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CAUSE AND TIME TO TREATMENT FAILURE OF HAART AND COST OF CARE IN UK NPMS-HHC CLINICS, 1996–2002

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AIMS: To estimate time to treatment failure for first-, second- and third-line HAART, identify factors predicting treatment failure and the cost of service provision.

METHODS: Cox's PH regression models were used to estimate likelihood of treatment failure after starting first-, second- or third-line HAART. Analyses were adjusted for other factors. Reasons for treatment failure were investigated and treatment failure time estimated using survival analysis. Unit costs for use of hospital services were estimated.

RESULTS: 3647 on first-line HAART had an estimated time to failure of 6.7 years (IQR = 3.2 to 10.3 years). For second-line this was 4.3 years (IQR = 2.0 to 6.7 years) and for third-line 4.2 years (IQR = 2.0 to 6.5 years). Likelihood of treatment failure increased if started on a PI regimen, starting with CD4 count of below 170 cells/ μ l for first- and 190 cells/ μ l for second-line HAART and starting at CDC non-AIDS stage (first-line). Of those who failed first-line treatment, 42% were due to virological failure, immunological failure or clinical progression. The average cost of hospital services until first-line treatment failure was £112 158 (IQR = £53 568 – £172 422), £71 212 (IQR = £33 122 – £110 959).

CONCLUSION: Median time to treatment failure for people on second- or third- line HAART was less than that of first-line, but time to treatment failure has improved dramatically over time. Around 50% of people failed because of reasons other than virological failure, immunological failure or clinical progression, and are most likely related to the occurrence of adverse events. Average hospital costs for those on first-line

therapy were greater compared with second-or third-line therapy, reflecting shorter duration for onset of treatment failure for second-and third-line therapy.

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