

# Adherence to HAART by Subpopulation of PLWHA in the Atlanta Eligible Metropolitan Area Michael DeMayo<sup>1</sup>, MPH; Alecia McFarlane<sup>1</sup>, MPH; Kevin Humphries<sup>1</sup>, MPH; Kathy Whyte<sup>2</sup>; Kandace Carty<sup>2</sup>

## Introduction

The Atlanta EMA ranks 7<sup>th</sup> in the United States in the number of cumulative AIDS cases, and is home to 69% of People Living With AIDS (PLWA) in Georgia. The success of HAART is dependent a patient's ability to adhere to their medication regimen. The 2011 Atlanta EMA HIV Consumer Survey, conducted by the Southeast AIDS Training and Education Center (SEATEC), on behalf of Fulton County Government Ryan White Part A Program and the Metropolitan Atlanta HIV Health Services Planning Council, identified subpopulations that are least adherent and reasons why.

### **Race and Gender of Consumer Survey Participants**

Ethnicity	Male (n=456)	Female (n=202)	Transgender (n=15)	Total (n=673)*
African American (n=524)	74.1%	85.1%	93.3%	78%
White (n=94)	17.1%	7.9%	0.0%	14%
Hispanic (n=18)	2.9%	2.5%	0.0%	3%
Other (n=37)	5.9%	4.5%	6.7%	5%
Total (n=673)*	100%	100%	100%	100%

## Materials and Methods

Respondents completed the survey using an audio computer assisted selfinterview (ACASI) survey that was developed using a Questionnaire Development System (QDS). 715 anonymous self-administered and intervieweradministered surveys were completed in English or Spanish with People Living with HIV/AIDS (PLWHA). Once collected, the data was stored in the QDS Warehouse Manager, which allowed identification of duplicate or incomplete surveys and export of unique data to SPSS for data analysis. The final sample was proportionally consistent with the race and gender of people reported to be living with AIDS in the Atlanta EMA as of December 31, 2010.

In the <u>past 30 days</u> , how often have you skipped taking your HIV/AIDS medication as prescribed by your doctor?	Don't Know		HIV AND AIDS Sponsored by Ryan White Part A HIV Health Services Planning Council and Fulton County Government Ryan White Program
Once or twice in the past month If you skipped or stopped taking your HIV/AIDS medicat 30 days, why?	Refuse to Answer	Don't Know	Thank you for agreeing to take part in this survey. It will give you a voice in the planning of HIV and AIDS     treatment     45. Are you taking any of the following? Please     answer each item below     take as mu     Questions c     HIV drugs: antiretrovirals.     Your answer     Other drugs related to HIV/AIDS Y     No ther drugs related to HIV/AIDS Y     Birth control pills   Y     Your answer     Other drugs you take every day Y     No ther drugs sum of the following? Please     More than kyou     Birth control pills     Your answer     Other drugs you take every day Y     No DK     (diabetes, cholesterol, high blood pressure)     Once or twice in the past month     Once or twice a week     I have stopped taking my medicine     Have not skipped in past 30 days
Side effects Could no longer afford them Homeless	Had a change in my daily routine	Refuse to Answer	Hormones or steroids   Y   N   DK     What is the first initial of your, first nam   Herbal or other over-the-counter Y   N   DK     46. Are any of your prescription drugs paid for gr reimbursed by the following sources?   Sources?   Y   N     Please answer each item   ADAP (AIDS Drug Assistance   Y   N   DK
Difficult schedule and requirements Simply forgot Depressed/hopeless	Felt the drug was toxic/harmful	Not Applicable	Please cop Medicaid Y N DK   Interviewe Private insurance Y N DK
Didnt want others to see me taking HIV/AIDS medications Ran out of medicine Medicines made me feel good so I felt I didnt need them anymore	Other (Specify)	Previous Question	Pay myself   Y   N   DK     WellVista - free medicine from Y   N   DK     drug company   Just didn't want to take them   Y   N     Other (Specify)   Y   N   DK     47. Are you currently on the waiting list for ADAP (AIDS Drug Assistance Program)?   Medicine made me feel good so felt   Y   N     I didn't need them anymore   Y   N   N   N   N
Didnt understand the directions Hard to coordinate w/ food My doctor advised me to stop		Next Question	Yes   My doctor advised me to stop   Y   No     No   Don't know   Was away from home   Y   No     Don't know   Had a change in my daily routine   Y   No     48. If you are not taking medicine to treat your HIV/AIDS, why not? If not on medications, select all that apply:   Other (Specify)   Y   N     51. Have you been told you have any of these
Felt the medicines didnt work Just didnt want to take them Was away from home		Repeat the Question	I don't know where to get them   inefections? Please answer each item below     I can't afford the cost   Hepatitis A   Y   N   DK     They made me feel bad   Hepatitis B   Y   N   DK     I decided to take some time off medicine   Hepatitis C   Y   N   DK     I feel healthy   I   Hepatitis C   Y   N   DK

### **QDS** Interface

<sup>1</sup>Southeast AIDS Training and Education Center <sup>2</sup>Fulton County Government Ryan White Program

