

**SELF REPORTED FACTORS INFLUENCING ADULT PATIENTS'
ADHERENCE TO ANTIRETROVIRAL THERAPY AT ST RITA'S
HOSPITAL**

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DECLARATION

I, VICTOR NNANNA ONWUKWE declare that this report is my own work. It is being submitted for the Degree of Master of Family Medicine in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

_____ Day of _____, 2008.

DEDICATION

In Memoriam:

MRS. R.E. ONWUKWE (14/06/1918 – 31/07/1999) for doing everything possible to ensure my success in her lifetime

And

EMMAN EKE KALU for starting me on this particular phase of my journey.

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ABSTRACT

The cornerstone in the fight against HIV/AIDS is prevention followed by the access to and use of highly active antiretroviral treatment (HAART). Adherence is the greatest patient- enabled predictor of treatment outcome for the patients on HAART, as good adherence leads to a decrease in disease progression and death.

There is no 'gold standard' in the measurement of adherence. Also, factors that influence adherence and hence the prevalence of adherence differ across different settings making it necessary to determine local adherence prevalence as well as factors that might impact on it.

This was a cross sectional study which assessed the prevalence of one- week adherence to antiretroviral therapy at St Rita's hospital through an abridged version of the questionnaire developed by the Adult Aids Clinical Trials Group in the United States.

Results from the questionnaires were compared to the results from a decrease in plasma viral load to undetectable limits within six months.

The study found out that the prevalence of one- week adherence by self-report was 96.8% (95% CI: 93.2 – 98.9%). Using a decrease in viral load to undetectable limits within six months of initiating treatment as a tool to assess

adherence, the prevalence in this study was 96%. A combined prevalence of 94% was found for this study. These results were identical to a few results locally but it was much higher than most local studies. The explanation for this apparent higher adherence rate might be that the study site has not reached its maximum capacity for the delivery of service as it is still operating at just below the staff/patient ratio recommended by the Department of health. The study also found out that being a member of an AIDS support group was a facilitator to adherence while lack of adherence counselling and monitoring is a barrier.

Based on these findings it is therefore recommended that measures should be put in place to ensure improving existing adherence counselling and monitoring, encouraging patients to belong to at least one AIDS support group, more decentralization of antiretroviral therapy roll out to the districts that are yet to roll out and providing financial assistance through improved access to disability grants for those who qualify and income generating activities for the unemployed that do not qualify for disability grant.

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