ANTIRETROVIRAL NAÏVE PATIENTS HAVE BETTER FIRST YEAR AND FOLLOW-UP ADHERENCE

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BACKGROUND

Adherence to antiretroviral treatment is critical to the success of the therapy.

OBJETIVES

We conducted a study to assess adherence in patients included into a cohort from 2001 until 2008.

METHODS

We performed a retrospective cohort analysis of adherence data from each new patient enrolled between 2001 and 2008. Pharmacy refill records from all medication in the therapy were used to measure mean annual adherence. The primary outcome was optimal adherence (considered as ≥ 95%).
Multivariate logistic regression and survival analysis for repeated measurement was applied.
Gender, age at the moment of the recruitment and being immigrant were also collected.

RESULTS

241 adults HIV+

68,5% male

Mean age: 39,1±8,3

137 (56,9%) antiretroviral-naïve

8,3% immigrants

Median of follow-up: 4 years (1-6)

Naïve patients:

Better mean adherence in the first year and also higher rate of patients with optimal adherence

p < 0.001 in both cases

The immigrant population

The rate of non- adherence was higher
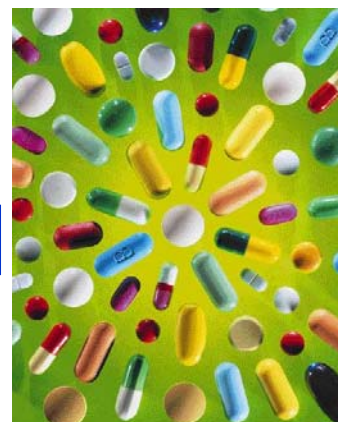
p =0.07

For every five- year increase in age

Being non- immigrant had 14% higher probability to be adherent

OR 1.14; 95%CI 1.05 to 1.23

Predictors of optimal adherence
(multivariate analysis)

Non- immigrant patients:
OR 5.4; 95%CI 1.9 to 15.4

Starting treatment after 2005:
OR 2.93; 95%CI 1.4 to 6.1

During the follow-up, being naïve was the unique variable to maintain optimal adherence

CONCLUSIONS

In our cohort, antiretroviral naïve and non-immigrant patients who started treatment after 2005 had higher probability to achieve optimal adherence during the first year. But the only predictor of maintain good adherence levels was being naive.

No conflict of interest