**Background**
The addition of anti-HCV therapy to highly active antiretroviral treatment (HAART) in HIV/HCV coinfected patients leads to an increase in the treatment complexity which may result in decreased adherence.

**Objective**
To determine whether the number of adherent patients to HAART decreased after the addition of anti-HCV therapy to HAART.

**Material and Methods**

- **Study design**: prospective two-center observational study
- **Inclusion criteria**: HIV/HCV coinfected patients on HAART who started anti-HCV bi-therapy or triple therapy between January 2011/December 2013 were included.
- **Exclusion criteria**: patients who were virologically uncontrolled (>50 copies RNA VIH/mL) or their HAART had been modified in the six months before starting anti-HCV therapy.
- **Variables collected**:
  - Demographics
  - Anti-HCV therapy
  - Weeks on anti-HCV therapy
  - Adherence. The threshold for optimal adherence was ≥95%
- **Statistical analysis**: McNemar’s test was applied to compare adherence before and after the addition of anti-HCV therapy to HAART using SPSS-20.

**Results**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (% male)</td>
<td>86</td>
</tr>
<tr>
<td>Age (years)</td>
<td>47 (SD: 5)</td>
</tr>
<tr>
<td>Length of HCV therapy (weeks)</td>
<td>45.6 (IQR: 20.4-49.1)</td>
</tr>
<tr>
<td>Anti-HCV Therapy n (%)</td>
<td></td>
</tr>
<tr>
<td>Bi-therapy (peg-interferon+ ribavirin)</td>
<td>53 (80%)</td>
</tr>
<tr>
<td>Triple therapy (Telaprevir)</td>
<td>11 (17%)</td>
</tr>
<tr>
<td>Triple therapy (Boceprevir)</td>
<td>2 (3%)</td>
</tr>
</tbody>
</table>

**Results summary**

Before starting anti-HCV therapy:
- Adherent to HAART: 76%
- Non-Adherent to HAART: 24%

After starting anti-HCV therapy:
- Adherent to HAART: 68%
- Non-Adherent to HAART: 32%

Subgroup analysis based on the anti-HCV therapy:
Adherent patients on anti-HCV bi-therapy decreased from 42(64%) to 37(56%), p>0.05. The number of adherent patients was not modified in those on anti-HCV triple-therapy.

**Conclusion**
The introduction of anti-HCV bi-therapy to HAART is associated with a tendency towards a decrease in the number of adherent patients.