ANALYSIS OF PHARMACOTHERAPEUTIC COMPLEXITY AND ADHERENCE IN A POPULATION OF HIV-INFECTED OLDER ADULTS



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BACKGROUND AND IMPORTANCE

• The increased life expectancy in patients with human immunodeficiency virus (HIV) infection leads to a greater prevalence of pharmacotherapeutic complexity (PC), which may affect adherence to the therapeutic regimen.

AIM AND OBJECTIVES

• To analyze the prevalence of PC and to evaluate therapeutic adherence in older adults with HIV infection.

MATERIALS AND METHODS

Descriptive and cross-sectional study was conducted (September 2021-June 2022)



HIV patients over 55 years old

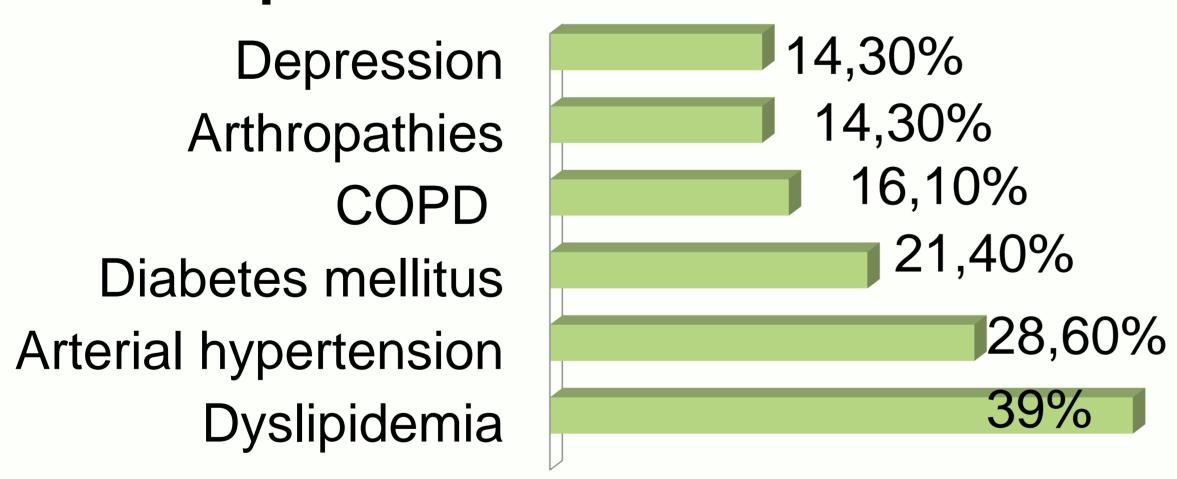
- ✓ Adherence was measured using the simplified medication adherence questionnaire (SMAQ) [1] and dispensing records.
- ✓ PC was determined by calculating:
 - ✓ Pluripathology (as three or more comorbidities)
 - ✓ Polypharmacy (as six or more prescribed drugs)
 - ✓ Relevant interactions between non-ART/ART medication (potential interaction/not coadminister), were recorded using the University of Liverpool and Lexicomp databases

RESULTS

- Fifty-six patients (64.3% men) with mean age of 63.4 (55 87) years were evaluated.
 - Pluripatology: 69.6% of cases
 - Polypharmacy: 64.3% of cases

