

CP-010. ADHERENCE TO LONG-TERM MEDICINES IN HIV-INFECTED PATIENTS

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Background

Comorbid chronic conditions have increased among HIV-infected patients. Little work has studied adherence rates for long-term medications.



To assess adherence to long-term medications among HIV-infected patients as well as to evaluate their relationship with clinical and therapeutics factors.

Material and method

Cross-sectional study (May-July 2014). HIV-infected patients treated with ART and ≥1 long-term medications.

Variables: age, gender, living situation, employment status, mode of transmission, T-CD4, viral load, CDC classification, type of ART and adherence to long-term medications, using the 4-item Morisky Medication Adherence Scale.

Chi-squared test (to examine the role of the different variables on adherence): SPSS 20.0.

Results

126 patients were included (80.4% male, mean age 50.4 ± 8.3).

Injection drug use: 61.9%

Median T-CD4: 538.5 cells/mm³ (IQR:341.1-778.2) $T-CD4 \ge 500 \text{ cells/mm}^3$: 56.3% Undetectable viral load: 74.6%. AIDS: 63.5%. ART: 2NRTIs + NNRTI (36.5%) Adherent patients: 46.0%.

Long-term medications	%
sedatives and anxiolytics	42.9 35.7
lipid-lowering	33.3
antihypertensives	28.6
gastrointestinals	15.1

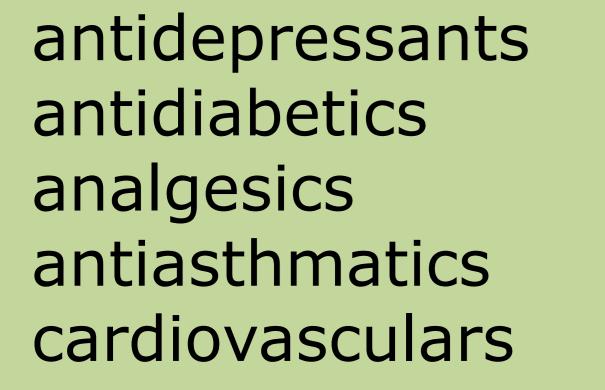
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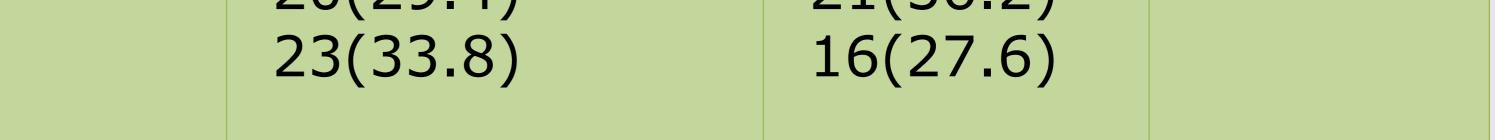
9.5

7.9

Variable: n (%)	Non-adherent (n=68)	Adherent (n=58)	P-value
Age≥50 years Gender: female Living alone Employment status: worker Mode of transmission:	30 (44.1) 14(20.6) 18(26.5) 16(23.5)	26(44.8) 12(20.7) 11(19.0) 19(32.8)	1.000 1.000 0.399 0.399
Sexual Injection drug use Detectable viral load	21(30.9) 47(69.1) 18(26.5)	27(46.6) 31(63.4) 14(24.1)	0.097 0.839 1.000
(>20copias/ml) T-CD4≥500células/mm³ AIDS	38(55.9) 49(72.1)	33(56.9) 31(53.4)	0.041
Type of ART: 2NRTIs+NNRTI 2NRTIs+IP/r	25(36.8) 20(29.4)	21(36.2) 21(36.2)	0.657







The variable AIDS showed statistically significant relationships with non-adherence (OR = 2.2; CI[1.1-4.7]; p = 0.041).

Conclusions

Patients showed a low level of adherence to long-term medications.

This study allowed us to attempt to educate HIV-infected patients with suboptimal adherence.