



ADHERENCE TO ANTI-RETROVIRAL TREATMENT IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS.

Notario Dongil C, Pérez Fácila A, Proy Vega B, Alañón Pardo MM, Araque Arroyo P, Valenzuela Gámez JC.

¹Pharmacy department. Hospital General La Mancha Centro. Alcázar de San Juan. Ciudad Real (Spain)

Background

The goal of antiretroviral therapy (ART) is to reduce a person's viral load to an undetectable level. Poor adherence to ART is the first cause of therapeutic failure in patients infected with human immunodeficiency virus (HIV)

Purpose

The main objective of this study is to know the degree of adherence to ART and the factors that can influence on it.

Material and methods

- ❖ A retrospective, observational and descriptive study of adherence in HIV over a twelve month period has been done. HIV patients under ART were included.
- ❖ To measure adherence, we used the following methods: The HIV viral load (VL) testing, the CD4 count and the dispensation record of our program. VL is considered undetectable if it was lower than 20 copies/ml.
- ❖ Adherence's data were calculated based on the units dispensed according to the days of treatment prescribed. Adherence was considered optimal when it was greater than 95%.
- ❖ Registered variables: sex, risk factors that could compromise adherence, analytical values (CD4 count, VL) and pills number.
- ❖ Data were collected from an electronic prescription program (Farmatools® v.2.6) and the computerized medical history, Mambrino XXI ®.

Results

- ❑ 128 patients were analysed during the study period.
- ❑ 50% were being treated with one tablet, 32% with two tablets and 18% with three or more tablets.
- ❑ The 92% obtained an undetectable VL. 73% obtained a CD4 level higher than 500/microl.
- ❑ No relationship between CV or CD4 and adherence was found.
- ❑ Out of the total of patients under treatment, 92% were considered adherent and 8% had less than 95% of adherence.
- ❑ Risk factors that hindered adherence were: History of non-adherence (60%), lack of social support structures (50%), psychological distress (40%) and poor access to medication (30%).

Conclusion

- The results obtained reflect a high adherence rate (>95%). The determination of analytical values such as CV and CD4, and the record of dispensations of each patient are methods for measuring adherence to ART.
- It is important to monitor those patients who may have risk factors that compromise adherence. The hospital pharmacist can help to improve adherence.