

PATIENTS SATISFACTION WITH TREATMENT IMPROVES WITH SIMPLER AND BETTER TOLERATED ANTIRETROVIRAL REGIMENS

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INTRODUCTION

Optimal adherence to Antiretroviral Therapy (ART) is essential when achieving and maintaining an adequate therapeutic response. There are few data on the perception and impact of aspects such as ease of use and tolerance to ART for HIV-infected patients. The availability of new drugs or combinations (e.g. atazanavir, NRTI combinations) in the current therapeutic arsenal would make it possible to create regimens that were potentially more comfortable and better tolerated and that would help patients optimize adherence.

OBJECTIVE

To analyze patients' perception of and attitudes towards the adverse effects of their HIV therapy and ascertain how this affects their satisfaction with the therapy.

METHODS

Questionnaire put to a sample of 858 HIV-infected patients receiving therapy. Error margin: ± 3.0 %. Confidence level: 95%. The questionnaire included questions on:

- Knowledge of the disease, therapy, and its evaluation.
- How much treatment affects patients and the importance of adverse events.
- Adherence to therapy.
- Communication between physician and patient.

RESULTS

The characteristics of the sample are shown in Table 1.

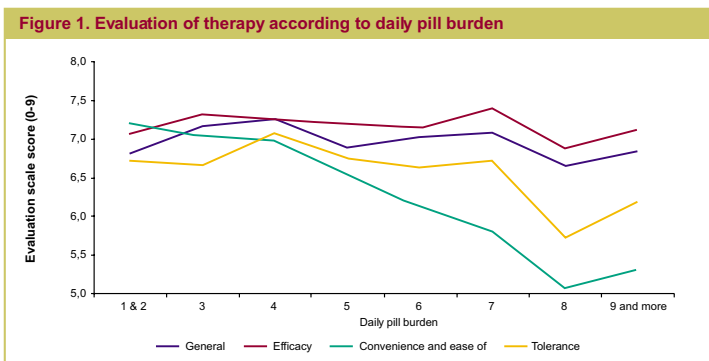
DESCRIPTION OF THE SAMPLE	n	%
TOTAL	858	100,0
• Males	618	72
• Under 35 years of age	139	16
• Aged 35 to 50	644	75
• Over 50 years of age	75	9
• No school diplomas	142	17
• Primary level education	385	45
• Secondary school / NVQ	237	28
• University degree	94	11
• Working	314	37
• Once-daily dosing (QD)	212	25
• Two or more doses per day (≥ BID)	634	74
• Injecting drug user (IDU)	353	41
• AIDS	261	30
• Atazanavir-containing ART	79	9

Extent of patient information

The extent of the information the patients claim to have on HIV / AIDS can be considered high, with 67% of those who completed the questionnaire stating that they were "very well" or "quite well" informed about their disease and general status. However, they did admit that they had less information on ART.

Evaluation of therapy

In general, patients valued treatment well (score of 7 on a scale of 0 to 9). Satisfaction was greater with efficacy (7.2) than with convenience or tolerance (6.4). All these evaluations fell as the number of pills/day increased (Fig. 1).



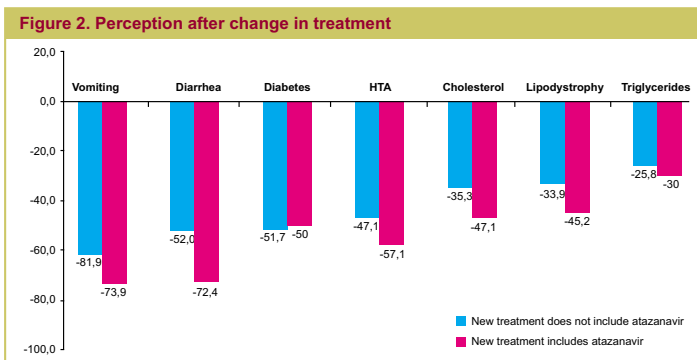
"Timetable discipline" (22%) and "high pill burden" (16%) are the most difficult areas for the patients. The most commonly cited adverse events are diarrhea (33%), lipodystrophy (27%) and hyperlipidemia (19%), which fell significantly when compared to the previous therapy (Table 2).

Table 2. % of patients with resolved AEs

ADVERSE EFFECTS DETECTED	WITH PREVIOUS THERAPY (n=656)	WITH CURRENT THERAPY (n=858)
1 - Diarrhea	46	33
2 - Lipodystrophy	34	27
3 - Increased cholesterol	18	19
4 - Vomiting	34	18
5 - Increased triglycerides	17	16
Mean number of adverse effects	2,7	2,3

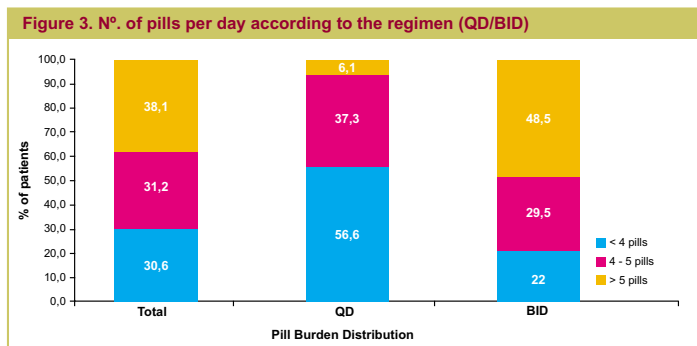
RESULTS

The number of adverse effects decreased more in patients taking an atazanavir-based regimen than in those who did not (illustrative data: n= 96). (Figure 2).

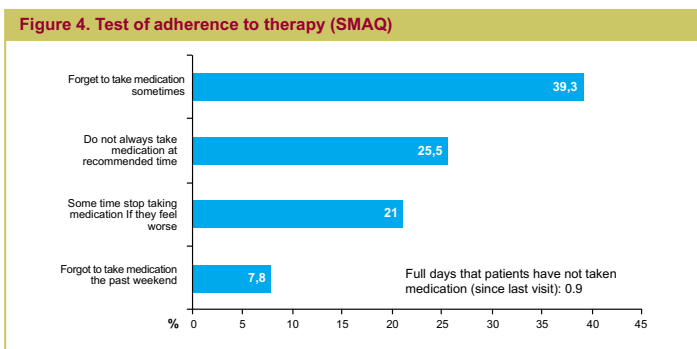


Adherence to therapy

In global terms, patients took an average of 5.5 pills per day. However, while those on QD regimens (25%) took 3.6 per day, those on BID regimens took 6.1 per day. Concomitant medication increased this figure by 2.6 pills (Fig. 3).



The lack of adherence is high as shown in the results of the SMAQ test applied (Fig. 4). Adherence was greater in patients infected by sexual transmission and those taking QD regimens with a low pill burden, and those who had not developed AIDS.



DISCUSSION

The results of this questionnaire show how important it is, from the patient's viewpoint, to maximize therapeutic options focused on facilitating good adherence to therapy. Although the results show that the changes in therapy made in the sample are going in the right direction, and that tolerance and ease of use with the new treatments are better (e.g. atazanavir), there is still much room for improvement. Only 25% of the sample was receiving once-daily therapy and some AEs (GI disorders, lipodystrophy, and hyperlipidemia) continue to be very prevalent.

CONCLUSIONS

Patient perception and declared adherence to therapy reinforce the current strategy in HIV therapy of switching to more convenient and better-tolerated ARV regimens.