Adherence to Highly Active Antiretroviral Therapy (HAART) in HIV/AIDS Patient

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HIV infection has been considered as a chronic illness since the availability of highly active anti retroviral treatments (HAART). The introduction of HAART to HIV/AIDS patient improve quality of life, life expectancy, decrease rate of resistance and further decrease mortality to AIDS related causes. Many studies showed the evidence of HAART efficacy to suppress viral replication among patient with continuum adherence to treatment. However, unlike other chronic medications which were only needed at least 70% adherence; success virological suppression rate in HIV/AIDS in patient required as high as 95% or near perfect adherence; and this remains to be an important issue for patient on HAART.[1]

In term of treatment, a long-term follow up of patient's adherence, i.e. daily medication intake monitoring for life, becomes a routine practice. However, no gold standard is established to measure patients' adherence. Thus in the beginning of treatment, assessment on how patient would be ready to take medication, existing any limitations such as mental illness or active drug use, understanding of disease and regimen, social support and patient schedule, should be asses. Clinicians have to educate patient starting on HIV treatment for having very low missed doses, and this was based on evidence we have from a decades ago. By that time, treatment regimens were more complex. Lowering the threshold of adherence would not be possible because allowing for missed dose will only favor to poor compliance within time. Then, continuous support and intervention during treatment are needed to maintain high level of adherence to HAART intake.[2]

There has been significant progress made regarding determinants, measurements, and interventions to improve adherence to antiretroviral therapies. Systematic review on factors related to adherence of treatment classified several factors contributed to failure on adherence included: (1) patient related factor such as mental illness or physical symptoms, (2) beliefs about the medications, (3) life long treatment and (4) interpersonal relationships.[3] All of these contributing factors should address equally in each patients.

Given the various assessment strategies and potential interventions available, the challenge for the treatment team is to select the techniques that provide the best fit for their treatment setting, resources, and patient population. The complexity of this topic and the importance of adherence encourage clinicians to continue to seek novel, patient-centered ways to prevent non-adherence and to tailor adherence interventions. Early detection of non-adherence and prompt intervention can greatly reduce the development of viral resistance and the likelihood of virologic failure.[4] On this edition, Surilena et al.[5] have shown the influence of emotive behavior therapy to HAART adherence particularly in female patient.

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