

## POSTER 62

### ANTIRETROVIRAL DRUG ADHERENCE IN A STANDARD OF CARE HIV CLINIC

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**Introduction:** The introduction of combination antiretroviral therapy has resulted in profound improvements in morbidity and mortality. One of the most challenging limitations of antiretroviral therapy is the development of drug resistance. Estimates of drug adherence to antiretrovirals are essential in understanding development of drug resistance. With increasing longevity, HIV infected individuals also acquire new comorbidities, requiring therapy with additional therapeutic agents. In order to investigate levels of adherence to antiretroviral and other drugs, we developed an anonymous survey of medication adherence.

**Methods:** Participants in natural history studies at NIAID/CCMD clinical center were invited to self-administer the anonymous survey. Patients documented their regimen by choosing regimen components and dosing using an illustrated list. Patients were asked to report the number of doses of HIV medication missed in the last four days and give a percent approximation for their level of adherence in the last month. Patients were queried about reasons for missing doses using specific situations. Patients were questioned about the methods they would use to help them remember to take their medications. Patients were asked about adherence to medications for additional chronic illnesses in addition to HIV-1 infection. Answers were tabulated and reported regimens were compared to established regimens for each antiretroviral. Parametric statistics were used to analyze the accumulated data.

**Results:** Fifty-one out of 501 (10%) of the participants in the NIAID/CCMD HIV Natural Study at the NIH Clinical Center completed the survey. Most patients (>80%) report a high (>90%) level of adherence, but errors in regimen dosing occurred. Some of the most common reasons for non-adherence to HIV medications included: change in routine, being away from home, busy-schedules, and forgetting. Some of the least common reasons for non-adherence to HIV medications included: not understanding why one should take the medications, not having a place to keep the medications at work, feeling like no one cares, and thinking that the medication do not work. Most patients felt satisfied with the support they received from their physicians, friends and family regarding their HIV-infection. Adherence of ancillary medications for hypertension or diabetes was similar to that for HIV infection.

**Conclusions:** Participants in research clinics report high adherence levels, but errors and missed dosing still occur. Counseling and other measures may improve patient adherence. These data serve as a baseline for future comparisons after implementing measures to improve adherence.