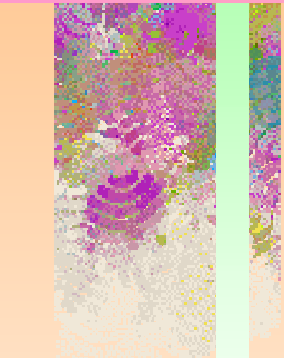


Development of a self-administered
low literacy adherence
measurement tool correlated with
viral suppression and patterns of
non-adherence in an inner-city
community health center



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Background Information

- Adherence is of paramount significance in obtaining success with HAART
- Measurement of adherence is difficult in practice
- Few initiative have been taken to study adherence patterns in patients in Community Health Centers

Methods

- Develop an adherence measurement tool that is:
 - self-administered
 - brief
 - written for a low literacy level
- Compare patient self-report with prescribed HAART and viral load



Setting: Dimock Community Health Center

- Located in Roxbury, MA
- A comprehensive community health center offering: health services, substance abuse treatment, career development, family services and other programs to meet the needs of the inner-city community it serves.
- Target population was ~ 200 HIV patients in primary care
 - 85% communities of color, 45% women
 - ~ 60% HCV (+), >75% history of substance abuse and/or mental illness























Design: Sticker Survey

- Survey was designed to be self-administered with the help of a medical assistant or trained paraprofessional if needed.
- It was written for a 3rd grade reading level
- Possible to complete in 5 minutes or less by patient, while waiting to be seen by provider
- Translated into Spanish

Sticker Survey

- Asked patient:
 - To identify medications prescribed
 - How many times a day he/she takes medication?
 - How many pills are taken each time?
 - Has he/she missed medication in the last week?
 - In an average week how many times has he/she missed a dose?
 - Of all the HIV medications he/she takes, is there one that is harder to take than the others?

HAART Stickers Used

Combivir (AZT plus 3TC)		Trizivir (abacavir/lamivudine /zidovudine)	
Eпивir (3TC)		Agenerase (amprenavir)	
Hivid (ddC)		Fortovase (saquinavir soft gels)	
Retrovir (ZDV or AZT)		Crixivan (indinavir)	
Videx (ddI)		Invirase (saquinavir capsules)	
Zerit (d4T)		Norvir (ritonavir)	
Ziagen (abacavir)		Viracept (nelfinavir)	
Rescriptor (delavirdine)		Droxia (hydroxyurea)	
Sustiva (efavirenz or DMP-266)		Hydrea (hydroxyurea)	
Viramune (nevirapine)		Kaletra (lopinavir/ritonavir)	

Results

- Participants: N=48
 - 42% Female
 - 77% minority
 - 38% history of intravenous drug use
 - Average age: 42

Two Categories of Non-Adherence Identified

Systemic Non-Adherence (SNA)

Consistently not taking the correct dose or frequency of medication prescribed.

Intermittent Non-Adherence (INA)

Missing \geq a single dose of medication in last week or in an average week.

SNA Compared to INA

SNA

- reported by 34% of clients

INA

- reported by 55% of clients
- women were more likely to report INA

Viral Load Suppression and Non-adherence

- 44% of clients reporting SNA had viral loads below 400 compared to 68% of clients not reporting SNA, $p=.11$
- 38% of clients reporting INA had viral loads below 400 compared with 43% of clients not reporting INA, $p=\text{not significant}$

Results Continued

- Not predictive of viral load suppression or non-adherence:
 - Race
 - Age
 - Drug Use

Conclusions

- We have developed a low literacy self-administered adherence tool which can be easily integrated into a practice setting.
- High levels of non-adherence were detected.
- Two categories of non-adherence were identified
 - Systemic
 - Intermittent

Conclusions

- Systemic adherence was correlated with viral load suppression, although statistical significance was not met.
- Interventions have been initiated to address both categories of adherence and to decrease the level of non-adherence to HAART (see abstract 20596).
- We plan to expand utilization to other settings where a low literacy tool is appropriate to identify non-adherence