Time to Attrition and Factors Associated among Adults enrolled in Pre-Anti- Retroviral Therapy Care in Tepi General Hospital, Ethiopia

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***Abstract*- Pre-antiretroviral therapy (Pre-ART) patient attrition is a growing concern in Ethiopia. Nevertheless, there is little information that assesses the magnitude and its related factors. This study assessed time to attrition and factors associated among adults enrolled in pre ART care at Tepi General Hospital in South West Ethiopia. Records of adult pre-ART patients enrolled at Tepi General Hospital from October 2010 to September 2013 were reviewed to find factors linked with time to attrition. We defined time to attrition as the period a patient was enrolled in pre-ART service till attrition. We Used Kaplan Meir curve to estimate survival time, and log-rank test to compare the time to attrition among different categories of patients. We used Cox hazard model to assess factors related with time to attrition. We followed 652 pre-ART patients for 337.6 person years of follow-up from start up to pre-ART outcomes. Of these, 179 patients were lost to follow up and 37 patients died, contributing to an overall attrition of 33.13%. During the early six months the attrition rate was 89.8%. Not starting cotrimoxazole prophylaxis (AHR=1.51, 95% CI, 1.02-2.25), being co-infected with tuberculosis (TB) (AHR=2.16, 95%CI, 1.35-3.45), living further than 10 km away from the hospital (AHR=1.44, 95%CI, 1.07-2.0), and not disclosed status of HIV(AHR=3.04) were factors significantly associated with time to attrition.**

Pre-ART patient attrition rate was high among clients not using cotrimoxazole prophylaxis, TB/HIV co-infected, living > 10 km from a health care facility and with undisclosed HIV status. Close follow-up of clients during the early months' follow-up period is greatly recommended.

Keywords: **Attrition, Death, Ethiopia, Loss to follow-ups**

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