Background

HIV infection treatment requires high adherence levels in order to attain virologic suppression. Several social cognition theories have been developed to explain adherence to medication. Horne et al have developed the Beliefs about Medicine Questionnaire (BMQ), with questions scored in a 5-point Likert scale, divided in two dimensions - Necessity and Concerns [1]. In previous studies on HIV-1 patients, self-reported adherence was positively correlated with BMQ necessity subscale and negatively correlated with concerns [2].

Objectives

This study aims to:

1. Characterize necessity and concerns beliefs about combination antiretroviral therapy (cART)
2. Describe factors associated with the scores obtained.

Methods

HIV-1 subjects followed at Infectious Diseases Outpatient Clinic (Hospital de Santa Maria - HSM), on cART

Systematic inclusion of eligible subjects

Exclusion criteria

1. Having started antiretroviral treatment at another hospital than HSM clinic
2. Having started antiretroviral treatment when aged <18 years old
3. Having participated in clinical trials
4. Not having capacity to consent their participation
5. Depending on other person/institution to access / take medication.

Invitation and Informed consent

Questionnaires applied to patients and physicians

Information on patients characteristics, adverse effects, capacity on continue the treatment (self-efficacy), disease perception, social support, depression, anxiety and stress were collected, as well as information of the AACTG (AIDS Adult Clinical Trial Group) score used to measure adherence to treatment [3].

Figure 1. Sampling and eligibility evaluation

Discussion and Conclusions

In this cross-sectional study, participants seem to have an high perception of cART necessity (range from 23 to 40). No associations were found between this subscale and adherence or other related variables.

On the other hand, participants scored lower values on the concerns subscale (range from 11 to 41). Higher scores on this subscale were associated with:

- Intake difficulty,
- Less confidence in being able to maintain treatment (self-efficacy), and
- Lower levels of adherence.

Patient concerns about cART should be evaluated, in order to achieve regimens to individuals characteristics and improve adherence.

References:


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