

# **Adherence to Antiretroviral Medications**

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**CFAR ECHPP**

**November 20,2012**

# Observations

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- **Less attention on adherence in reports from sites but it remains an important issue—site differences are striking**
- **Measurement concerns in cascade reporting and uncertainty of the scope 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

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- **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**

