Adherence with HIV Therapy

For Human Immunodeficiency Virus (HIV) -infected patients receiving antiretroviral therapy (ART), adherence to medication is the major factor in warranting the success of any regimen. Adherence is second only to the CD4 cell count as a predictor of progression to Acquired Immunodeficiency Syndrome (AIDS) & death. Adherence rates of 100% or close to it are needed for optimal viral suppression. Patients who do not adhere to their medication regimens are at risk not only of HIV progression to AIDS, but also of the development of drug resistance and narrowing of options for future treatments.

Reasons for patients not adhering to therapy can include the complexity of the schedule, unpleasant side effects, forgetting to take the medication, & not understanding the importance of these medications. Assessing adherence at every doctor's visit through questions, rating scales, & home logs can greatly help patients with long term adherence. It is important to have a support system at home, with family members to help remind patients to take their medications & assist with management of adverse effects.

When deciding on a treatment regimen, it is best to consider the patient’s personal preferences. Seeing what therapies fit into the patient’s daily routines, simplifying the regimen to the fewest amount of pills necessary, reducing side effects, patient cost, & patient counseling should all play a part in choosing treatment options. Medication organizers, alarms, & visual medication calendars are all good tools to aid patients in compliance. Patients who are familiar with their medications & know the names, appearances, & the dosing schedule have a better long term adherence. Patients should understand that the success of therapy depends upon taking medications every day & that near perfect adherence levels are important in preventing virologic failure, progression to AIDS, &/or death.

For more info please visit:  
http://aidsinfo.nih.gov/HealthTopics/HealthTopicDetails.aspx?id=51&s=68  
Aids Info: Treatment Resources

References:

