

Prevalence of HIV Setting, Emergency Room Visits for Adults Related to Adverse Drug Reactions

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In South Africa, rapid scale-up of the HIV treatment programme is happening within already overstretched and regularly understaffed health care facilities. While the anti retrovirals currently included in South African guidelines are generally safe, and high adverse drug reactions (ADRs) only occur during a small proportion of patients, the dimensions of the treatment programme means absolutely the ADR burden could also be considerable. Strategies to attenuate preventable harm should form an important part of such large-scale public health programmes; yet, in our setting, the burden of ADRs generally, and therefore the burden of ADRs attributable to antiretroviral therapy (ART) specifically, remains largely unknown.

The emergency unit (EU) provides an opportune environment in hospital for most patients, and resource limitations may result in even severely ill patients being managed fully in the EU, and not being admitted. Hospital admission has been wont to define an ADR as serious, but we considered that during a resource-limited setting EU presentation can also reflect serious ADRs. We aimed to figure out the proportion of EU presentations at two hospitals in Cape Town, South Africa that were because of ADRs, stratified by HIV status. Secondary objectives were to explain the common ADR manifestations, their preventability, and therefore the drugs most ordinarily implicated, stratified by HIV infection status; to explain the contribution of medicine used in the management of HIV infection and its complications to the burden of ADR-related EU presentations; and to spot factors related to ADR-related EU presentations.

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We reviewed a random sample of adult medical presentations (about 19 years) from a period of 12 months in two hospitals in Cape Town, South Africa. Groota Schuur Hospital (GSH) is the primary point of reference for primary healthcare facilities in the district and can provide a general level of care by offering tertiary and secondary treatment, and Khayelitsha District Hospital (GDH) could also be a county-level hospital. Tendencies have been previously published in the KDH emergency unit. In 2015, in adults aged 15-49 years, the HIV prevalence in Western Cape Province was 10.0 percent.

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