

Clues to ensuring anti-HIV drugs are taken in Africa

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HIV-infected patients in the African country of Tanzania were more likely to stop taking their medications and to fail treatment if they had to pay for the drugs themselves.

According the results of a new study conducted by Tanzanian physicians and Duke University Medical Center researchers, HIV-infected patients who openly discussed their illness were also more likely to fare better.

“Our findings suggest that efforts to provide free medication to HIV-infected patients and to promote social coping may increase the chances that patients will continue taking their medications and therefore have stronger immune systems and live longer,” said Habib Ramadhani, M.D., physician at the Kilimanjaro Christian Medical Centre and lead author of a paper appearing early online in the journal *Clinical Infectious Diseases*. Infectious disease specialists from Duke collaborate with the Kilimanjaro medical center physicians at a clinic in Moshi, Tanzania.

The findings of this and other studies in sub-Saharan African countries should help policy makers and physicians figure out how best to direct and manage the increase in the amount of powerful HIV-fighting drugs that are flowing into the continent, the researchers said. This group of drugs, known generally as anti-retroviral therapy, can suppress the levels of virus in the blood to almost non-detectable levels and prolong life.

In order to better understand the barriers that may keep patients in such economically challenged countries from successfully fighting the

disease, the researchers studied 150 HIV-infected patients seen at the Moshi clinic, paying particular attention to how well patients were adhering to their medication regimens and how successfully the levels of virus in the blood was responding to the therapy.

About one in six of the patients reported not taking their medications according to schedule, and the patients more likely to have stopped complying were those who had spent a larger proportion of their time on treatment paying for the antiretroviral medicines themselves. These patients typically used their scant resources on other necessities, such as food and shelter, rather than the medicines, researchers said.

They also found that about one in three patients had increases in the level of virus in the blood consistent with treatment failure, and not surprisingly, the patients who were not taking their drugs were more likely to have treatment failure.

“Another quite interesting finding was that being public about their HIV status was associated with suppression of virus,” Ramadhani said. “There still is a substantial stigma associated with HIV in Africa. It is likely that individuals infected with HIV who discussed their disease with friends or family members are likely living in supportive environments that promote adherence.”

The researchers also found that the farther away patients were from the clinic, the less likely they would take their drugs as instructed.

“This study has identified critical factors that affect the success of antiretroviral therapy programs in Africa, and we believe that these findings should be incorporated by policy makers into practice,” said Duke’s John Crump, M.B., Ch.B, who specializes in infectious diseases and international health and is a senior member of the research team.

“These drugs, which are known to work, should be free and readily

available.

“Structural barriers to care, such as the distance to clinics and especially the burden of patients paying for their medication, must be removed,” Crump continued. “Social coping, including the disclosure of HIV status to people to family and friends leads to better adherence to medication and lower rates of treatment failure.”

According to Michael H., Merson. M.D., director of the Duke Global Health Institute, "This study nicely illustrates some of the factors that need to be considered in reducing the health disparities between the haves and have nots throughout the world, and the value of exploring ways to eliminate them through a multidisciplinary lens. Reducing costs, increasing access and lessening stigma are all necessary for providing good AIDS treatment."

Source: Duke University

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