

Antiretroviral therapy, adherence and quality of life in older HIV-patients with moderate-high cardiovascular risk



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BACKGROUND

The availability of more potent drugs, with fewer adverse effects, and new therapeutic strategies, such as simplification and ritonavir-boosted protease inhibitor (PI/r) monotherapy have changed the antiretroviral therapeutic profile of HIV patient.

OBJECTIVE

To analyze the relationship of antiretroviral therapy (ART), adherence and health-related quality of life (HRQL) in HIV patients older than 50 years, with moderate-high cardiovascular risk (CVR), integrated in a pharmacotherapy follow up service.

MATERIALS AND METHODS

Patients on antiretroviral therapy with more than 50 years old, with a CVR \geq 2 (assessed through the Score risk for Spanish population), that signed informed consent were included. Study variables were obtained through interview, clinical history and pharmacy records. The HRQL was assessed through the MOS-HIV questionnaire [1] and the adherence by the SMAQ questionnaire [2] and electronic dispensing record.

RESULTS

We included 73 patients, 84% males, median age 54 years (IQR 52-59) and HIV diagnostic for 17 years (IQR 13.25-20). Median CD4 count 684 cells/mm³ (IQR 469-882) and 93.15% with undetectable viral load. Adherence according to dispensing records were 93.02% (88.8-97.5) and by SMAQ, 67.12% were adherent. The most prescribed antiretroviral were darunavir and tenofovir, 31.51% of patients had prescribed an unconventional regimen and 28.77% PI/r monotherapy, median of three tablets/day (IQR 3-4) and 75.34% once daily. The domains of HRQL, physical (PHS) and mental (MHS) were higher with significant difference in: patients over 60 years, patients with more than 10 years of ART and with less than 3 tablets/day. Patients without IP prescribed had higher scores on all dimensions of HRQL with significant difference in cognitive functioning ($p = 0.015$).

CONCLUSION

Patients included in this study presented antiretroviral therapy with an unconventional combination, more than 90% of adherence and undetectable viral load. Antiretroviral treatment strategy could improve the quality of life perceived by the patient.

REFERENCES

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2. Knobel H, Alonso J, Casado JL, Collazos J, González J, Ruiz I, Kindelan JM, Carmona A, Juega J, Ocampo A; GEEMA Study Group Validation of a simplified medication adherence questionnaire in a large cohort of HIV-infected patients: the GEEMA Study. *AIDS* 2002; 16:605-13.

Patients characteristics

Characteristics	n=73
Male (%)	84
Age, years (median, IQR)	54 (52-59)
HIV diagnostic, years (median, IQR)	17 (13-20)
CD4 cell count, cells/mm ³ (median, IQR)	684 (469-882)
Viral load <50 copies/ml (%)	93
Score, % (median, IQR)	3 (2-7)
Score \geq 5% (%)	38

Therapy and adherence characteristics

Characteristics	n=73
Adherence, dispensing records, % (median, IQR)	93 (89-97)
SMAQ, adherents (%)	67
<i>ARV combinations:</i>	
PI/r, monotherapy (%)	28
PI/r, bitherapy (%)	26
NNRTI, triple therapy (%)	23
PI/r, triple therapy (%)	15
Others (%)	8
Tablets/day, antiretroviral (median, IQR)	3 (3-4)

MOS-HIV dimensions and domains

Dimensions	Mean (standard deviation)
General health perception	47.09 (25.31)
Physical functioning	72.72 (25.55)
Role functioning	76.92 (37.65)
Pain	70.71 (26.48)
Social functioning	82.55 (24.36)
Mental health	64.29 (24.52)
Energy	62.64 (22.42)
Health distress	75.36 (26.84)
Cognitive functioning	71.64 (23.24)
Quality of life	62.27 (15.12)
Health transition	56.36 (16.11)
<i>Domains</i>	
Physical health summary	47.93 (10.91)
Mental health summary	47.35 (11.68)

Nothing to disclosure

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