

Michael DeMayo¹, MPH; Alecia McFarlane¹, MPH; Kevin Humphries¹, MPH; Kathy Whyte²; Kandace Carty²

¹Southeast AIDS Training and Education Center

²Fulton County Government Ryan White Program

Introduction

The Atlanta EMA ranks 7th 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

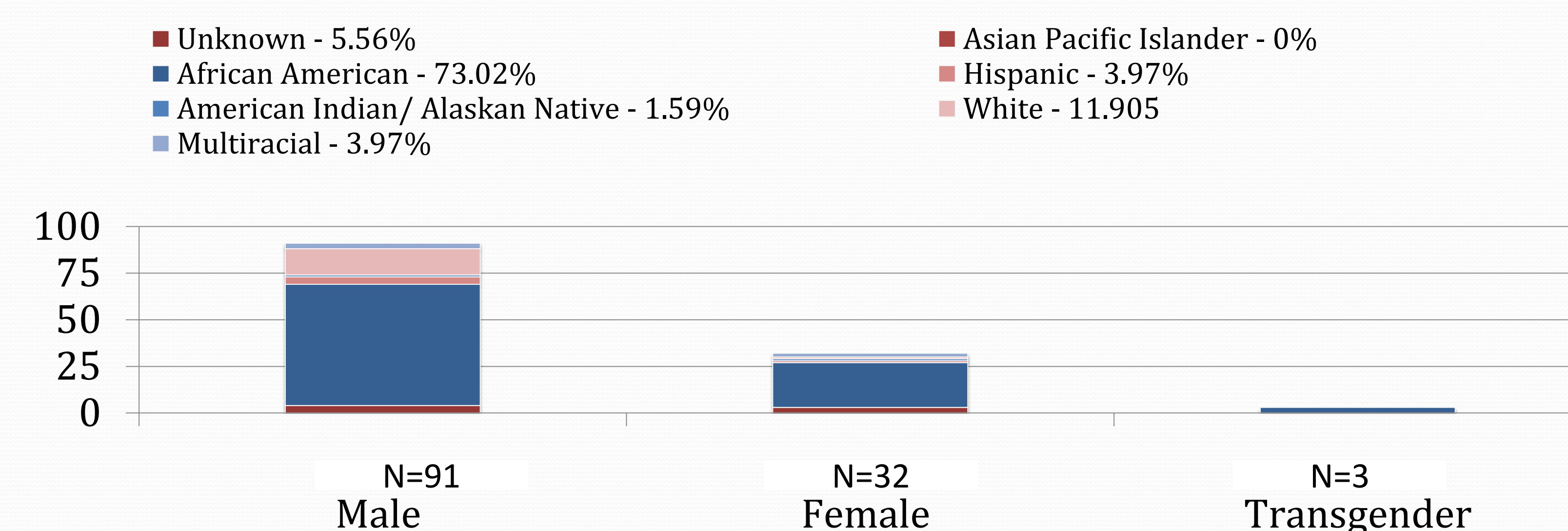
Respondents completed the survey using an audio computer assisted self-interview (ACASI) survey that was developed using a Questionnaire Development System (QDS). 715 anonymous self-administered and interviewer-administered surveys were completed in English or Spanish with People Living with HIV/AIDS (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.

QDS Interface

Paper Survey

Results

A total of 475 respondents reported being on HAART. Of these 26.5% (n=126) reported skipping their medication at least one time during the previous 30 day period or had stopped taking their medication all together.



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.

Living Situation	Percent
Stable Housing	71.4%
Unstable Housing	19.0%
Homeless	9.5%

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.

Reasons for Skipping	Percent	% Within Reason that Skipped at least once per week
Forgot	53% (n=64)	39% (n=25)
Change in Daily Routine	17% (n=20)	30% (n=6)
Ran out of Meds	17% (n=20)	55% (n=11)
Away from Home	16% (n=19)	32% (n=6)
Depressed	16% (n=19)	53% (n=10)

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

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.

	Value	Adherent	Non-Adherent
CD4	Under 200	19%	22%
	Between 200-350	21%	36%
	Between 351-500	21%	15%
	Over 500	35%	28%
	Never had one/ Never told results	4%	4%

	Value	Adherent	Non-adherent
Viral Load	Undetectable or below 50	77%	68%
	Between 50 - 55,000	12%	18%
	Over 55,000	3%	4%
	Don't Know	8%	10%

Conclusions

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.