

MEETING ABSTRACT

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Complex comorbidity and adherence to therapy for chronic kidney disease: disease perceptions & adherence in patients with comorbid HIV

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Background

In the light of an aging HIV population and improved HIV treatment, Chronic Kidney Disease (CKD) has become a common contributor to morbidity and mortality. Despite that the management of CKD in HIV patients is a growing priority, little is known about the impact of HIV infection on CKD therapy adherence [1]. To investigate adherence to CKD medications and antiretroviral (ARV) medications in patients with co-morbid HIV infection and CKD - in order to identify modifiable predictors of dual adherence, focusing on illness representation and medication beliefs.

Methods

This is a qualitative cross-sectional study that prospectively measures the relationship between disease perceptions and adherence using self-report instruments and the electronic Medication Event Monitoring System (MEMS).

HIV viral loads were used as surrogate markers to validate self-reported adherence to ARV medications. Depression, self-efficacy, alcohol and substance abuse and health literacy were assessed [2]. 20 well-characterized patients with CKD/ESRD and HIV were recruited. Institutional Review Board (IRB) approval was granted. Consent and confidentiality were protected under the Health Insurance Portability and Accountability Act (HIPAA).

Results

(I) Demographics Data: Gender, language, ethnicity, race, education, income marital status and disease precedence did not affect adherence. Higher comorbidity and pill burden correlated with dual non-adherence. (II) Adherence Data: 65% of participants reported dual adherence,

15% reported mono-adherence and 20% reported non-adherence. ARV self-reported adherence correlated with viral load and CD4+ counts. (III) Barriers & Facilitators of Adherence: Higher self-efficacy, care satisfaction and trust in physician correlated with adherence. Depression, smoking, psychiatric illness, alcohol or substance abuse correlated with dual non-adherence. (IV) HIV & CKD Illness Perceptions: Negative disease perceptions such as stigma and guilt correlated with non-adherence. (V) Medication Beliefs: Negative medication beliefs were more prevalent among ARV non-adherent patients. Adherence was higher in patients that reported better understanding of disease and medication.

Conclusion

The majority of participants perceived CKD to be their main health concern possibly because CKD improvement requires a combination of lifestyle modifications and medication adherence [3].

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