 8.3 years, range 18 - 82 years. Male patients older than female patients, 38.5 ± 8.2 years versus 34.2 ± 7.8 years, $p < 0.05$.

Ratio of female to male patients by age band

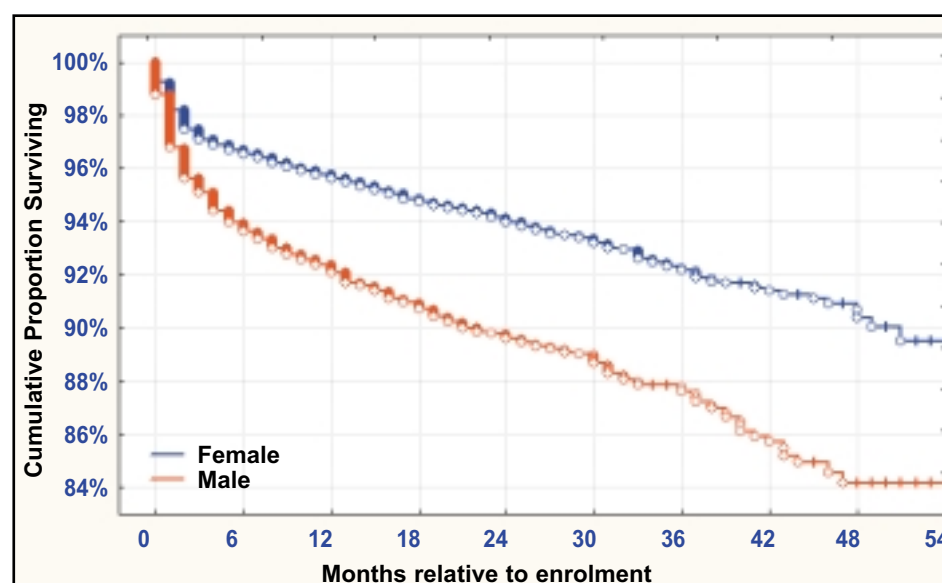


Survival by age category



Probability of survival is higher in younger than older patients; 94% in 20-29 year olds versus 88% in 40-49 year olds at 36 months, $p < 0.05$.

Survival by gender



Probability of survival is higher in females than males; 92% versus 88% at 36 months, $p < 0.05$.

CONCLUSION

Females were more likely to enrol onto an HIV/AIDS DMP than males, and had a higher probability of survival. A lower percentage of females than males entered in late stage disease (CD4 < 50 cells/ μ L) or required ART

commencement. A greater percentage of females had a high level of ART claims submission. The majority of adults who enrolled were in the 25 - 35 year age group.

Younger adults had a higher probability of survival than older adults.