

PREDICTORS OF NON-ADHERENCE TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN HUMAN INMUNODEFICIENCY VIRUS INFECTED PATIENTS



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BACKGROUND

The increase in life expectancy in HIV-infected patients has led a higher prevalence in the number of comorbidities and use of comedications, which may limit adherence and the therapeutic success.

PURPOSE

To determine prevalence of other chronic diseases in HIV-infected patients and identify predictors of non-adherence to highly active antiretroviral therapy (HAART).

MATERIAL AND METHODS

Single-centre retrospective study, conducted from January to December 2013.

Percentage of adherence through dispensing records ≤90%

HIV-infected patients with HAART

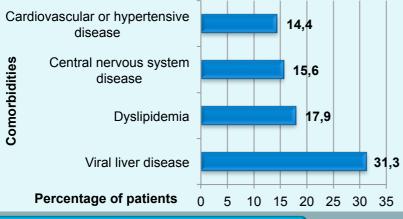
(who attended the pharmaceutical care office of a pharmacy service) VARIABLES Independent

- Non-adherence to HAART
- Sex
- Age
- No. chronic diseases and comedications
- Presence of specific diseases (liver, dyslipidemia, central nervous system, cardiovascular or hypertension disease)

Multivariate logistic regression analysis

RESULTS

Patient characteristics	No. patients=598
Mean age (years)	48 (IQR:42-52)
Sex (male)	78.9%
Average number of comorbidities	1.6±1.4
Average number of comedications	1.9±2.7
% patients adherent to HAART	85.3%
Cardiovascular or hypertensive disease	14,4
© Central nervous system	



In the multivariate analysis, presence of viral liver disease was the only variable significantly associated with non-adherence to HAART (OR:1,81; p=0.02).

CONCLUSIONS

- Prevalence of other chronic diseases in HIV-infected patients was high.
- The presence of viral liver disease was identified as predictor of non-adherence in HIV-patients in this study.