

IMPACT OF SUPERVISED ANTIRETROVIRAL THERAPY IN PATIENTS WITH HIV WHO HAVE NOT ADHERENCE TO THERAPY AND ARE WITH DETECTABLE VIRAL LOAD.

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Materials and Methods

Descriptive study of supervised therapy and its impact on patients without adherence to ART who present with virologic failure, in the period from January to November 2018 in a HIV care center. Forty-seven patients were included who entered in the supervised therapy program which was dispensed by the pharmacy service on a daily, weekly or twice a month, the storage of the ART was done in individual boxes labeled for each patient. With face-to-face and telephone follow-ups. Viral load monitoring was carried out at 2 months and finally 6 months after the intervention

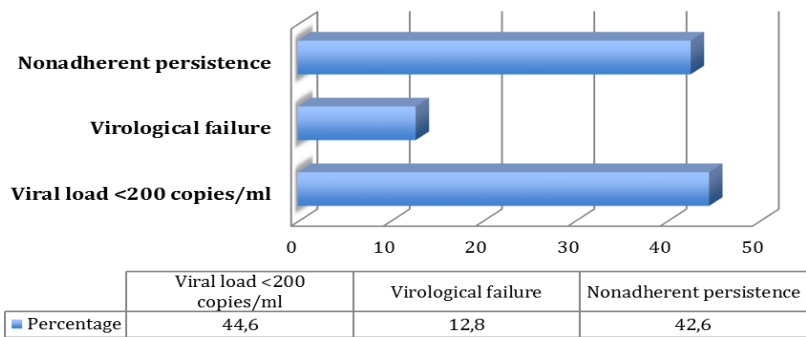
Results: Of the 47 patients who underwent supervised therapy, 20 patients remained non-adherent despite the supervised therapy, 6 patients despite being fully adherent had virologic failure defined as HIV viral load > 200 copies/ml after 6 months of adjustment of adherence, and 21 patients managed to have control of the viral load (<200 copies/ml) after 6 months considering how therapeutic success. View table 1 and 2.

Background: Therapeutic adherence is a key factor to ensure the sustainability of the health system and ensure adequate virologic suppression in patients with HIV; however, there are patients who don't have adequate adherence to ART, which leads to a risk of opportunistic infections and antiretroviral drug resistance.

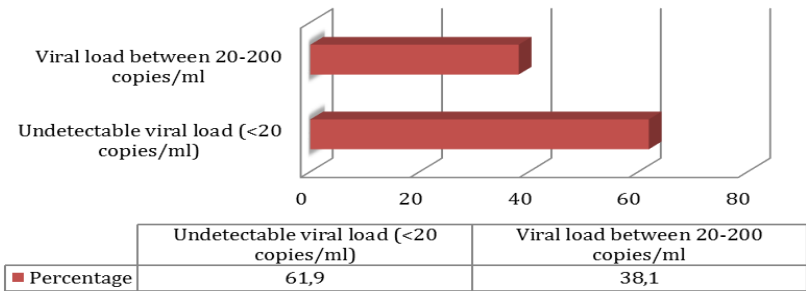
For patients who have tuberculosis, a strategy of daily medication dispensation is designed, which leads to better clinical outcomes.

Our center attends approximately 8000 patients with HIV in Colombia each month, and of these the great majority is in the capital city Bogotá. We have patients who, despite being educated by the support group (psychologist, social worker, pharmacist, doctor and nurse), cannot improve their adherence. Therefore, an attempt was made to extrapolate the tuberculosis strategy and we discharged the antiretroviral drug for nonadherent patients, daily, weekly or twice a month and then we evaluated the results of the intervention.

Supervised therapy follow up



Distribution of patients with VL < 200 copies/ml, after intervention



Conclusions: The supervised therapy in non-adherent HIV patients, carries to 45% of patients who achieve virologic suppression below 200 copies/ml. We consider it to be a highly recommended strategy and intervention to avoid resistance to antiretroviral drugs and, consequently, a lower probability of hospitalizations and opportunistic infections