

Poster presentation

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Dispositional optimism, perceived health competence and adherence in highly antiretroviral-experienced patients

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Purpose of the study

The purpose of this study was to evaluate the level of dispositional optimism (defined as an inclination to anticipate the best possible outcome), perceived health competence (defined as the perceptions related to exercising control over a particular problem or in a specific situation) and adherence to antiretroviral therapy in highly antiretroviral-experienced patients who had survived the pre-HAART era, as well as to establish the possible relationships between these psychological variables and adherence.

Methods

Cross-sectional study with HIV-1 infected patients treated with antiretrovirals for at least 10 years. Dispositional optimism was assessed through the Life Orientation Test (24 being the maximum score that indicates total optimism); perceived health competence was assessed through the Perceived Health Competence Scale (40 being the maximum score that indicates total health competence); and adherence was evaluated through self-reported information (15 previous days of medication intake).

Summary of results

A total of 113 patients were included: 67.3% men, mean (SD) age: 44 yrs (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. The mean \pm SD of dispositional optimism and perceived health competence were 15.2 ± 4.1 and 23.2 ± 3.5 , respectively. No differences were observed in dispositional optimism between adherent (15.4 ± 4.2) and non-adherent (14.5 ± 2.6) patients ($p = 0.38$), and in perceived health competence between adherent (24 ± 3.5) and non-adherent (23 ± 3.3) patients ($p = 0.16$).

Conclusion

After more than 10 years on treatment, a high percentage of patients had adequate levels of adherence to antiretroviral therapy. Dispositional optimism was relatively high but perceived health competence remained moderate. In a highly antiretroviral-experienced population, the differences observed between adherent and non-adherent patients cannot be explained by dispositional optimism or perceived health competence.