ABSTRACT

Background: With successful scale-up of antiretroviral therapy (ART) programmes, life expectancy of people living with HIV/AIDS (PLWHA) has increased. Non-communicable diseases (NCDs) in resource-limited settings areincreasing and there is evidence that HIV increases the risk of diabetes, cardiovascular and kidney disease. Using lessons learned

from providing ART, NCD and HIV care were integrated in clinics operated by Médecins Sans Frontières within the informal settlement of Kibera, Nairobi, Kenya. For the first time within this context, we describe cohort outcomes
among PLWHA and people living without HIV (PLWOH), with NCDs.

Methods:

A retrospective analysis was performed of routinely collected data from January 2010 to June 2013 of patients >14 years with hypertension or diabetes.

Results:

2,206 patients were reviewed, 70% were female and 9.5% were PLWHA.PLWHA males were younger than their counterparts, 45 vs. 53 years, respectively ($p < 0.0001$). The frequency of chronic kidney disease in the combined cohort was15%. The mean age for those with PWLHA and CKD was 47 vs. 59 years for PLWOH ($p < 0.0001$). Over the study period, SBP outcomes were similar between males (PLWHA 144 vs PLWOH 148 mm Hg) and females(PLWHA 143 vs. PLWOH 143 mm Hg). Findings were similar for diastolic blood pressure outcomes. Rates of loss to follow-up were 24% vs 37% ($p=0.002$) for females and 27% vs. 44% ($p=0.02$) for males who were PLWHA and PLWOH respectively.

Conclusions:

PLWHA presented significantly younger with NCDs but responded equally to treatment. There was a significant difference in loss-to-follow-up rates between those with HIV and without. It is possible to provide integrated HIV and NCD services within a primary care setting that may promote good retention and treatment outcomes. PLWHA should be screened earlier for NCDs and treated to possibly slow the progression, minimize complications and lower mortality