

Computerized counseling reduces HIV-1 viral load, sexual transmission risk

April 15 2014

Antiretroviral therapy (ART), the primary type of treatment for the human immunodeficiency virus (HIV), can reduce sexual transmission, prevent illness, and increase longevity and quality of life for patients. However, according to current data, only an estimated 77-percent of U.S patients on ART therapy have suppressed viral loads. This suggests patients' adherence to the current ART treatment regimens is in need of improvement to reduce the viral load and also to lower sexual transmission risk behaviors.

Now, new research from faculty affiliated with New York University's Center for Drug Use and HIV Research (CDUHR) at the NYU College of Nursing (NYUCN), published in the *Journal of Acquired Immune Deficiency Syndromes*, shows that computerized counseling is a promising intervention for increased ART adherence and safer sex, especially for individuals with problems in these areas. This is the first intervention to report improved ART adherence, [viral suppression](#), and reduced secondary [sexual transmission](#) risk behavior.

"The computer-delivered intervention model, Computer Assessment & Rx Education (CARE+), is a .Net-based custom software application with intervention content based on theoretical frameworks, which acts as additional support for traditional ART treatment," said Ann Kurth, PhD, CNM, FAAN, Professor; Executive Director, NYUCN Global; and Associate Dean for Research, NYU Global Institute of Public Health. "The tool incorporates evidence-based elements shown to improve ART adherence or reduce sexual risk, as well as a personalized printout

summarizing feedback, health plan and referral phone numbers."

The objective of the study, "Computerized Counseling Reduces HIV-1 Viral Load and Sexual Transmission Risk: Findings from a Randomized Controlled Trial," was to evaluate the potential effectiveness of a computerized intervention made specifically to support patients towards positive behavioral change. The study included 240 participants who were randomly divided into two groups: one receiving CARE+ and the other group receiving only a computerized questionnaire.

By focusing on the confidence, motivations and knowledge of the participants, the study reflects a better understanding of how behaviors affect ART adherence and HIV transmission risk. The results were positive and point to a new platform for further studies in HIV self-care and prevention.

"Nearly all CARE+ intervention participants found the tool easy to use, felt the session helped as much or more than face-to-face counseling with a staff person and three out of four even preferred the computer over a human counselor in the future."

After the nine-month period, CARE+ intervention participants overall had an average decrease in HIV [viral load](#), had better ART adherence, and decreased the odds of transmission risks. A majority of participants also stated that their confidence in their health behavior plan success increased by 20-percent by the end of the trial.

"Computerized counseling may not have some advantages offered by a highly-skilled human counselor, but it is delivered consistently with fidelity, without need for staff time or training. Our study proves CARE+ is highly acceptable and had an efficacious impact on priority behaviors and objective measures of viral load response," states Dr. Kurth.

Provided by New York University

Citation: Computerized counseling reduces HIV-1 viral load, sexual transmission risk (2014, April 15) retrieved 27 April 2024 from <https://medicalxpress.com/news/2014-04-computerized-hiv-viral-sexual-transmission.html>

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