

Malnutrition and associated factors among adults starting on antiretroviral therapy at PASADA Hospital in Temeke District, Tanzania

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Abstract

Background: Malnutrition is known to play a significant role in HIV/AIDS progression. Severe malnutrition has been previously found to be associated with early mortality among people living with HIV/AIDS (PLHIV) undergoing anti-retroviral therapy (ART) in Sub-Saharan Africa. The objective of this study was to determine the prevalence and factors associated with malnutrition among adult PLHIV attending care and treatment centre (CTC) in Temeke District, Tanzania.

Methods: The cross-sectional descriptive study involved consecutive eligible patients attending the CTC for initiating in ART, between January and April, 2014. All participants who agreed to sign a consent form were enrolled. The participants had undergone baseline workup for ART initiation (by CTC), which included blood tests for liver and renal function tests, and CD4+ cell count, using calibrated instruments and standard techniques. In all patients the weight and height were measured to calculate the body mass index (BMI), denoting the nutritional status. This parameter was recorded in the study instrument together with the CD4+ count for each patient. A structured questionnaire was used to obtain more information, namely demographic and lifestyle data.

Results: A total of 125 patients were included in this study. The prevalence of malnutrition among participants was 19.4%. Those with severe malnutrition comprised of 9%. Significant association was noted between malnutrition and irregular income (OR= 3.8, CI: 1.2-11.5) and also inability to get at least two meals a day (OR= 3.4, CI: 1.2-9.2). Severe malnutrition was significantly associated with the CD4+ counts of <200 cells/mm (OR =7.6; CI: 1.7-34.6).

Conclusion: About 19% of participants were malnourished at the time of initiation of ART and among them 9% were severely malnourished. The most important risks for malnutrition were found to be irregular income and inability to get adequate feeding. This calls for routine nutritional assessment at CTCs prior to initiation of ART so as to identify those who need immediate intervention, including those with severe malnutrition.

Keywords: malnutrition, HIV/AIDS, anti-retroviral therapy, Tanzania