

ABSTRACT

OBJECTIVES:

The purpose of this study was to analyze characteristics, reasons for transferring, and reasons for discontinuing care among patients defined as lost to follow-up (LTFU) from an antiretroviral therapy (ART) clinic in Nairobi, Kenya.

DESIGN:

The study used a prospective cohort of patients who participated in a randomized, controlled ART adherence trial between 2006 and 2008.

METHODS:

Participants were followed from pre-ART clinic enrollment to 18 months after ART initiation, and were defined as LTFU if they failed to return to clinic 4 weeks after their last scheduled visit. Reasons for loss were captured through phone call or home visit. Characteristics of LTFU who transferred care and LTFU who did not transfer were compared to those who remained in clinic using log-binomial regression to estimate risk ratios.

RESULTS:

Of 393 enrolled participants, total attrition was 83 (21%), of whom 75 (90%) were successfully traced. Thirty-seven (49%) were alive at tracing and 22 (59%) of these reported having transferred their antiretroviral care. In the final model, transfers were more likely to have salaried employment [Risk Ratio (RR), 2.7; 95% confidence interval (CI), 1.2-6.1; $p=0.020$] and pay a higher monthly rent (RR, 5.8; 95% CI, 1.3-25.0; $p=0.018$) compared to those retained in clinic. LTFU who did not transfer care were three times as likely to be men (RR, 3.1; 95% CI, 1.1-8.1; $p=0.028$) and nearly 4 times as likely to have a primary education or less (RR, 3.8; 95% CI, 1.3-10.6; $p=0.013$). Overall, the most common reason for LTFU was moving residence, predominantly due to job loss or change in employment.

CONCLUSION:

A broad definition of LTFU may include those who have transferred their antiretroviral care and thereby overestimate negative effects on ART continuation. Interventions targeting men and considering mobility due to employment may improve retention in urban African ART clinics.