Adherence to Antiretroviral Medications

CFAR ECHPP

November 20, 2012
Observations

• Less attention on adherence in reports from sites but it remains an important issue—site difference are striking

• Measurement concerns in cascade reporting and uncertainty of the scope of the of the problem currently—how many people who are prescribed medications are adherent

• Highly effective medications, improvements in number and “half-life” of medications

• Retention is necessary prerequisite. Adherence can only take place among those in care.

• Variety of ways to measure adherence—self report, pill counts, medication refill data, MEMS, chips –level of precision is determined by the question—research vs. surveillance.

• Lots of factors are known to influence adherence-- structural, individual (substance use and mental illness), social, distrust
Recommendations

• Standardize cascade calculations—add bar for suppression among those in care

• Priority of adherence measures for routine care, PrEP

• Test new strategies for maintaining supply of medications—mailed prescriptions

• Need for social marketing campaign to clinicians and communities—safety and efficacy of medications, time to treat, and treatment as prevention

• Need for research on strategies to develop social supports that promote adherence

• Integrate substance abuse and treatments for mental illness into HIV care--SBIRT

• ECHPP CFAR opportunity for cross city comparisons