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## Introduction

The number of HIV infected patients with other comorbidities is growing due to increased life expectancy. So many patients have very complex therapeutic regimens that could interfere on the adherence.

## Objectives

To determine the influence of the drug regimen complexity on the adherence to antiretroviral therapy (ART) and lipid-lowering therapy (LLLT).

## Material and methods

We conducted a single-center and retrospective study. We included HIV infected patients with ART, and treatment for dyslipidemia between January -June 2013. The dependent variable was the adherence (ART and LLT) and the independent variables were: sex, age, route of HIV transmission, HCV coinfection, alcohol consumption or illegal drug abuse, psychiatric disease, and the drug regimen complexity. Adherence was determined through dispensing records of pharmacy's program. Patients were considered adherent when they took  $\geq 90\%$  of prescribed ART and LLT in the last 3 months. Drug regimen complexity was determined through the tool "medication regimen complexity index"(MRCI) developed by McDonald et al<sup>1</sup>. To determine the variables associated with adherence, we performed an univariate logistic regression analysis.

## Results

We included 55 patients in the study (82% men, mean age 55 years). Sexual was the main route of HIV transmission (40%). 52,7% were HCV coinfecting patients, and 15% of patients used alcohol or illegal drugs. Atorvastatin was the LLT most frequently prescribed. 82% of patients were adherent to ART, but only 69% presented undetectable HIV-RNA. On the other hand, 51% of patients were adherent to LLT. MRCI was not a predictive factor to non-adherence.

**Table 1. Baseline characteristics of the patients included in the study**

Sex (%)	82% men
Age (mean)	55 years
Route of HIV transmission (%)	40%
HCV coinfection (%)	52,7
Use alcohol or illegal drugs (%)	15%

**Table 2. Predictor of non-adherence to ART**

	Alcohol consumption or illegal drugs	Non-Alcohol consumption or illegal drugs	p
Adherence to ART	40%	90%	0.013

## Conclusions

In this study the drug regimen complexity was not a predictive factor of adherence in HIV infected patients. Alcohol consumption or illegal drug abuse could lead to a lack of adherence. Hospital pharmacist plays a key role in the adherence to ART and the results of this study show a high adherence to ART. However, at present many patients have other prescription drugs for other comorbidities. In this study the adherence to LLT is low. Thus, hospital pharmacist should ensure the adherence to whole medication and not only to ART.