

ADHERENCE TO ANTIRETROVIRAL TREATMENT IN FUNCTION OF THE COMPLEXITY OF THE TREATMENT

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Adherence to antiretroviral treatment is an important clinical aspect for the follow-up of HIV patients. The commercialization of simplified presentations could help improve adherence.

OBJECTIVE

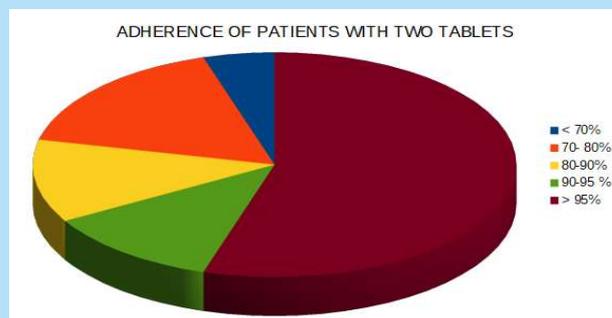
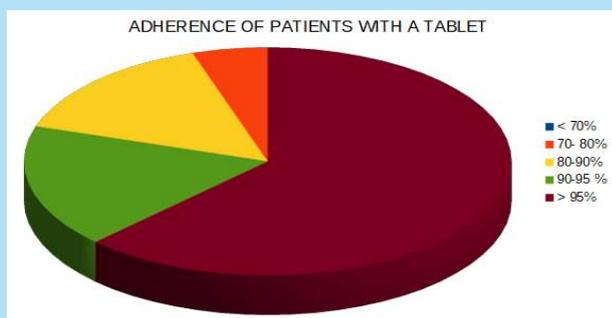
To compare adherence to antiretroviral treatment of HIV patients based on the number of daily tablets.

MATERIAL AND METHODS

Descriptive retrospective analysis. Adherence data were extracted from the PRISMA-APD® outpatient dispensing program and medical records were reviewed at Diraya®. Data were collected from two cohorts: patients whose treatment consisted of one daily tablet and patients treated with two daily tablets. Patients who had been in treatment for at least one year were included. The selected schemes were: emtricitabine (FTC) 200mg / tenofovir disoproxil (TDF) 245 mg associated with an integrase or protease inhibitor or efavirenz (EFV) 600 mg / FTC 200 mg / TDF 245 mg. The chi-square test of comparison between data series of the two patient subgroups was performed.

RESULTS

101 patients with active antiretroviral treatment were included continuously from October 2018 to September 2019, both inclusive. 17 patients were excluded due to insufficient treatment time. The study included 43 patients treated with the FTC / TDF scheme associated with an integrase or protease inhibitor, and 41 patients treated with a simplified scheme, EFV / FTC / TDF. The arithmetic mean of adherence for the two patient cohorts was calculated. The result was 90% (88.2-94.8) in patients with the FTC / TDF scheme associated with a third drug and 94% (92.4-97.2) for the simplified scheme. After performing the chi-square test, a $p = 0.153$ was obtained, so the differences between the two subgroups were not statistically significant.



CONCLUSION AND RELEVANCE

Adherence to treatment in our study exceeded 90%, so it was acceptable. Patients with more simplified treatment presented greater adherence to antiretroviral treatment in absolute value, although these differences are not statistically significant and could be due to chance. It is necessary to carry out new multicenter studies that include a greater number of patients to achieve more conclusive results.