Mean of 9.7 [standard deviation (SD) = 4.2] drugs/patient

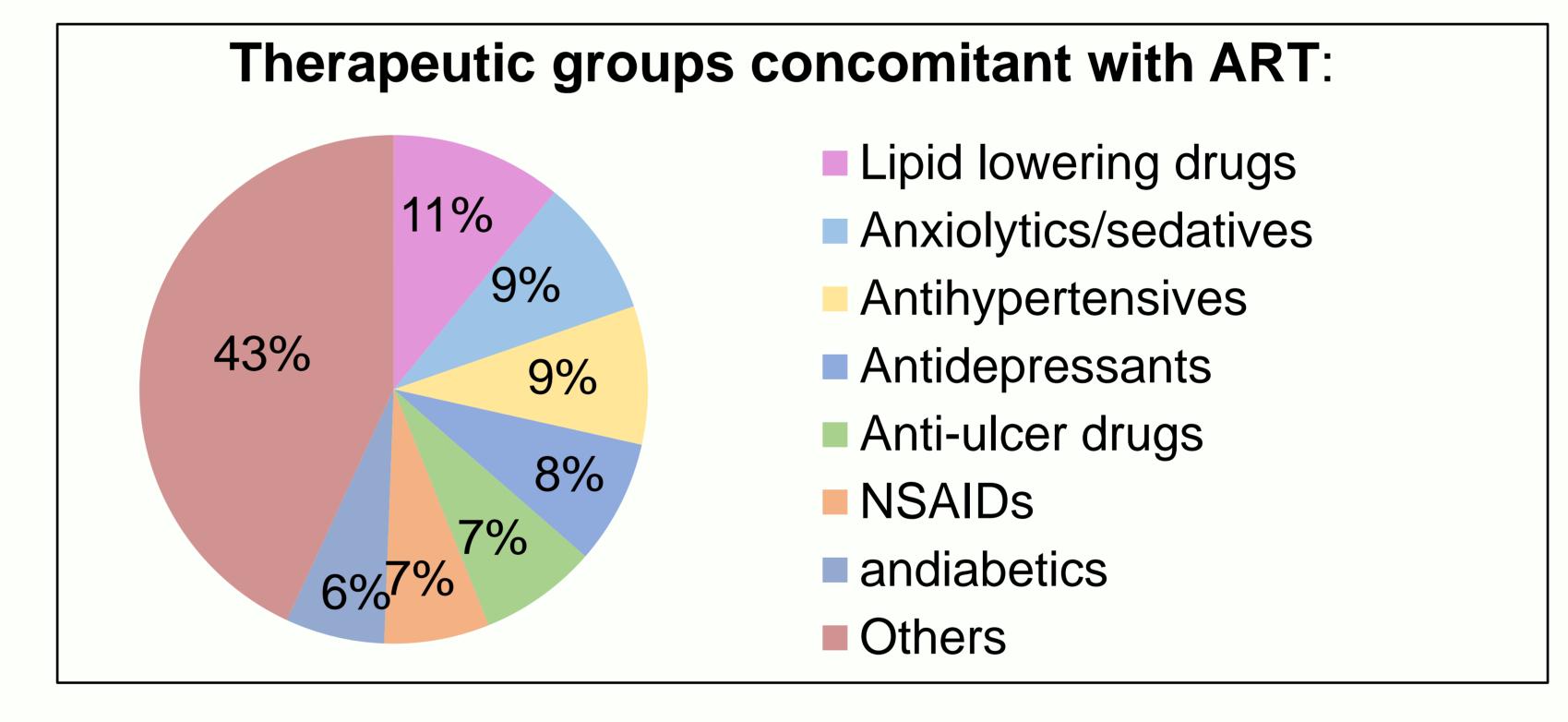
Most frequent comorbidities were:



63 interactions were detected
(30 non-ART medication/33 ART medication)

mean of 2.4(SD = 1.5) interactions/patient

46.4% pacientes



82.5% potential interaction

17.5% not coadministered

Regarding Adherence:

- SMAQ questionnaire: 71.4%
 were adherent
- Dispensing record ≥ 90%:71.4% were adherent
- ➤ Both methods combined: 69.6% were considered adherent

CONCLUSION AND RELEVANCE

- Prevalence of PC was high. Approximately two thirds of patients presented pluripathology and polypharmacy, in addition, about half presented interactions.
- Adherent patients represented 70% in total.
- A multidisciplinary approach is necessary in this population to adapt their pharmacotherapy and reduce PC, as well as to improve therapeutic adherence.

1. Knobel H. DOI: 10.1097/00002030-200203080-00012



