CONCOMITANT MEDICATION USE IN ART-EXPERIENCED ADULTS: DATA FROM THE PAART STUDY

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Background: Adults on antiretroviral therapy (ART) frequently take concomitant medications because of successful ageing and ART side effects. Australian data are lacking.

Methods: We recruited a national, 2-year study at 17 sites of HIV+ adults on ART with undetectable viral load. A 90-item survey recorded demographics, physical health, life stressors, social supports, HIV disclosure, stigma/discrimination, healthcare access, treatment adherence and side effects, health/treatment perceptions, and financial/employment status. Clinical and virological data were collected. Concomitant medication adherence was self-reported for previous 12 months. Analysis was by binary logistic regression.

Results: Of 522 participants (94.5% men, mean age 50.8 years, mean HIV duration 12 years), 392 (75.1%) took ≥1 concomitant medication, most commonly: lipid-lowering (n=131, 25.1%), antidepressant (n=104, 19.9%), anti-viral (n=77, 14.8%), proton-pump inhibitor (n=66, 12.6%), anti-coagulant (n=55, 10.5%), PDE5 inhibitor (n=47, 9.0%), oral anti-diabetic agent (n=40, 7.7%), and anticonvulsant (n=37, 7.1%). In those 392 patients, mean concomitant medication pill burden was 5.0 pills/day (SD 5.3) vs. 3.0 (SD 2.2) ART pills/day. Those on concomitant medication were more likely to have a serious non-AIDS event, viral hepatitis, or recent sexually transmitted infection (all p<0.001); but not AIDS (p=0.214). 60 participants (15.3%) reported missing / skipping concomitant medication in the previous 12 months, which associated univariately with 55 variables, including suboptimal ART adherence (OR 3.2 [95% CI 1.7-5.9], p<0.001), but not ART daily pill burden/frequency. Four variables independently associated with suboptimal concomitant medication adherence: requiring financial support (AOR 27.8 [1.8-440], p=0.018), going without necessities for financial reasons (11.1 [1.9-114], p=0.042), good / very good self-reported general health (14.1 [1.4-141], p=0.025) and ≥1 bed day for illness in previous 12 months (14.0 [1.2-163], p=0.035).

Conclusions: In this sample, 75% took ≥1 concomitant medication; with a higher pill burden than for ART. 15% reported suboptimal concomitant medication adherence.

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