

Intensive adherence counseling with HIV treatment improves patient outcomes

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Intensive adherence counseling around the time of HIV treatment initiation significantly reduces poor adherence and virologic treatment failure in sub-Saharan Africa whereas using an alarm device has no effect, according to a study in this week's *PLoS Medicine* by Michael Chung from the University of Washington, Seattle, USA, and colleagues.

The findings of this study define an adherence counseling protocol that is effective; these findings are relevant to other HIV clinics caring for large numbers of patients in sub-Saharan Africa.

As poor adherence to [HIV treatment](#) can lead to [drug resistance](#) and inadequate treatment, it is necessary to identify interventions to improve adherence that are inexpensive and proven to be effective in resource-limited settings. The authors randomised 400 patients who were newly diagnosed with HIV and had never before taken antiretroviral therapy to receive adherence counseling alone; alarm device alone; both adherence counseling and alarm device together; and a control group that received neither adherence counseling nor alarm device.

Patients had baseline blood taken to test for HIV-1 [RNA](#) and CD4 count and blood was then taken every 6 months for the duration of the study (18 months). After starting HIV treatment, patients returned to the study clinic every month with their pill bottles for the study pharmacist to count and record the number of pills remaining in the bottle.

Patients receiving adherence counseling were 29% less likely to

experience poor adherence compared with those who received no counseling. Furthermore, those receiving intensive early adherence counseling were 59% less likely to experience virologic treatment failure. However, there was no significant difference in mortality or significant differences in CD4 counts at 18 months follow-up between those who received counseling and those who did not. There were also no significant differences in adherence, time to virologic treatment failure, mortality, or CD4 counts in patients who received alarm devices compared with those who did not.

The authors conclude: "As antiretroviral treatment clinics expand to meet an increasing demand for HIV care in sub-Saharan Africa, adherence counseling should be implemented to decrease the development of treatment failure and spread of resistant HIV."

More information: Chung MH, Richardson BA, Tapia K, Benki-Nugent S, Kiarie JN, et al. (2011) A Randomized Controlled Trial Comparing the Effects of Counseling and Alarm Device on HAART Adherence and Virologic Outcomes. PLoS Med 8(3): e1000422. [doi:10.1371/journal.pmed.1000422](https://doi.org/10.1371/journal.pmed.1000422)

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