Medical Treatment Access and Adherence: Behaviors, Attitudes, and Meaning among a Diverse Sample of HIV-Seropositive Adults in Four U.S. Cities

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INTRODUCTION

In 1998, the National Institutes of Mental Health funded four grants to develop and evaluate a behavioral intervention for people living with HIV.

Behavioral intervention targets:

- Reduction of sexual risk behavior
- Improved quality of life and coping with HIV
- Improved adherence to care

One specific aim of the ethnographic portion of the project was to:
Assess the views of a diverse group of people living HIV regarding HIV treatment and adherence to HIV medication schedules.

Theoretical Framework

- Ewart's Social Action Theory provided a conceptual framework for the study
- The theory explains health behavior as an interaction among:
  - the environmental context (e.g., relationship status)
  - individual self-regulatory processes (e.g., attitudes)
  - individual affective states (e.g., depression)

PROCEDURES

- Qualitative interviews were conducted in New York, San Francisco, Milwaukee, and Los Angeles between December 1998 and August 1999
- HIV-infected participants were recruited from HIV primary care clinics and community-based organizations
- A total of 152 were interviewed
  - 52 men who have sex with men (MSMs)
  - 56 women
  - 44 male injection drug users (IDUs)

Qualitative Interviews

- A structured schedule consisting of open-ended questions and follow-up probes was used
- Interviews lasted 2 to 3 hours per participant
- Interviewers were specifically trained and supervised

PARTICIPANTS

by Subgroup and City

Subgroup / City	LA N	MIL N	NYC N	SF N	Total N
Women	17	10	20	9	56
MSM	11	10	20	11	52
IDU	10	3	20	11	44
IDU	(7)	(2)	(20)	(4)	(33)
IDU-MSM	(3)	(1)	(0)	(7)	(11)
Total N	38	23	60	31	152

Demographics

Age	Mean = 40.8; Range = 20-59	
Ethnicity	34%	Black/African American
	28%	Caucasian
	23%	Latino
Education	22%	Less than HS/GED
	34%	HS/GED
	26%	Some College
Income Source	53%	Disability
	18%	Other Public Assistance
	12%	Employed

HIV Medication Experience

- 58% currently taking one or more HIV medication
- 31% no longer taking HIV medication
- 11% never taking any HIV medication

RESULTS

Barriers to Adherence

- Experience of side effects and concerns about toxicity
- Beliefs about efficacy of "Alternative Therapies"
- Past and current substance use
- Competing concerns and priorities
- Psychological distress
- Ambivalence about medications and having HIV

Facilitators of Adherence

- Belief in the Medicine or Improved Health Associated with Medications
- Trust in Health-Care Provider
- Self-Monitoring of Symptoms and Taking Personal Control for Treatment
- Social Support System
- Future Orientation

"When you find out that you're HIV, I mean immediately your subconscious starts sending a message to your brain that you have something inside of you that's killing you. So that might affect your sense of motivation in a way. You might get depressed or lose your motivation and you don't know why. So if you are taking the medication, it helps you to think that you are doing something."

DISCUSSION

- Participants were aware of the importance of adherence
- There are individual differences in the barriers and facilitators of adherence
- Some nonadherence was related to "involuntary" reasons such as competing demands or distress leading to forgetting
- Other nonadherence was related to "voluntary" reasons such as side effect management
- Interventions to improve adherence need to be individualized

Implications for Prevention

- Participants generally viewed sexual risk behavior and adherence to care as separate issues.
- Adhering to care to reduce viral load as a strategy to prevent transmission of HIV did not emerge as a theme in the interviews.
- Providers have an opportunity to both assist patients in developing individualized approaches to adherence AND counseling patients about reducing sexual risk behaviors.

Participating Institutions

HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute/Columbia University (Anke A. Ehrhardt, Ph.D., P.I., Robert H. Remien, Ph.D., Co-PI)

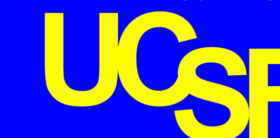
Center for AIDS Intervention Research, Medical College of Wisconsin (Jeffrey Kelly, Ph.D., P.I.)

Center for AIDS Prevention Studies, University of California, San Francisco (Margaret A. Chesney, Ph.D., P.I., Stephen F. Morin, Ph.D., Co-PI)

Center for Community Health, University of California, Los Angeles, Neuropsychiatric Institute (Mary Jane Rotheram-Borus, Ph.D., P.I.)

"You know, it's like sometimes I feel really positive about taking the medications. I feel that as long as I take them...I'm going to be healthy. I'm going to be in control of my life. It gives me some form of control over this HIV. Then there are other times when I hate the medication. That's the only time that I really remember that I'm HIV positive, when I have to take that medication. I want to take it and chuck it out the nearest window."

University of California San Francisco



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