ABSTRACT

Introduction

Syphilis plays a major role in sexually transmitted infections (STI) despite successful diagnosis as well as treatment availability. Diagnosed patients with syphilis are planned for two two-year follow-up. Loss to follow-up causes personal and social health hazards due to disease-related complications and continuous transmission. Understanding the factors associated with defaulting behaviour is very important for developing targeted interventions to improve patient retention and treatment adherence.

Objective

This study aimed to describe the characteristics of patients diagnosed with syphilis who defaulted services in two treatment centres in Colombo.

Method

A retrospective clinic-based study was conducted at the central clinic in Colombo and the STD clinic at the teaching hospital, Colombo South. Secondary data were collected from the clinic records of 237 syphilis patients seen from January 2016 to December 2017. Data on demographic, behavioural, and clinical factors were collected to examine patterns and predictors of follow-up adherence. Statistical analyses were performed to identify significant associations between these factors and defaulting behaviour.

Results

Of the 237 patients included in the study, 89.8% defaulted at various stages of follow-up, while only 10.2% maintained continuous care over 24 months. Non-defaulters were typically married, employed males with secondary education and resided more than 10 km from the clinic, indicating that distance itself did not affect the follow-up. In contrast, defaulters tended to be younger, less educated, with multiple sexual partners and with records of substance use. Additionally, a statistically significant relationship was found between mode of referral and follow-up adherence ($p = 0.049$), suggesting that patients referred by external sources were less likely to stay engaged in care.

Conclusions

Findings highlight a substantial rate of defaulting among syphilis patients in Colombo's STD clinics, influenced by demographic, behavioural, and referral-related factors. Patients who came to the clinic voluntarily were more prone to continue their clinic follow-up than non-volunteers. However, distance to the clinic did not show a significant association with defaulting, but the positive effect of distance on defaulting suggests that patients who live far away from the clinic may face additional barriers to regular follow-up. Interventions that enhance patient-provider communication, contact tracing, and personalised support for at-risk groups could improve clinic follow-up. This study underscores the importance of implementing tailored retention strategies in high-burden settings to ensure effective management of syphilis.

Key words

Sexually transmitted disease, Syphilis, defaulter, non-defaulter