

Medicine-related burden in people living with HIV

Ms Priya Sarma^{1*}, Dr Rebecca Cassidy², Dr Sarah Corlett¹, Dr Barbra Katusiime¹

¹The Universities of Kent and Greenwich, Chatham, Kent, UK

²University of Kent, Canterbury, Kent, UK

*Presenting author

Introduction

By 2030, nearly 75% of all people living with HIV (PLWH) are expected to be 50 years or older, with the median age increasing gradually over the years [1]. To achieve optimal treatment outcomes, high levels of adherence to antiretroviral therapy (ART) is required.

Ageing with HIV is associated with multiple comorbidities, frailty, and polypharmacy [2]. Medicine burden is associated with polypharmacy, regimen complexity, drug interactions, adverse drug reactions and nonadherence [3]. Regardless, there is limited research comparing levels of burden in younger and older populations.

Objective

To identify medicine-related issues or concerns that impact medicine burden experienced by younger (18<50) and older (≥50) PLWH.

Methodology

- Two validated outcome measures were used: the Living with Medicines Questionnaire (LMQ-3) [3] and the Stigma Scale for Chronic Illnesses 8-item version (SSCI-8).
- Questionnaires were distributed online and at HIV clinics located in Kent, UK (October 2018 to January 2020).
- Secondary analysis was conducted to compare experiences of younger (18-49) and older (≥50) PLWH with Mann-Whitney U-test and Spearman's correlation test using IBM SPSS (V. 27).

Results

- 141 participants completed the survey in full.
- Older PLWH were taking significantly more medicines ($p<0.001$), with 41.7% (25/60) taking five or more each day.
- Overall, PLWH reported low medicine burden with only 16.1% (10/62) and 20.0% (14/70) of older and younger PLWH being highly burdened, respectively.
- Fewer older PLWH thought that the side effects from their medicines were bothersome ($p<0.05$) or that their medicines interfered with their day-to-day life ($p<0.05$).
- More younger PLWH felt uncomfortable disclosing their HIV status to close friends ($p<0.05$).
- Higher medicine burden was related to higher stigma ($p<0.01$).

“I don't like the size of some of them as it makes it difficult to be discreet when taking them in public” Female, aged 56

“It's not the medicines that affect me, but the attitude of people towards me when they find out what my meds are for.” Male, aged 63

“Some medicines are arguably difficult to take in front of people as this may lead to being stigmatised. Also lack of clear understanding makes it hard at times for people to accept you.” Male, aged 49

Table 1: Patient demographics.

Variable	Total
Males, n(%)	98 (69.5%)
Ethnicity: White, n(%)	108 (76.6%)
Age in years*	49.0 (18-74)
n ≥ 50 years old (%)	70 (49.6%)
Total number of medicines taken*	3(1-20)
*median (range)	

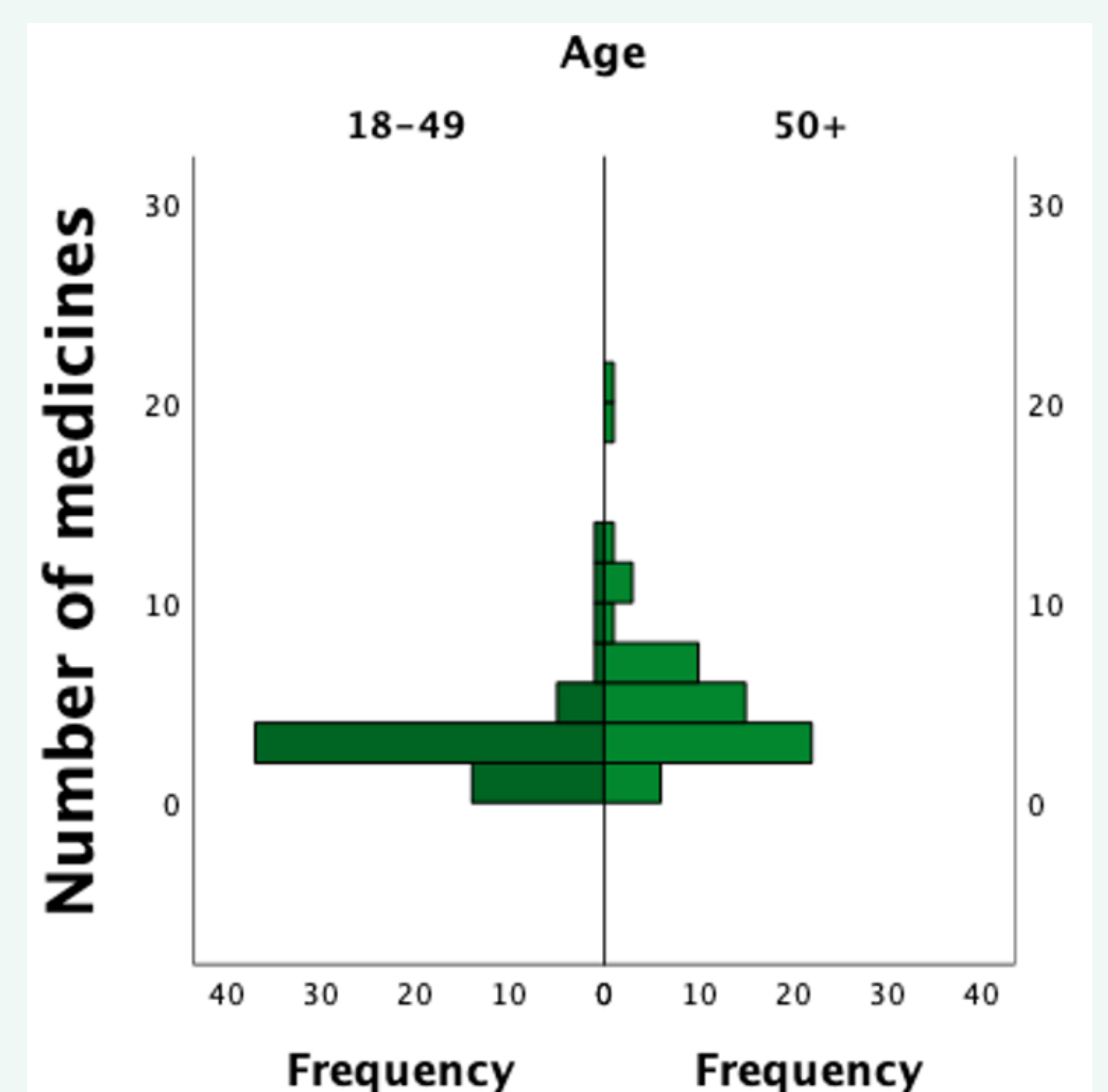


Figure 1: A graph showing the number of medicines taken in younger and older PLWH.

Conclusion

Most PLWH reported low medicine burden. Older PLWH were more accepting of the impact of taking medicines on their day-to-day lives even though they had a higher pill burden. However, a minority of PLWH across both age categories experienced high medicine burden and reported experiences of stigma. These individuals need to be identified and prioritised for medicine support.

References

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