

Adherence to HIV treatment significantly increases survival, researchers find

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(Medical Xpress)—HIV-positive individuals who strictly adhere to highly active antiretroviral therapy (HAART) have a significantly lower probability of premature morbidity and mortality as compared to those with suboptimal compliance to HAART, according to a new study from the BC Centre for Excellence in HIV/AIDS (BC-CfE).

The study, published this week in the peer-reviewed journal [PLOS ONE](#), investigated 3,543 HIV-infected individuals who were more than 19 years old and had never been on HAART when they started [treatment](#) between January 1, 2000 and August 31, 2009. Participants were followed until their death due to any cause, or if alive, until the last contact date or August 31, 2010, whichever came first. At the end of the follow-up period from 2000 to 2010, 499 (14 per cent) deaths were recorded.

Researchers at the BC-CfE developed and validated a new metric, the Programmatic Compliance Score (PCS), to assess the impact of non-compliance with HIV treatment [guidelines](#) on mortality among HIV-positive individuals on therapy within a fully subsidized antiretroviral therapy program. The PCS was based on the BC-CfE therapeutic guidelines, which are consistent with the International AIDS Society -USA (IAS-USA) antiretroviral therapy management guidelines. The researchers hypothesized that non-compliance would be associated with the highest probability of [premature death](#).

Based on the IAS-USA guidelines, the PCS is composed of six non-

performance indicators: having less than three CD4 (immunity affected by HIV) count tests in the first year after starting antiretroviral therapy; having less than three plasma viral load ([viral replication](#)) tests in the first year after starting antiretroviral therapy; no [drug resistance](#) testing prior to starting treatment; starting on a non-recommended antiretroviral therapy regimen; starting therapy with CD4

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