



Original article

A Longitudinal Analysis of Antiretroviral Adherence Among Young Black Men Who Have Sex With Men

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A B S T R A C T

Purpose: Young black men who have sex with men (YBMSM) experience poorer antiretroviral therapy (ART) medication adherence relative to their white counterparts. However, few studies have longitudinally examined factors that may correlate with various classifications of ART adherence among this population, which was the primary aim of this study.

Methods: Project nGage was a randomized controlled trial conducted across five Chicago clinics from 2012 to 2015. Survey and medical records data were collected at baseline and 3- and 12-month periods to assess whether psychological distress, HIV stigma, substance use, family acceptance, social support, and self-efficacy predicted ART medication adherence among 92 YBMSM ages 16–29 years.

Results: Major results controlling for the potential effects of age, education level, employment, and intervention condition indicated that participants with high versus low medication adherence were less likely to report daily/weekly alcohol or marijuana use, had higher family acceptance, and exhibited greater self-efficacy.

Conclusions: These findings identify important factors that can be targeted in clinical and program interventions to help improve ART medication adherence for YBMSM.

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IMPLICATIONS AND
CONTRIBUTION

Young black gay men experience poorer antiretroviral medication adherence relative to their white counterparts. Longitudinal findings indicated that participants with high medication adherence were less likely to report daily/weekly alcohol or marijuana use, had higher family acceptance, and exhibited greater self-efficacy. These findings have important implications for improving treatment adherence.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Young black men who have sex with men (YBMSM) account for more than half of all new HIV infections among youth ages 13 to 24 years [1] and have rates three and five times higher than their Latino and white counterparts, respectively [2]. Such disparities necessitate effective interventions to improve prevention and treatment of HIV among YBMSM. HIV antiretroviral

therapy (ART) is an essential component of HIV prevention [3] and treatment [4] and the single most important factor in achieving undetectable viral loads in people living with HIV [5]. In addition to viral suppression, ART adherence is also correlated with reductions in hospitalizations [6] and mortality [7], slowed HIV disease progression [4], and improved quality of life [8]. There are also important public health implications. ART adherence and subsequent viral suppression decrease the likelihood that HIV-infected persons will transmit the virus [9] and poor ART adherence has been linked to the emergence of drug resistance [10].

Efficacy of ART necessitates optimal ART adherence, and previous research has revealed that many individuals with HIV do not achieve optimal adherence levels [11]. Youth are particularly vulnerable to poor adherence; prior research indicates that adherence rates range from 30% to 70% among youth in the United States [12]. A comprehensive review of youth living with HIV found that between 42% and 80% of youth report suboptimal medication adherence [13]. Furthermore, there are significant racial disparities in adherence. Black Americans have lower rates of ART adherence than white Americans [14], are less likely to be retained in HIV medical care [15], and are at particularly high risk of having a detectable viral load [16].

Numerous social and contextual factors including exposure to community violence [17], lack of social support [18], and low self-efficacy [19] have been linked to suboptimal ART adherence among HIV-infected youth. There is also strong evidence that HIV-related stigma contributes to poor ART adherence [20] by reducing self-efficacy for adherence and self-care and raising concerns about inadvertent disclosure of HIV status [21]. For example, perceived discrimination from sexual partners is associated with difficulty adhering to ART [22]. Discrimination based on HIV serostatus, race, and sexual orientation is also associated with poor treatment adherence over a 6-month period among black men living with HIV [23]. Similarly, negative self-image, a component of HIV stigma, is inversely associated with adherence to medical appointments [24]. In addition, mental health, including depression and anxiety [12], and substance use have also been found to be consistently associated with poor ART adherence among youth [25], whereas having a positive outlook about being HIV positive is associated with a higher likelihood of being on ART [24].

Study contributions

The aforementioned research documenting that community violence, social support, and other psychosocial factors are associated with HIV medication is informative; however, several gaps remain. Few studies have examined this broad range of psychosocial factors (i.e., HIV stigma, substance use, family acceptance, social support, and self-efficacy) across a single sample. In addition, there might be important classifications of medication adherence (i.e., low, medium, and high) that are based on various clusters of these important sociocontextual factors. Moreover, few studies have used longitudinal designs which help to move beyond correlational findings and establish temporal order. Finally, few studies have used a person-oriented approach to understating such classifications. As it relates to this study, latent class analyses allow us to identify and examine lawful regularities and organized configurations of interactive factors that distinguish qualitatively different groups of individuals based on medication adherence [26]. Therefore, the

purpose of this study was to extend existing research by examining longitudinal predictors of ART adherence among HIV-positive YBMSM. The findings from this study can help illuminate important factors that correlate with ART adherence over the short term to inform the development of interventions tailored to improve adherence among HIV-infected YBMSM.

Methods

Data were collected, across three waves, between October 2012 and November 2014 as part of the baseline assessment from Project nGage, a preliminary efficacy randomized control, examining the role of social support in improving HIV care among YBMSM. HIV-infected YBMSM ages 16–29 years who had successfully linked to care were randomized to the intervention or a control arm consisting of treatment as usual, including standard case management. The intervention included the engagement of a youth-identified support confidant to help endorse adherence to HIV primary care. Two face-to-face meetings with a social work interventionist and 11 brief booster sessions were delivered remotely via telephone and text messaging. Study design and intervention details are described in more depth elsewhere (blinded). Participants were recruited at two study sites: a university hospital and a federally qualified health center. Eligibility included being born biologically male, self-identifying as black or African-American, between the ages of 16 and 29 years, inclusive, having an HIV diagnosis for >3 months, and having disclosed their status to at least one person in their close social network. Participants were screened, scheduled, consented, and enrolled by the study research staff. Baseline measures were collected using computer-assisted administration (both interviewer and self-administration), survey questions were read aloud, and responses were recorded in REDCap. Whenever possible, measures were selected that had been previously tested in studies of ART adherence, particularly among youth, to maximize comparability to other studies. Participants received \$25 for completing the baseline and each follow-up survey. All study protocol and procedures were approved by the institutional review board.

Measures

Demographic variables. Participants reported their age, highest level of education or schooling, current employment status, and intervention condition.

Medication adherence. Adherence levels of 90%–95% are crucial to the success of antiretroviral therapy. To assess medication adherence for each wave of the study period, participants were asked whether they were currently taking HIV medications. Response categories were “Not prescribed yet; meds prescribed but haven’t picked up yet; meds prescribed but don’t want to take them, meds prescribed, but haven’t been into the clinic; and other.” Those who reported being on HIV medications were asked: “What percent, from 0 to 100, did you take your medication as prescribed in the last 30 days? Zero percent time would mean “none of the time,” 50% time indicated “half the time,” and 100% indicated “all the time.” In this study, adherence was dichotomized as those taking their medication between 90% and 100% of the time and those taking their medication <90% of the time.

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