COMORBIDITIES, POLYPHARMACY AND ADHERENCE IN GERIATRIC HIV PATIENTS

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BACKGROUND

HIV patients live longer, and as a result are more exposed to comorbidities and even earlier onset. This leads to a polypharmacy situation, with the consequent risk of adverse effects, interactions and lack of adherence.

PURPOSE

Describe the prevalence of comorbidities, polypharmacy and adherence in the HIV population with ART over 65 years of age.

MATERIAL AND METHODS

- Retrospective observational study.
- Period of study: January to July of 2018.
- Population: HIV patients who were ≥ 65 years old during the period.
- Place of study: third level hospital.
- Demographic, clinical and pharmacotherapeutic characteristics were studied.
- The sources of information used were electronic prescribing, clinical history and personal interviews.

- Polypharmacy was defined as the use of 6 active ingredients (AI), high polypharmacy using more than 11 and extreme polypharmacy using more than 21 AI (including ART).
- Patients who took at least 90% of their prescribed ART in the dispensation registration were classified as good adherents.
- The comorbidities recorded were hypertension (HT), diabetes mellitus (DM), dyslipidaemia (DSP) and central nervous system (CNS) disorders.

RESULTS

36 patients met inclusion criteria, of which five died during the study period and one decided not to participate. The final population of the study was 30 patients, however, the demographic results are referred to the total of patients.
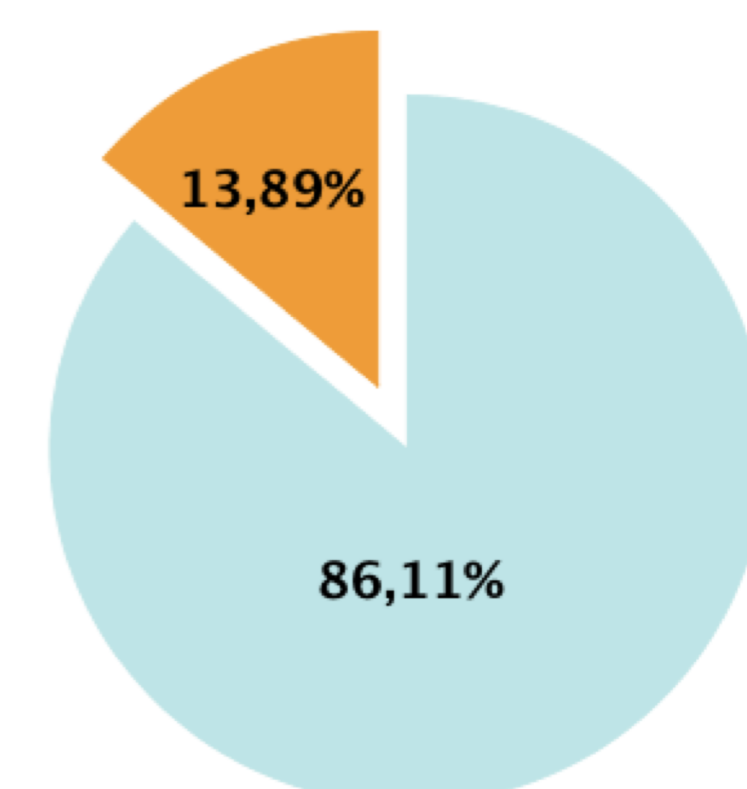
n	36
Men	77%
Mean age (SD)	72,19 (5,69)
Mean age at diagnosis (SD)	57,08 (9,51)
Interviewed	30

Comorbidities	n (%)
Dyslipidaemia	21 (70,0%)
Hypertension	17 (56,7%)
CNS disorders	13 (43,3%)
Diabetes Mellitus	8 (26,7%)

Situation Of Polypharmacy

High Polypharmacy — 50%
Polypharmacy — 40%
No Polypharmacy — 10%

Number of patients 0 2 4 6 8 10 12 14 16
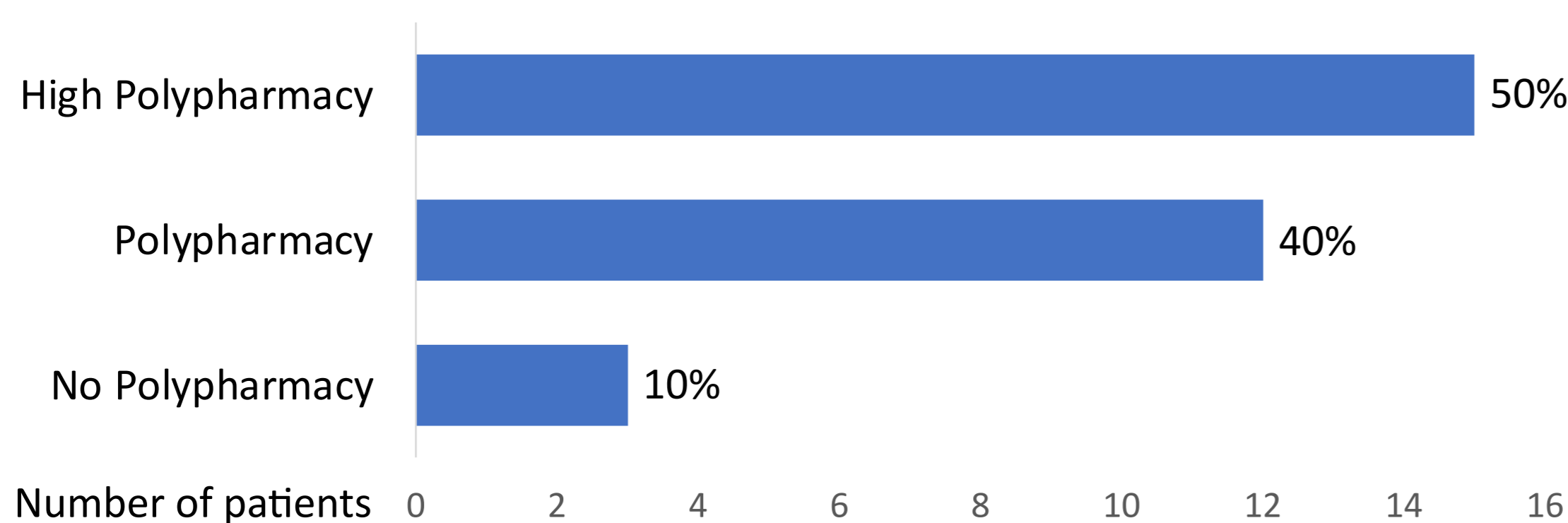
The average of concomitant AI was 7.4, while the average AI of the ART was 3,3.

Adherence

13,89%
86,11%

■ Adherent ■ Non-Adherent

CONCLUSION

The most prevalent comorbidity in this population was dyslipidaemia, followed by hypertension, from which can be deduced the greater cardiovascular risk they face. The polypharmacy paf these patients can be explained through the concomitant drugs, because nowadays ART has been simplified. Despite this high degree of polypharmacy, adherence of ART is very good.