

# HIV CareLink

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## Adherence Considerations for HIV Infection: Focus on Minority Populations

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The number of HIV infections among racial and ethnic minority patients (i.e. African-American, Hispanic, Asian and Pacific Islander, Native-American and Alaska Native) has increased significantly during the past decade. Despite major therapeutic advances in antiretroviral therapy, adhering to therapy is mandatory in order to achieve positive therapeutic outcomes.

### Definition of Adherence

Successful adherence to HIV therapy is defined as taking 90-95% of a properly prescribed antiretroviral regimen:

- At the correct time
- At the correct dosage and
- Under the correct conditions (e.g. food intake, avoidance of drug interactions, etc.)

Maximal adherence to therapy involves:

- A coordinated effort between all members of the health care team
- Understanding the psychological, social and economic issues experienced by patients who must receive this therapy and
- The provision of education to patients regarding proper administration of these agents

### Potential Factors Affecting Adherence

- Drug interactions that prevent the delivery of adequate amounts of drug(s) to successfully treat HIV infection
- Poor understanding of medication regimens due to:
  - Language barriers
  - Lack of discussion from health care providers emphasizing the need for adherence in the 90% plus range

- Inadequate facilities for education (i.e. not providing private space for consultations thereby reducing the likelihood of optimal exchange of information between patient and provider)
- Not providing enough time for discussion of patient-related concerns
- Depression
  - It is important to manage depression through counseling and medication to improve the patient's desire to consume prescribed HIV antiretroviral medication
- Low Health Literacy (the degree to which individuals can obtain, process, and understand basic health information and services to make appropriate health decisions)
- Active alcohol and/or other drug abuse situations.

Evidence of health care disparities for HIV-infected individuals has existed since the early years of this epidemic. In the early years of this infection:

- Minority patients were found to have more problems obtaining proper care when diagnosed and
- Studies have demonstrated that minority patients are less likely to receive effective therapy to treat their infection

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### ABOUT US

The Florida/Caribbean AIDS Education and Training Center provides HIV education, consultation, and resource materials to health care providers in Florida, Puerto Rico and the US Virgin Islands.

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Some reports suggest that these disparities persist into the HAART era which is unfortunate since current HIV medications are effective and potentially lifesaving.<sup>1</sup> Suggested root causes for these disparities include:

- Lack of appropriate insurance coverage which may affect access to care
- Lack of racial concordance between the HIV/AIDS patient and provider<sup>2</sup>
  - At least one study has reported that racial concordance between the patient and provider may decrease the delay in receiving HAART by minority patients

In addition, studies have shown that minority patients are less satisfied with their HIV/AIDS care. This could directly affect adherence to antiretroviral therapy because:

- These patients are more likely to experience communication difficulties, such as having trouble understanding their provider or feeling like the provider did not listen to them or did not ask the questions they would have liked or expected
- They feel less involved in decisions regarding their own health care
- Minority patients reported that they needed more time to make key HIV/AIDS treatment decisions and more information about HIV treatment options<sup>1</sup>

With all of these factors being considered, building a high-quality and trusting therapeutic relationship before beginning HAART medications may serve to enhance adherence. The following factors may contribute to improving adherence in this patient population:

- Communicate with patients, being sure to listen to and address their concerns about HIV therapy
- Provide adequate time for discussion on a case-by-case basis
- Provide education both verbally and written at levels commensurate with the reading ability of the patient (address language barriers where appropriate) concerning the proper use of antiretrovirals
- Establish a clear line of communication to promptly address adverse effects, importance of obtaining laboratory values promptly as required, etc.
- Address issues that may hinder successful treatment such as depression, drug abuse, family and other economic issues

According to recent literature, only a few patient factors and behaviors clearly and consistently predict poorer adherence to HAART. Therefore, it is important for practitioners to focus on depression, active alcohol abuse, active injection drug use, and low health literacy when prescribing and monitoring antiretroviral therapy, rather than demographic characteristics, which are not predictive of adherence to HAART.<sup>1</sup>

#### References

1. HIV/AIDS: A Minority Health Issue. *Med Clin N Am* (89)4:895-912, July 2005.
2. King WD, Wong MD, Shapiro MF, et al. Does racial concordance between HIV-positive patients and their physicians affect the time to receipt of protease inhibitors? *J Gen Intern Med* 2004;19(11):1146-53.

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