

Medical care utilization of HIV-infected patients in Taiwan, 2003-2006.—Evaluation of medical cost, mortality and prognosis in different risk group.

Abstract

Background:

To compare the prognosis, cause of deaths, medical care usage and medical expanses of the HIV-infected persons through the three main transmission route, high risk heterosexual sex(Het), Men who have sex with men(MSM) and injecting drug users(IDU).

Methods:

Using registered HIV/AIDS data till December of 2005 and death certificates from Taiwan CDC for the analysis of causes of death. Use the records from National Health Insurance , 2004-2006, for further analysis.

Results:

The mortality rate of HIV-infected persons declined after HAART introduction, from 44.5% to 9.1%. Proportion of deaths due to AIDS related conditions dropped from 70.5% in pre-HAART era to 50.6% in post-HAART era. But the proportion of non-AIDS related deaths increased by 2 times through the periods. The leading causes of non-AIDS-related deaths were sepsis, that increased significantly in the post-HAART era, 8.4% vs. 24% , $p<0.001$. Accidental death (60% was due to suicide) also increased significantly in the post-HAART era, 5.4% vs. 10%. The proportion of IDU group died because of non-AIDS-related disease was twice than the sexual transmission groups, $p<0.001$.

The average percentage of HIV/AIDS cases seeking for medical care during 2004 to 2005 was 92% and 93.8% in Het group and MSM group versus only 60.6% in IDU group. The median of annual visiting frequency for those ever seeking care in IDU group was only half than the sexual transmitting group. The medical expense of out patient clinics is highest in Het group, followed by MSM group. The expense of out patient clinic in IDU group was only one-tenth than the other 2 groups, this is because the only low proportion on HAART in IDU group than the other two groups, 9.5% vs. 67%. The expense of hospitalization is lowest in IDU group also, but the difference is not so obvious.

Conclusions:

The proportion of IDU group died because of non-AIDS-related disease was higher than the sexual transmission groups and the proportion of sepsis and accidental deaths was also higher. The proportion of IDU group seeking medical care is low, and even they visited hospitals the frequency is less. Irregular visits would result in treatment failure of HIV infections. Besides HAART, psychiatric intervention, health education and harm reduction program including safe needle usage are all important strategy to reduce the death rate of IDU group.

Keyword: HIV/AIDS, cause of death, injecting drug use, medical expense