EVALUATION OF TREATMENT ADHERENCE WITH RILPIVERSINE/ EMTRICITABINE/ TENOFOVIR
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1 BACKGROUND
Rilpivirine is a recently authorized antiretroviral. Adherence is essential in this kind of drug.

2 PURPOSE
To evaluate treatment adherence with rilpivirine/emtricitabine/tenofovir (RPV/FTC/TDF) using the SMAQ questionnaire and pharmacy dispensing records (FDR) and the correlation between these in HIV/AIDS mono-infected patients.

3 MATERIAL AND METHOD
Prospective observational study. We included patients treated with RPV/FTC/TDF from September 2013 until September 2014 with adherence data available of at least 3 months. Demographics data and reason for treatment were collected. Adherence was calculated across the SMAQ questionnaire (qualitative and semi-quantitative) and FDR, considering the patient adherent when any of these parameters was ≥95%. The correlation between the methods was assessed using the kappa (k) index.

33 patients started treatment with RPV/FTC/TDF
21 were included in the study
71% were men (Average age: 40 ± 10 years)
38% were treatment-naïve and the rest were changes of therapeutic strategy (33% adverse reactions and 29% simplification of treatment strategies)

As for the results of k index, we observed the following strength of agreement: fair between the SMAQ quantitative and qualitative questionnaires (k=0.22) and slight between the SMAQ qualitative questionnaire and FDR (k=0.04) and between semi-quantitative SMAQ and FDR questionnaire (k=0.01)

4 CONCLUSIONS
Our study highlights a low adherence to treatment obtained with the SMAQ questionnaire (both qualitative and semi-quantitative). It may be due to both the inflexibility of the questions and because of the patient assessment. These results could be improved through a pharmacist intervention in the monthly clinical review.

Correlation between the three methods was low, so their use in isolation may give erroneous results in predicting adherence. However, with this way, “hidden” non-adherent patients (adherent FDR and non-adherent SMAQ) and “masked” non-adherent patients (non-adherent FDR and adherent SMAQ) could be detected.