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Original article

Quality of life, anxiety and depression in patients with HIV/AIDS who present poor adherence to antiretroviral therapy: a cross-sectional study in Salvador, Brazil

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ABSTRACT

The introduction of highly active antiretroviral therapy marked a major gain in efficacy of HIV/AIDS treatment and a reduction in morbidity and mortality of the infected patients. However, high levels of adherence are required to obtain virologic suppression. In Brazil, the policy of free and universal access to antiretroviral therapy has been in place since 1996, although there are reports of poor adherence.

Objective: To define the clinical, demographic and psychological characteristics, and quality of life of patients with HIV/AIDS who present poor adherence to highly active antiretroviral therapy.

Methods: This was a cross-sectional study. To be included in the study patients had to be 18 through 65 years old, diagnosed with HIV/AIDS, having the two previous viral loads above 500 copies, a surrogate for poor adherence to antiretrovirals. The following instruments were applied to all eligible patients: the sociodemographic questionnaire "Adherence Follow-up Questionnaire", the Beck Depression Inventory (BDI-II), the Beck Anxiety Inventory (BAI), and the 36-Item Short Form Survey.

Results: 47 patients were evaluated, 70.2% were female, mean age of 41.9 years (±10.5), 46.8% were single, 51.1% self-reported adherence ≥95%, 46.8% mentioned depression as the main reason for not taking the medication, 59.5% presented symptoms of moderate to severe depression, and 44.7% presented symptoms of moderate to severe anxiety. Finally, regarding health-related quality of life these patients obtained low scores in all dimensions, physical component summary of 43.96 (±9.64) and mental component summary of 33.19 (±13.35).

Conclusion: The psychological component is considered to be fundamental in the management of HIV/AIDS patients. Psychoeducation should be conducted at the initial evaluation to reduce negative beliefs regarding antiretroviral therapy Assessment of anxiety and

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depression symptoms should be done throughout therapy as both psycological conditions are associated with patient adherence, success of treatment, and ultimately with patients' quality of life.

Introduction

The introduction of highly active antiretroviral therapy (HAART) in the 1990s marked a major gain in HIV/AIDS treatment efficacy, and a reduction in morbidity, mortality, and quality of life of these patients. In Brazil, the policy of free and universal access to antiretroviral therapy[1] has been in place since 1996. Currently, the recommendation is for early onset of HAART, due to the benefits for people living with HIV/AIDS as well as for viremia control.[2,3]

However, in order for HAART to be successful, adherence is crucial and is strictly associated with virologic suppression.[4,5] Therefore, the efficacy of HAART depends on maintaining high rates of treatment adherence, considered in most of the scientific literature as adherence equal to or greater than 95% of the prescribed dosages.[6] Although the more potent drug regimens currently used allow for moderate adherence levels, no regimen allows for a partial adherence.[7]

Low levels of adherence increase disease progression as well as viral resistance, and limit the therapeutic options. In Brazil, between 1999 and 2008, there were reports of poor adherence to HAART, varying between 23.3% and 36.9%.[8–10]

Adherence is a complex dynamic and multifactorial process that encompasses physical, psychological, social, cultural, and behavioral aspects.[2] Therefore, there are diverse challenges faced by people living with HIV/AIDS associated with the difficulties in maintaining high and prolonged levels of therapeutic adherence. In previous studies on the factors associated with poor adherence, the following were emphasized: depression, anxiety, low social support, complexity of therapeutic regimen, relationship with medical personnel, low level of schooling, side effects, negative beliefs about the treatment, stigma, and alcohol/substance abuse.[2,11]

In short, the predictive factors of nonadherence may be grouped as follows: patient characteristics, the prescribed treatment regimen, the characteristics of the disease, doctor-patient relationship, and the location of medical care delivery.[12,13] Thus, the initial challenge for the managers of national policies and health care services specialized in HIV/AIDS is to understand how all these factors influence patient adherence, in order to establish effective actions, adjusted to the population characteristics. Furthermore, there are few studies in Brazil that evaluate the factors associated with low adherence and the quality of life of patients undergoing HAART.[14,15] Therefore, the main objective of this study was to define the clinical-demographic and psychological characteristics as well as quality of life and beliefs about HAART of the patients who present poor adherence to HAART, and evaluate the relation of some of these characteristics to adherence and quality of life.

Materials and methods

Study setting

This study was conducted at the Prof. Edgard Santos University Hospital (HUPES), Salvador, Bahia, Brazil, a reference center that provides health care services at the outpatient clinic or by hospitalization, for patients with HIV/AIDS diagnosis.

Study design and population

This study was a cross-sectional study carried out between February and May of 2016. Patients with HIV, on antiretroviral therapy for at least one year, aged between 18 and 65 years, receiving care at the AIDS outpatient clinics, having the last two viral loads above 500 copies, and who could read and write were invited to participate. Patients who presented neurocognitive impairment or psychotic disturbances that could compromise their understanding of the study were excluded.

During the study period, 1395 patients with an HIV/AIDS diagnosis looked for care at the HUPES outpatient clinic; of these, 898 were male and 497 were female, and had their medical records were checked for the eligibility criteria considered. A total of 1331 patients did not meet the inclusion criteria thus leaving 64 patients to be studied. However, 17 (26%) patients refused to participate remaining 47 (73.4%) to be evaluated (Fig. 1).

Assessments

Sociodemographic characteristics

A structured questionnaire was developed for the study aimed at obtaining the participants' sociodemographic information: gender, age, ethnicity, marital status, sexual orientation, education, occupation, and types of support. Furthermore, they were asked questions related to their habits and health conditions, such as year of diagnosis and when they began HAART, other chronic illnesses, alcohol consumption, use of psychoactive drugs, and medical assistance. Their medical records were reviewed to obtain information on the most recent viral load and the CD4+ lymphocyte count.

Adherence

Two questionnaires were used to measure adherence: (1) "Adherence Follow-up Questionnaire" from the Aids Clinical Trial Groups (ACTG),[16] translated to Portuguese[17] to assess self-reported adherence in the previous four days, use of pills by dosage and reasons for not taking the drugs; and (2) a questionnaire on knowledge and beliefs related to AIDS and

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