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# *Social Support as a Predictor of Early Diagnosis, Linkage, Retention, and Adherence to HIV Care: Results From The Steps Study*

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*Social support predicts adherence to antiretroviral therapy (ART) in some settings but has not been well studied in persons newly diagnosed with HIV infection as a predictor of success through the cascade of HIV care. One hundred sixty-eight persons newly diagnosed with HIV completed the Medical Outcomes Study Social Support Survey at diagnosis, and 129 were successfully followed for more than 12 months. Outcomes were earlier diagnosis of HIV infection, linkage to care, retention in care, ART use by 1 year, and adherence to ART. Higher social support scores (either overall or on a subscale) were associated with earlier HIV diagnosis, timely linkage to care, and adherence to ART. Social support did not predict use of ART or retention in HIV care. Success navigating some of the steps of HIV care is more likely with social support, but it is not sufficient to ensure success across the continuum of care.*

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Lack of social support may be an important barrier to HIV care because persons living with HIV infection (PLWH) must navigate complex care processes to achieve optimal outcomes. PLWH must be

diagnosed as early as possible, linked to HIV care, retained in care, prescribed antiretroviral therapy (ART), and adhere to ART. This “steps of HIV care” model for maximizing outcomes in HIV infection (Giordano, Suarez-Almazor, & Grimes, 2005) is similar to the HIV treatment cascade model (Gardner, McLees, Steiner, Del Rio, & Burman, 2011), both of which succinctly capture the continuum of care that patients must navigate. One could reasonably expect that social support would impact one’s motivation and ability to access HIV testing, attend appointments, accept ART, obtain medication refills, and adhere to ART.

For some steps in the care process, the link between social support and success in navigating the continuum is more than speculative. Lack of social support has been associated with a lower level of

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adherence to ART (Atkinson, Schonnesson, Williams, & Timpson, 2008; Catz, Kelly, Bogart, Benotsch, & McAuliffe, 2000; Murphy, Marelich, Hoffman, & Steers, 2004). There is also evidence to support a direct relationship between tangible support (i.e., someone who helps a person obtain medication refills) and adherence to ART (Gonzalez et al., 2004; Ulett et al., 2009; Vyavaharkar et al., 2007). Social support has also been targeted as a means to improve adherence, with mixed results (Carrico et al., 2006; Jones et al., 2003; Jones et al., 2007; Levine et al., 2005). A study conducted in San Francisco identified a population with poor adherence and provided them with HIV-treatment-specific support (Taylor, Neilands, Dilworth, & Johnson, 2010). They found no change in overall social support or adherence to ART. On the other hand, a study of women with AIDS in Miami, New York, and New Jersey in the United States found that, after a 10-session cognitive-behavioral stress management/expressive supportive therapy intervention on adherence to ART, a subgroup of low adherers significantly increased their mean self-reported adherence (Jones et al., 2003). In Uganda, a randomized controlled trial of a treatment supporter initiative intervention found that participants with treatment supporters had four times the odds of achieving optimal adherence to ART, as compared to participants without a treatment supporter (Kunutsor et al., 2011). Social support likely influences adherence and appears to be a viable target for improving adherence, possibly beyond removing structural barriers to adherence (i.e., help picking up medications).

There is some evidence that social support impacts linkage to HIV care after diagnosis (Anthony et al., 2007). For example, limited social interactions (e.g., not having someone to enjoy life with) have been associated with delays in HIV care (McCoy et al., 2009). Likewise, the Antiretroviral Treatment Access Study (ARTAS), a two-arm randomized intervention study conducted in Atlanta, Baltimore, Miami, and Los Angeles, found that seeing a health care provider was significantly more likely among participants who reported at baseline that someone (a friend, family member, social worker, or other person) was helping them get into care (Gardner et al., 2005). On the other hand, the degree of social support

of HIV-infected crack users was not associated with linkage to care (Bell et al., 2010). Thus, the relationship between social support and linkage to care is not firmly established.

Few studies have evaluated the impact of social support in patients newly diagnosed with HIV infection (Bell et al., 2010; McCoy et al., 2009). No study has prospectively studied the impact of social support on success in navigating the full HIV care continuum or steps of HIV care in persons newly diagnosed with HIV infection. The importance of each step is recognized by U.S. national priorities, including the Centers for Disease Control and Prevention's promotion of expanded HIV testing (Branson et al., 2006), the National HIV/AIDS Strategy's goals related to linkage to care and retention in care (The White House Office of National AIDS Policy, 2010), the U.S. Department of Health and Human Services (DHHS) HIV treatment guidelines that recommend treatment regardless of CD4+ T cell count (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2013), and the International Association of Providers of AIDS Care adherence guidelines that recommend adherence support to maximize virologic suppression (Thompson et al., 2012). Given the importance of the steps of HIV care and evidence supporting social support's impact on some steps, we hypothesized that greater social support at the time of HIV diagnosis would be associated with earlier diagnosis of HIV, and that greater social support would predict successful linkage to and retention in HIV care, more ART initiation, and higher adherence to ART.

Between 2006 and 2009, we conducted the Steps Study, a prospective observational cohort study of persons newly diagnosed with HIV infection designed to provide insight on baseline predictors of success following the steps of HIV care (Bhatia, Hartman, Kallen, Graham, & Giordano, 2011; Graham et al., 2013). We herein report on analyses of that dataset examining whether perceived social support in persons newly diagnosed with HIV infection predicts success with the steps of HIV clinical care. If social support predicted success navigating the steps of HIV care, health providers could measure social support at diagnosis, and provide appropriate interventions to maximize treatment outcomes.

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