



POSTER PRESENTATION

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Educational intervention and HIV infection: preliminary results

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Background

To describe demographical, socio-behavioral and clinical characteristics of HIV Infected Patients included in a educational intervention program (EIP).

Methods

We initiated in March 2009 an EIP in an HIV outdoor Clinical Unit with follow about 1000 HIV infected patients with 40% HCV coinfecting. This program included at least 3 educational consultations for each patient (at least 2 initial educational consultations permitted to do a personal educational diagnosis and to fix objectives with patients and at least 1 follow up educational consultation to validate experiences) and was performed by a specifically training nurse. This analysis focused on quality of life with a self administered questionnaire at inclusion in the program.

Results

Up to now, the EIP has been proposed to 68 patients HIV infected by physicians (73.6%), by nurses (22.6%) and during pluridisciplinary staff (3.8%). 53 patients (79%) have been included (45.3% females, median age: 43.9 years, median HIV follow up: 13.9 years, median cART exposition: 11.8 years, median CD4 Cell Count/mm³: 324, and median plasma HIV viral load copies Log/ml: 1.87) in 22 cases for bad adherence, in 22 cases for initiation or changing therapy, in 7 cases for HIV positive diagnosis and in 2 cases for virological failure.

At 31/10/2009, 160 educational consultations were realized, that is to say 3,02 consultations/patient over 8 months (mean duration of session = 45 min). The dates (meetings) were respected by 79% of patients and the self-administered questionnaires were all filled.

Among the 53 patients, 81,1% live alone and 42,8% have precarious situation. Vulnerability/Stress factor and handicap was found in respectively 73.3% and 46.3%. A bad knowledge of HIV infection and therapy was found in respectively 32.3% and 41.9%. Near of 20% declared to have unprotected sexual behavior.

We found a correlation between the level of knowledge of HIV infection or treatment and quality of life.

Discussion

These preliminary results stress the need of such program in HIV Clinical Unit.

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