ANALYSIS OF PHARMACOTHERAPEUTIC COMPLEXITY AND ADHERENCE IN A POPULATION OF HIV-INFECTED OLDER ADULTS

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BACKGROUND AND IMPORTANCE

- The increased life expectancy in patients with human immunodeficiency virus (HIV) infection leads to a greater prevalence of pharmacotherapeutic complexity (PC), which may affect adherence to the therapeutic regimen.

AIM AND OBJECTIVES

- To analyze the prevalence of PC and to evaluate therapeutic adherence in older adults with HIV infection.

MATERIALS AND METHODS

Descriptive and cross-sectional study was conducted (September 2021-June 2022)

- Adherence was measured using the simplified medication adherence questionnaire (SMAQ) [1] and dispensing records.

RESULTS

- Fifty-six patients (64.3% men) with mean age of 63.4 (55 - 87) years were evaluated.

  - Pluripathology: 69.6% of cases
  - Polypharmacy: 64.3% of cases

  Mean of 9.7 [standard deviation (SD) = 4.2] drugs/patient

  Most frequent comorbidities were:
  - Depression
  - Arthropathies
  - Diabetes mellitus
  - Arterial hypertension
  - Dyslipidemia

  Mean of 2.4 (SD = 1.5) interactions/patient

  63 interactions were detected (30 non-ART medication/33 ART medication)

  82.5% potential interaction

  17.5% not coadministered

Therapeutic groups concomitant with ART:

- Lipid lowering drugs: 43%
- Anxiolytics/sedatives: 11%
- Antihypertensives: 9%
- Antidepressants: 6%
- Anti-ulcer drugs: 7%
- NSAIDs: 7%
- Others: 9%

Regarding Adherence:

- SMAQ questionnaire: 71.4% were adherent
- Dispensing record ≥ 90%: 71.4% were adherent

- Both methods combined: 69.6% were considered adherent

CONCLUSION AND RELEVANCE

- Prevalence of PC was high. Approximately two thirds of patients presented pluripathology and polypharmacy, in addition, about half presented interactions.
- Adherent patients represented 70% in total.
- A multidisciplinary approach is necessary in this population to adapt their pharmacotherapy and reduce PC, as well as to improve therapeutic adherence.

1. Knobel H. DOI: 10.1097/00002030-200203080-00012

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