

EVALUATION OF TREATMENT ADHERENCE WITH RILPIVIRINE/EMTRICITABINE/TENOFOVIR

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BACKGROUND

Rilpivirine is a recently authorized antiretroviral. Adherence is essential in this kind of drug

PURPOSE

To evaluate treatment adherence with rilpivirine/emtricitabine/tenofovir (RPV/FTC/TDF) using the SMAQ questionnaire and pharmacy dispensing records (FDR) and the correlation between these in HIV/AIDS mono-infected patients

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MATERIAL AND METHOD

Prospective observational study. We included patients treated with RPV/FTC/TDF from September 2013 until September 2014 with adherence data available of at least 3 months. Demographics data and reason for treatment were collected.

Adherence was calculated across the SMAQ questionnaire (qualitative and semi-quantitative) and FRD, considering the patient adherent when any of these parameters was $\geq 95\%$. The correlation between the methods was assessed using the kappa (k) index

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RESULTS

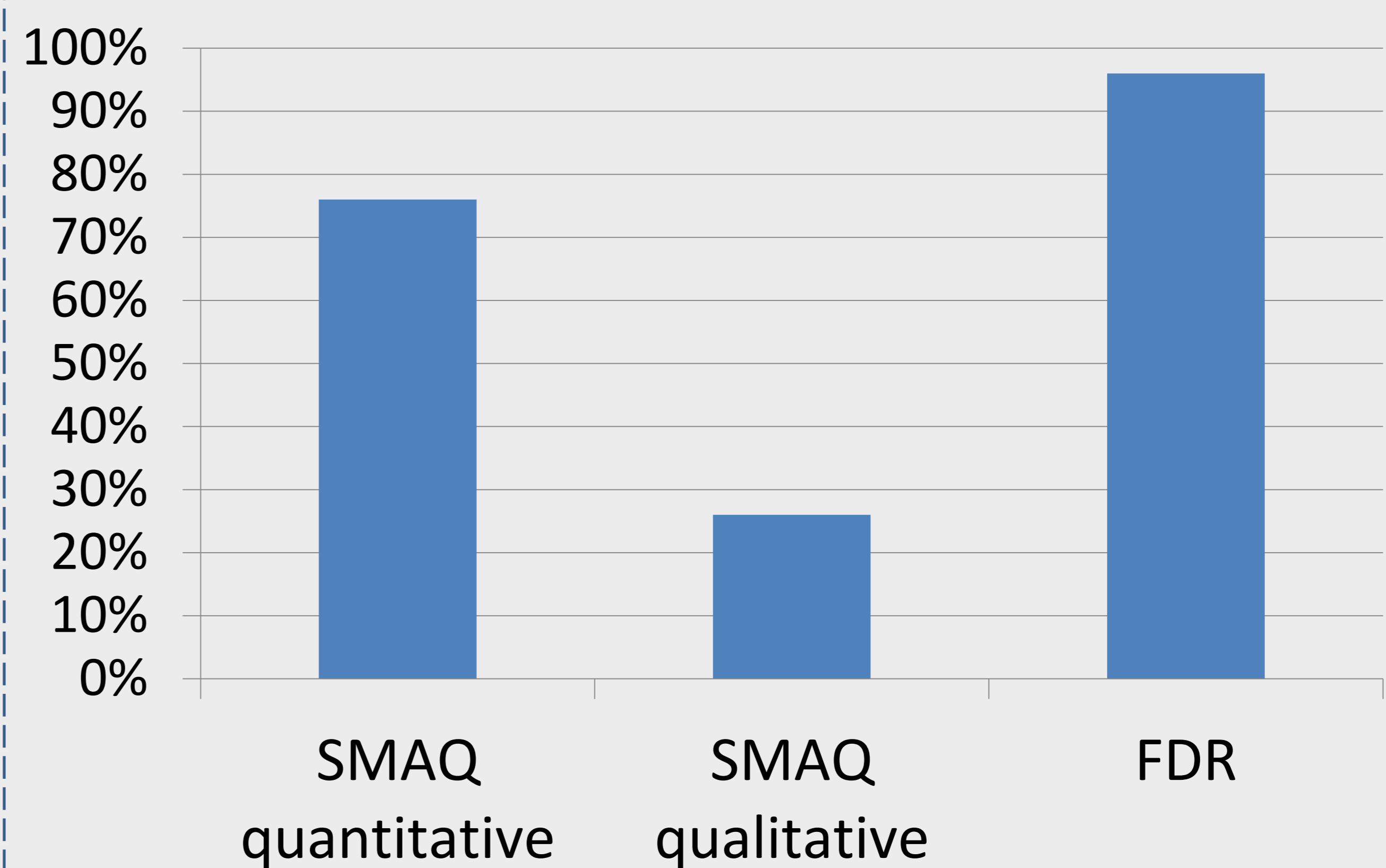
33 patients started treatment with RPV/FTC/TDF

21 were included in the study

71% were men (Average age: 40 ± 10 years)

38% were treatment-naïve and the rest were changes of therapeutic strategy (33% adverse reactions and 29% simplification of treatment strategies)

ADHERENCE



The results between the three analysis only coincided in 6 patients

As for the results of k index, we observed the following strength of agreement: fair between the SMAQ quantitative and qualitative questionnaires ($k=0.22$) and slight between the SMAQ qualitative questionnaire and FRD ($k=0.04$) and between semi-quantitative SMAQ and FRD questionnaire ($k=0.01$)

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CONCLUSIONS

- ➔ Our study highlights a low adherence to treatment obtained with the SMAQ questionnaire (both qualitative and semi-quantitative). It may be due to both the inflexibility of the questions and because of the patient assessment. These results could be improved through a pharmacist intervention in the monthly clinical review
- ➔ Correlation between the three methods was low, so their use in isolation may give erroneous results in predicting adherence. However, with this way, "hidden" non-adherent patients (adherent FRD and non-adherent SMAQ) and "masked" non-adherent patients (non-adherent FRD and adherent SMAQ) could be detected