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Result 1.

IMPACT OF DIFFERENT PATTERNS OF NONADHERENCE ON THE OUTCOME OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN PATIENTS WITH LONG-TERM FOLLOW-UP.

Knobel, H, Urbina, O, Gonzalez, A, Sorli, M, Montero, M, Carmona, A, Guelar, A

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Title Impact of different patterns of nonadherence on the outcome of highly active antiretroviral therapy in patients with long-term follow-up.[Article]

Source HIV Medicine. 10(6):364-369, July 2009.

Abstract

Objectives: The aim of the study was to evaluate the impact of different patterns of nonadherence on treatment outcomes in patients with long-term follow-up.

Methods: This cohort study included patients who began highly active antiretroviral therapy during 1996-1999, with the last follow-up in 2007. Adherence was evaluated every 2 months by monitoring of pharmacy refills and by using self-reports. Patients were considered nonadherent at a specific visit when less than 90% of the prescribed drugs had been taken. Adherence was categorized as follows. (A) Continuous adherence: a patient had to be adherent in all of the evaluations throughout the period of follow-up. (B) Treatment interruption: drugs were not taken for more than 3 days, for any reason.

Results: A total of 540 patients were included in the study, with a median follow-up of 8.3 years. Only 32.78% of patients achieved and maintained continuous adherence, and 42.78% of patients had treatment interruptions. Noncontinuous adherence [ARH 1.48; 95% confidence interval (CI) 1.02-2.14] and treatment interruptions (ARH 1.39; 95% CI 1.04-1.85) were associated with treatment failure for the overall cohort; however, for patients with more than 3 years of follow-up, only treatment interruptions were independently associated with treatment failure.

Conclusions: Only one-third of patients managed to achieve continuous adherence, and almost half of the patients had treatment interruptions, which have a particularly marked effect on treatment outcomes over the long term.

Objetivos: O objetivo do estudo foi avaliar o impacto de diferentes padrões de aderência sobre os resultados do tratamento em pacientes com longo prazo de seguimento up. Resultados: Um total de 540 pacientes foram incluídos no estudo, com uma mediana de seguimento de 8,3 anos. Apenas 32,78% dos pacientes alcançaram e mantiveram a aderência contínua, e 42,78% dos pacientes tiveram interrupções de tratamento. Aderência discretas [ARH 1,48; 95% intervalo de confiança (CI) 1.02-2.14], e as interrupções de tratamento (ARH 1,39 IC 95% 1,04-1,85) foram associados com a falha do tratamento global para a coorte, entretanto, para pacientes com mais de 3 anos de follow-up, as interrupções de tratamento só foram independentemente associados com a falha do tratamento. Apenas um terço dos pacientes conseguiu atingir a aderência contínua, e quase metade dos pacientes tiveram interrupções de tratamento, que têm um efeito particularmente forte em resultados do tratamento a longo prazo

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Author Keywords adherence; compliance; highly active antiretroviral therapy; HIV.

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O Impacto da Gestão Integrada em Pacientes HIV Cuidados de Saúde Resultados

Background: controle da replicação viral através da combinação anti-retroviral combinada (TARC) melhora resultados da saúde do paciente. Ainda HIV muitos pacientes infectados apresentam co-morbidades que apresentam social clínicos e barreiras para alcançar a supressão viral. Integração de subespecialidade HIV em serviços de atenção primária podem superar tais barreiras.
Objetivo: avaliar o efeito do cuidado do HIV integrado (IHC) em supressão da replicação do HIV.
Projetos de Pesquisa: Estudo de coorte retrospectiva de pacientes com HIV a partir de 5 unidades de saúde dos Veteranos 2000 a 2006.
Sujeitos: Pacientes com 3 meses de seguimento, base suficiente HIV gravidade, na CART.
Medidas: Foram medidos e classificados Atendimento Integrado nas instalações. Estas classificações foram aplicadas em visitas de paciente para formar um índice de utilização de IHQ. Avaliamos efeitos da utilização de IHC probabilidade de alcançar a supressão viral, enquanto na CART, controlando por fatores demográficos e clínicos, através de análise de sobrevivência.
Resultados: Os 1.018 pacientes infectados pelo HIV elegíveis para análise teve barreiras substanciais para responder ao cesto: 93% apresentavam co-morbidades com média de 3,2 por paciente, comorbidades (SD? 2,0); 52% atingido supressão viral em média 231 dias (DP? 411,6). Pacientes visitando clínicas de que a hepatite oferecidos, psiquiátricos, psicológicos e sociais serviços, além dos cuidados primários de HIV foram 3,1 vezes mais chances de atingir uma supressão viral do que os pacientes que visitam as clínicas que oferecidos apenas os cuidados primários de HIV (relação de risco? 3,1, P? 0,001).
Conclusões: Os pacientes que visitaram clínicas IHC eram mais prováveis atingir uma supressão viral, enquanto na CART. Pesquisas futuras devem investigar quais os elementos de Atendimento Integrado estão mais associados com o controle viral e que a experiência do provedor de função desempenha neste associação.
(Med Care 2009; 47: 560-567

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Antiretroviral drug interactions: often unrecognized, frequently unavoidable, sometimes unmanageable.

Seden, Kay, Back, David, Khoo, Saye

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Title Antiretroviral drug interactions: often unrecognized, frequently unavoidable, sometimes unmanageable.[Article]

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Abstract Patients with HIV who are receiving antiretroviral (ARV) therapy are at high risk for drug-drug interactions (DDIs), which can significantly impact patient care and represent a substantial opportunity cost for healthcare systems. DDIs are prevalent in the developed world and in resource-poor settings, with the cost being potentially greater in the latter. Although practically unavoidable in HIV care, many DDIs can be better managed, reducing the risks to patients and the burden on resources. The scope for DDI management is likely to be greater in the developed world, due to the availability of new agents and second-line drugs, which allow greater flexibility of ARV regimens and co-administered drug choice. The advent of electronic prescribing and patient medication records represents an opportunity to aid the identification and management of DDIs. Searchable electronic databases of HIV drug interactions are available, which are a useful tool for HIV healthcare professionals and non-specialists for managing DDIs involving ARVs. Although general active systems that alert prescribers to DDIs currently exist, there is an indication for the development of

specialist active databases to be incorporated into electronic prescribing or dispensing systems, with the aim of improving the quality of prescribing and the safe dispensing of the therapeutically risky drugs and complicated regimens used in HIV management.

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Author Keywords HIV/AIDS; protease inhibitors; non-nucleoside reverse transcriptase inhibitors.

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