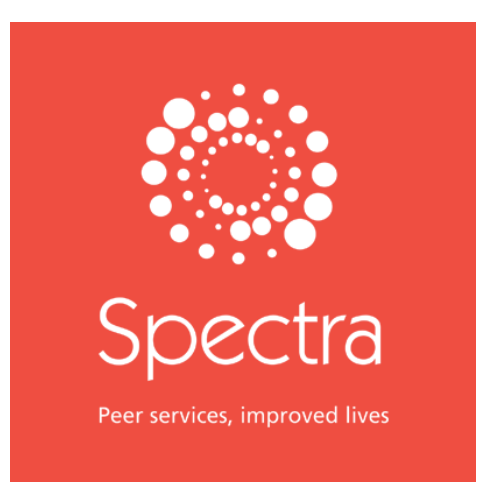


Factors to reduce disengagement from, and increase re-engagement into, care - an updated London based literature review



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Background

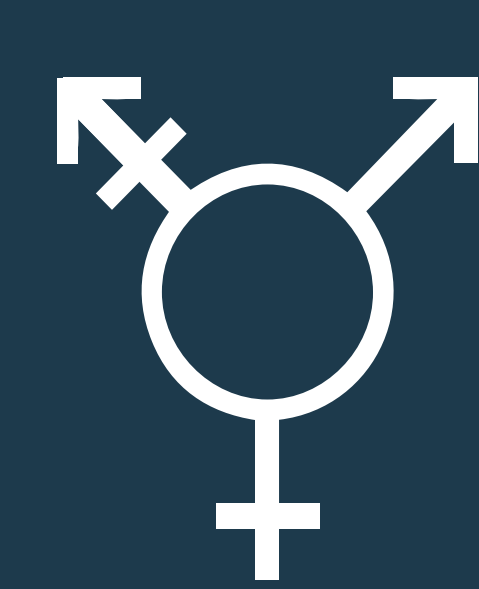
Disengagement from care (DFC) is a predictor of poorer physical and mental health and carries a financial cost. In the UK, since 2015, over 15,000 HIV patients who were in care have disengaged. The aim of this literature review is to present an updated, London-based report on factors which affect DFC, and re-engagement into HIV care (RIC) and can be subsequently used to shape treatment and care interventions.

Method

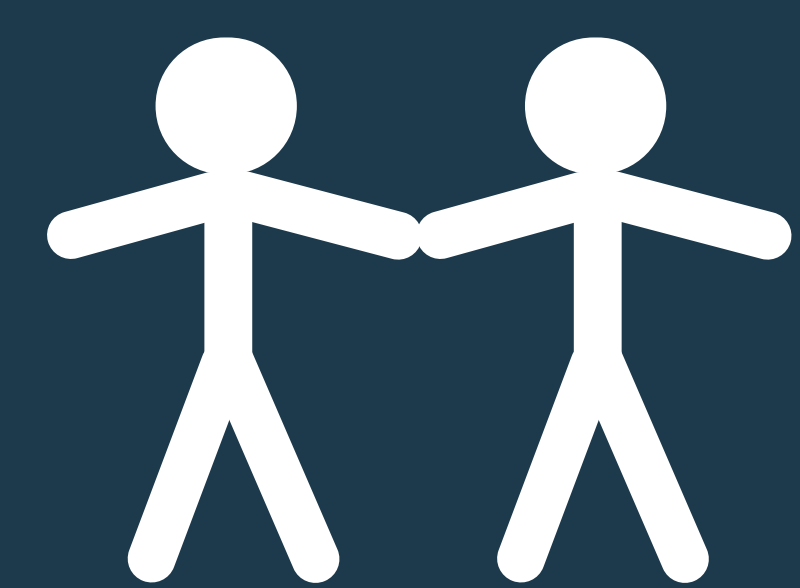
In 2023, an extensive literature search was conducted to identify studies of London-based People Living with HIV (PLHIV) engagement in care. Databases including PubMed, organisational websites, and government and third sector reports were searched using key words/phrases. 27 London-based studies and 5 reports from organisational 2018 onwards, were included for review.

Results

- Factors affecting DFC (disengagement from care) include:**
- Individual factors, e.g. race, gender, sexuality, age, poor mental and physical health, and drug use
 - Social determinants of health, e.g. poverty, immigration, domestic violence and abuse, housing, education, and community networks/ support
 - Treatment, care and diagnosis factors, e.g. time from diagnosis and polypharmacy



- Factors affecting RIC (re-engagement into care) include:**
- Social and community factors, e.g. peer support and community testing
 - Treatment, care and diagnosis, e.g. accident and emergency testing and patient monitoring tools



- Factors attributed to both DFC (disengagement from care) and RIC (re-engagement into care) include:**
- Stigma (self, societal, within health services)
 - Joint working between the different components of a PLHIV's care net work



Conclusion

This literature review addressed reasons for DFC, and facilitators for RIC, including individual-level factors social determinants of health and factors related to treatment, care and diagnosis. Limitations included a consensus on definitions for DFC and RIC. It highlighted the importance of community-level support in overcoming some of these factors, including development of awareness and anti-stigma training programmes for health professionals; providing PLHIV local wellbeing groups; delivering peer support among specific PLHIV communities; connecting clinical and social care with communities; and increasing community HIV/STI testing as part of the overall surveillance system.

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