

Poster presentation

Once-daily regimens were associated with a higher rate of self-chosen discontinuations

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Purpose of the study

In order to evaluate variables correlated to self-reported discontinuations (SRDisc) of HAART in HIV-infected people, a prospective, cohort(AdUCSC), monocenter study was conducted.

Methods

A short questionnaire on adherence (0 to 100 scale on the question "How much are you adherent to drug prescriptions?"), self-reported discontinuations, satisfaction and trust in therapy, physical (PhysH) and Mental(MentH) Health, and self-reported symptoms was administered at any visit to any outpatient taking HAART. An automatic report resuming the adherence, self-reported discontinuations and health status measures was generated and sent to physician for discussion with patient at the following visit. A SRDisc event was defined when patient reported having stopped all the drugs for at least 24 hours in the 2 months before. A composite measure for viro-immunological failure was used (CD4<200 or CD4 decreasing respect to a 1-year previous value or HIV-RNA>50 c/ml). A symptom score was built summing self-reported scores (from 0-at all to 4-very much) for each of 19 listed symptoms.

Summary of results

At May 2008, 515 patients had filled the questionnaire: 33% females, mean age 45 years (SD 8.7), IDU 20%, median of HIV 11 years (IQR 6–15); median log HIV-RNA 1.7 c/ml (IQR 1.7–1.7), median CD4 572/mm³ (IQR

414–778). 54% were taking PI, 30% NNRTI, and 13% only NRTI; <10% were previously naive to antiretrovirals. 40.6% were taking a QD regimen. Mean SelfAdher was 79.3 (SD 18.5); 19.5% reported adherence<60. 14.5% reported having missed at least one dose in the previous week. 119 (23.1%) reported having done at least one 24-hour of discontinuations in the 2 months before. Risk of viro-immunological failure was higher for people self-reporting discontinuation compared to those not (OR 1.85; 95% CI 1.15–2.98; p = 0.01). Self-reporting discontinuations were also correlated to self-reported adherence (for any point more of adherence OR 0.95; 95% CI 0.94–0.97; p < 0.001).

At multivariable analysis, even adjusted for type of HAART, variables independently correlated to self-reporting a discontinuation were: being female (OR 1.98; 95% CI 1.09–3.58; p = 0.02), IDU (OR 2.10; 95% CI 1.07–4.13; p = 0.03), taking a QD regimen (OR 1.96; 95% CI 1.10–3.48; p = 0.02), and symptom score (OR 1.02; 95% CI 1.0–1.06; p = 0.05).

Conclusion

Being female, IDU, taking a QD regimen and symptom score were correlated to self-chosen discontinuations of HAART. It is possible that people taking a QD regimen perceive therapy as a very easy task and are more prone to forgetful events.