ATLANTA EMA CONSUMER SURVEY OF PEOPLE LIVING WITH



Living Situation Stable Housing

**Unstable Housing** Homeless

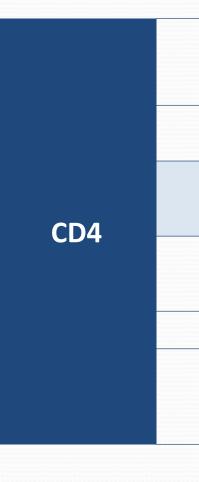
Reaso

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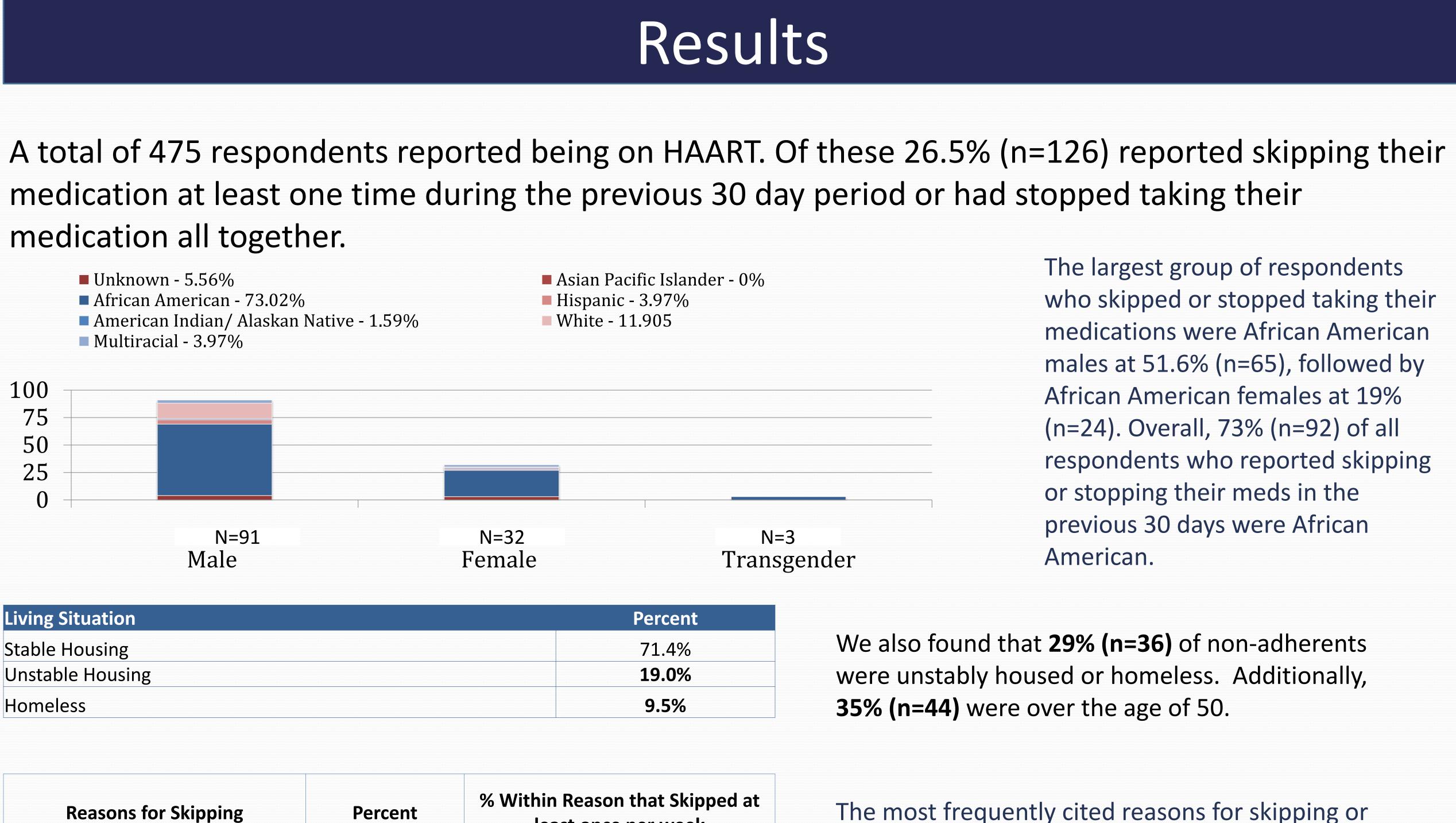
Change in Dai Ran out of Me

Away from He Depressed

Finally, when considering clinical markers such as CD4 and viral load, we found that among those who were adherent, CD4 count was predominantly over 500 compared to being within the 200-350 range for those were non-adherent. In addition, nearly 10% more adherent patients reported an undetectable viral load when compared to those who reported being non-adherent.



Effectiveness of HAART is highly dependent on consistent adherence. Programs to not only identify those currently non-adherent and at risk of becoming non-adherent along with strategies to minimize non-adherence should be part of all primary medical care services for PLWH/A.



ons for Skipping	Percent	least once per week	The n
	<b>53%</b> (n=64)	<b>39%</b> (n=25)	stopp table.
aily Routine	<b>17%</b> (n=20)	<b>30%</b> (n=6)	medio
1eds	<b>17%</b> (n=20)	<b>55%</b> (n=11)	the finand d
lome	<b>16%</b> (n=19) <b>16%</b> (n=19)	<b>32%</b> (n=6) <b>53%</b> (n=10)	at lea

Value	Adherent	Non-Adherent
Under 200	19%	22%
Between		
200-350	21%	36%
Between		
351-500	21%	15%
<b>Over 500</b>	35%	28%
Never had one/		
Never told results	4%	4%

## Conclusions



The largest group of respondents	
who skipped or stopped taking their	•
medications were African American	
males at 51.6% (n=65), followed by	
African American females at 19%	
(n=24). Overall, 73% (n=92) of all	
respondents who reported skipping	
or stopping their meds in the	
previous 30 days were African	
American.	

We also found that **29% (n=36)** of non-adherents were unstably housed or homeless. Additionally, **35% (n=44)** were over the age of 50.

most frequently cited reasons for skipping or ping medication adherence are seen in the adjacent e. By far, the most reported reason for skipping their ications was forgetfulness. Particularly alarming is finding that respondents who reported running out depression were much more likely to skip their meds ast once per week during the previous 30 days.