

Latar Belakang; Terapi antiretroviral (ARV) diharapkan dapat memperpanjang harapan hidup pasien HIV dan meningkatkan kualitas hidupnya. Namun, tantangan penggunaan ARV yang bersifat seumur hidup adalah *loss to follow up* yang berdampak pada kegagalan terapi dan berakibat kematian. Penelitian ini bertujuan untuk mengetahui faktor risiko *loss to follow up* terapi arv pada pasien hiv di RSUP Dr. Sardjito Provinsi Daerah Istimewa Yogyakarta (DIY) tahun 2011-2014.

Metode; Penelitian ini merupakan penelitian *retrospective cohort study*. Melibatkan 499 pasien HIV dengan teknik *total sampling*. Pengumpulan data pada 22 April-21 Juni 2016 di RSUP Dr. Sardjito Provinsi DIY. Observasi dilakukan selama empat tahun dengan menggunakan data rekam medis. Analisis data menggunakan Kaplan-Meier dan *cox proportional hazards regression*.

Hasil; Terdapat 192 Pasien yang *loss to follow up* (38.5%) dengan proporsi terbesar pada umur > 47 tahun (59.3%), laki-laki (38.6%), pendidikan rendah (50.7%), bekerja sebagai buruh/petani/lainnya (57.0%), jarak rumah dengan layanan ARV 10 km (40.9%), menggunakan jaminan kesehatan (44.6%), faktor risiko penularan IDU/Tatto (50.0%), kadar CD4 100-199 sel/mm³ (39.5%), WHO-stage III/IV (43.5%), koinfeksi >1 (41.3%) dan menggunakan regimen ARV d4T+3TC+EFV (77.8%). *Incidende Rate* (IR) sebesar 1.75 per 100 *person month*. Faktor risiko *loss to follow up* terapi ARV yang ditemukan adalah jarak rumah 10 km (AHR=1.45; 95% CI=1.02-2.07; p=0.04), menggunakan jaminan kesehatan (AHR=1.60; 95% CI=1.10-2.32; p=0.01). Umur 28-37 tahun (HR=0.49; 95% CI=0.30-0.80; p=0.00) dan homoseksual sebagai faktor protektif *loss to follow up* terapi ARV (HR=0.53; 95% CI=0.33-0.85; p=0.01).

Kesimpulan; Jarak rumah 10 km dan menggunakan jaminan kesehatan adalah faktor risiko *loss to follow up* terapi ARV. Sedangkan umur 28-37 tahun dan homoseksual menurunkan risiko *loss to follow up*. Perlu peningkatan konseling kepatuhan, memperpendek birokrasi pengurusan jaminan kesehatan dan pasien yang rumahnya jauh melanjutkan terapi di Puskesmas yang dipilih sebagai layanan ARV *continuation*.

Kata Kunci: *Loss to follow up*, ARV, HIV

Background: Antiretroviral therapy (ARV) is expected to extend the life expectancy of HIV patients and improve their quality of life. However, the challenge in using ARV for life is loss to follow-up, which have impacts on treatment failure and death. This study aims to determine risk factors of loss to Follow-up of ARV treatment among HIV-infected Patient in Dr. Sardjito Referral Hospital, Daerah Istimewa Yogyakarta (DIY) Province 2011-2014.

Method: A retrospective cohort design was conducted in this study. Involving 499 HIV patients used *total sampling*. Data collection on April 22 to June 21 2016 in Dr. Sardjito Referral Hospital. Observations conducted for four years using medical records. Data analysis using Kaplan-Meier and cox proportional hazards regression.

Result: There were 192 loss to follow-up patients (38.5%) with the largest proportion of age >47 years (59.3%), male (38.6%), low education (50.7%), working as farmer/laborer/other (57.0%), the distance between homes with ARV services 10 km (40.9%), use health insurance (44.6%), IDU/tattoo transmission (750.0%), CD4 count 100-199 cells/mm³ (39.5%), WHO-stage III/IV (43.5%), confection >1 (41.3%) and using ARV regimen d4T+3TC+EFV (77.8%). Incidence Rate (IR) of 1.75 per 100 person-month. Risk factors of loss to follow-up the distance 10 km (AHR = 1.58; 95% CI = 1:09 to 2:31; p = 0:01), using health insurance (AHR = 1.67; 95% CI = 1:11 to 2:51; p = 0.01). Age 28-37 years (HR=0.49; 95% CI=0.30-0.80; p=0.00) and homosexual (HR = 0:49; 95% CI = 0.30-0.80; p = 0:00) as protective factors of loss to follow-up of ARV treatment.

Conclusion: The distance between home and ARV service 10 km and using health insurance were the risk factor of loss to follow-up ARV treatment. Age 28-37 years and homosexual transmission had the low risk of loss to follow up. Adherence counseling, shorten the bureaucratic administration of health insurance and continue therapy in public health care was selected as continuation ARV service for patients who live far from health care.

Keywords: Loss to follow-up, ARV, HIV