

# Factors Associated with Late Initiation of Highly Active Antiretroviral Therapy among Young HIV-Positive Men and Women Aged 18 to 29 Years in Canada

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## Objective

This study examined the factors associated with late initiation among Canadians aged 18 to 29 initiating highly active antiretroviral therapy (HAART) in a universal health care setting.

## Main Finding

Late initiation of HAART is common among young people living with HIV. 40% of young people start treatment with a CD4 count <200 cells/mm<sup>3</sup> or an AIDS Defining Illness. Further efforts need to be made to engage young people eligible for HAART to ensure that they can fully experience the benefits of ART.

## Importance of this Study

- Initiating HAART with low CD4 counts or AIDS-defining illnesses (ADIs) increases the risk of treatment failure and death.
- Previous research shows that young people living with HIV are less likely to start medication early due to numerous social circumstances.
- Little research has been done regarding young people in Canada and their experiences initiating HAART.
- This study provided an opportunity to assess the prevalence and correlates of late initiation among young Canadians in 3 provinces.

## How this Study was Conducted

- Data were analyzed from the CANOC collaboration, an interprovincial collaborative cohort of HIV-positive individuals on antiretroviral therapy in Canada.
- CANOC includes clinical, virological, immunologic, and demographic data from 8 cohorts in British Columbia, Ontario, and Quebec.
- 1,026 participants between the ages of 18 and 29 years who initiated HAART between 2000 and 2011 were included in this analysis.

## Study Results

- 412 participants (40%) were identified as late initiators.
- Participants who were female or transgender had 1.36 times higher odds of late HAART initiation.
- Other variables associated with higher odds of late initiation include being older than 25 at the start of treatment, starting therapy earlier in terms of calendar year, and having a higher baseline viral load.
- The number of late HAART initiators has declined since 2000. In 2000, 47.8% of the study's participants started HAART with either a baseline CD4 of <200 cells/μL or an ADI. This proportion was 25% in 2011.

## Implications

- The high number of young adults starting HAART late implies important target populations for specialized services, increased HIV testing, and linkages to care.

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