

Poster presentation

Adherence, coping strategies and depression in highly antiretroviral-experienced patients

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Purpose of the study

The purpose of this study was to assess whether the use of certain coping strategies might be associated with better adherence to antiretroviral therapy and better emotional status in highly antiretroviral-experienced patients who had survived the pre-HAART era.

Methods

Cross-sectional study with HIV-1 infected patients treated with antiretrovirals for at least 10 years. Adherence was assessed through self-reported information (15 previous days of medication intake), coping strategies through the Brief Cope questionnaire (3 being the maximum score per each scale) and depression through the HADS questionnaire (21 being the maximum score that indicates severe depression).

Summary of results

113 patients were included: 67.3% men, mean (SD) age: 44 years (7.8), CD4 cell count: 529 (269.4), nadir CD4 cell count: 210 (155.8), CV <50 copies: 86.7% of patients, years since HIV diagnosis: 15 (3.2), years on antiretroviral treatment: 12 (2.4). Adherence >95% was reported by 71.7% of patients. Patients showed high scores in religion: 2 (1.7), humour: 2 (1.4), use of support: 3 (1.3), active coping or planning: 2 (1.4), venting/self distraction: 2 (1.1), denial/self-blame: 3 (1.3) and acceptance: 2 (1.2). Low scores were observed in substance misuse: 1 (1.4) and behavioural disengagement: 0.7 (0.9). The

mean (SD) of depression was 10 (6.6). Mild depressive symptoms were observed in 25.6% of patients. No relationships were found between coping strategies and adherence or between depression and adherence. The use of denial/self-blame as a coping strategy was related to higher levels of depression (OR: 1.182 [95% CI: 1.003–1.393]).

Conclusion

A high percentage of patients had adequate adherence after more than 10 years on treatment. The majority of coping strategies used to face the illness were active, except for denial/self-blame, which was associated with depression. In this study, adequate adherence was not related either to the use of active coping strategies or to the absence of depressive symptoms.