Poster presentation

Factors correlated to non-adherence to antiretroviral therapy among immigrants from poor resource countries, attending a reference center in Rome

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Background
The management of antiretroviral treatment patients from poor resources countries, whose number is progressively increasing in western Europe, requires understanding of different behaviors and attitudes towards HIV infection.

Methods
Patients attending the center are involved in a routine program including a brief self-reported adherence questionnaire, together with collection of behavioral data. Counseling for HIV infection and adherence intervention are routinely provided. Physicians, psychologist and social workers are involved. A preliminary analysis of data collected from the first years of activity is reported.

Summary of results
Up to now, 89 patients completed the questionnaire: 44.9% M, 33.7% F, 21.4% trans-sexuals; median age 41 years (IQR 34–48); 36.0% Latin America, 28.1% sub-Saharan Africa, 18.0% East Europe, 9.0% North Africa/Middle East, 8.9% other origins; 10.2% use of cocaine, 2.3% intravenous drug-use. Moreover, 34.0% reported no sex contact in the past 6 months, and 23.9% reported prostitution. Regular condom use was reported by only 9.0%.

Full adherence (100.0%) in the past month was reported by 60.7% of patients. Moreover, 23.6% of patients reported treatment interruption, 14.6% refill problems in the past 3 months, and 19.1% of patients reported missed doses in the past week. Lack of achieving adherence in any of the questions was considered non-adherence and set as dependent variable in a logistic regression model.

At adjusted logistic regression a significantly better adherence was found among males (OR: 0.21; 95% CI: 0.05–0.85, p = 0.029) and trans-sexuals (OR: 0.03, 95% CI: 0.001–0.63, p = 0.025) compared to females, while higher non-adherence was observed among patients who did not report regular condom use (OR: 5.52, 95% CI: 1.51–20.20, p = 0.01) and marginally among individuals from Latin America (OR: 6.34, 95% CI: 0.85–47.57, p = 0.07). Women appeared to be less informed about HIV transmission and treatment.

Conclusion
In this specific setting of immigrant population, worst sexual behavior and less knowledge are associated with non-adherence. Conversely, non-adherence failed to be associated with substance abuse. Thus our program is ongoing and enhancing. We plan to evaluate changes in behavior and adherence after repeated counseling, to target intervention to specific subgroups, also using cultural opinion-leaders, following information collected.