

# Predictors and correlates of adherence to combination antiretroviral therapy (cART): meta-analysis

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# Background

Insight in predictors/correlates of non-adherence to cART:

- Enable health care providers to tailor their care to patients most in need.
- Guide targets for development of adherence enhancing interventions.

# Objectives

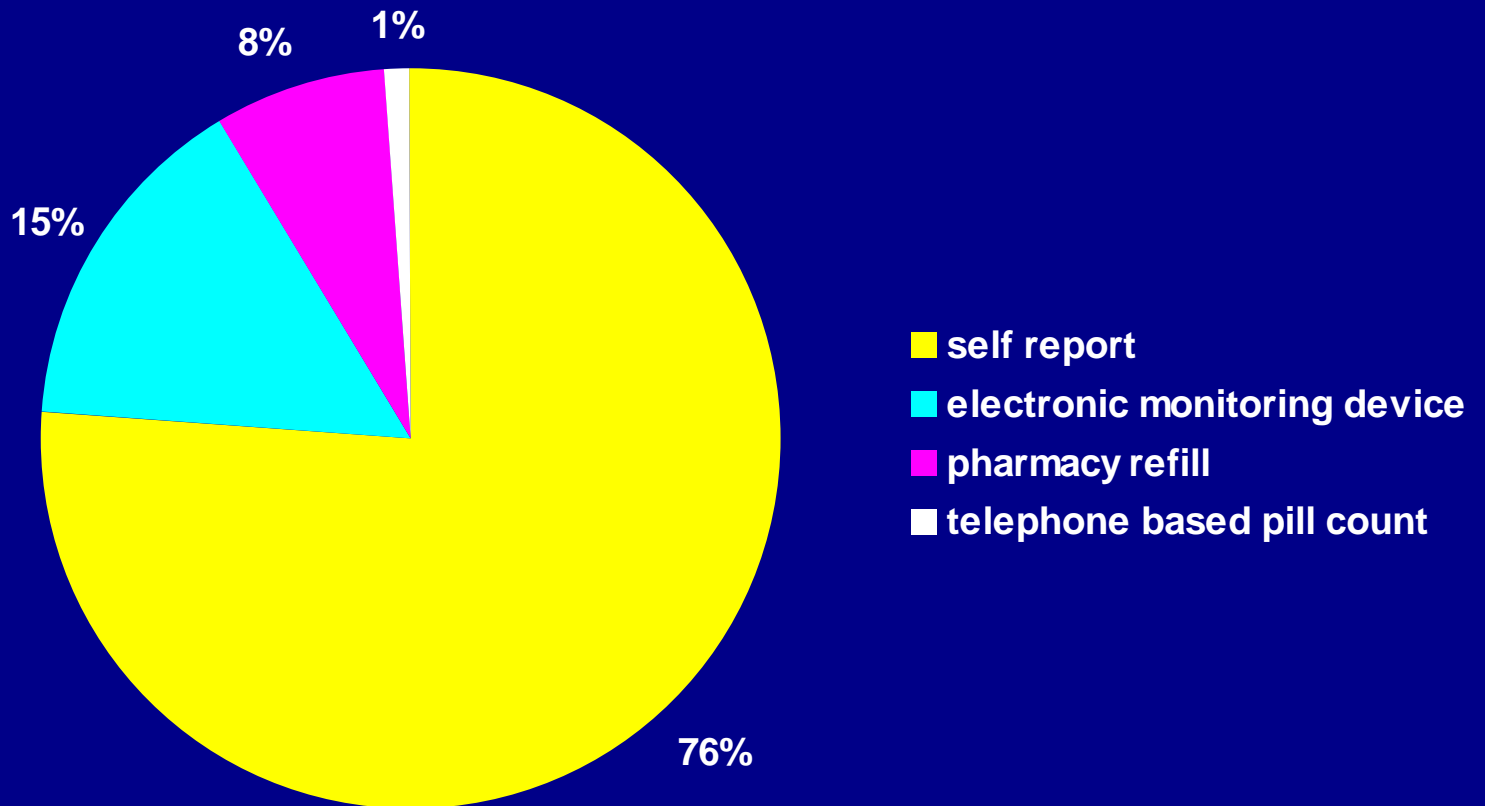
- To review current evidence on predictors/correlates of adherence to cART.
- To aggregate findings into quantitative estimates (effect sizes) of their impact on adherence
- To assess the impact of study design features on effect sizes
  - (adherence assessment method, study design, countries' Human Development Index (HDI)).

# Methods

- PubMed search
- Common effect size:  $d$ 
  - (0.20 small, 0.50 medium, 0.80 large)
- Random effect models with inverse variance weights to pool effect sizes
- Mixed-effects meta regression
- Comprehensive Meta Analysis Version 2

Included 170 studies  
Patients: 82.304

### Adherence assessment method



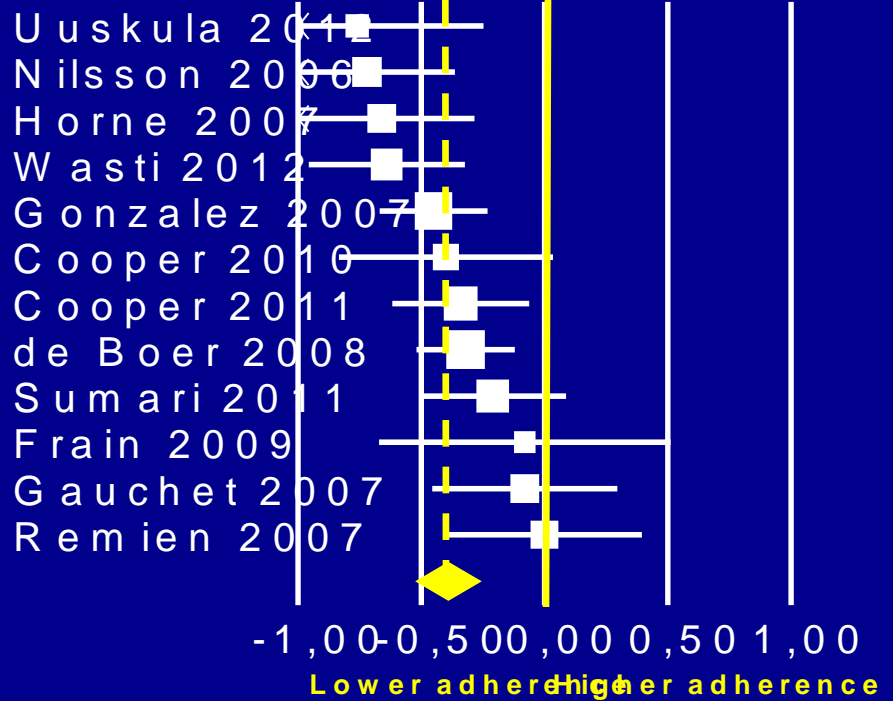
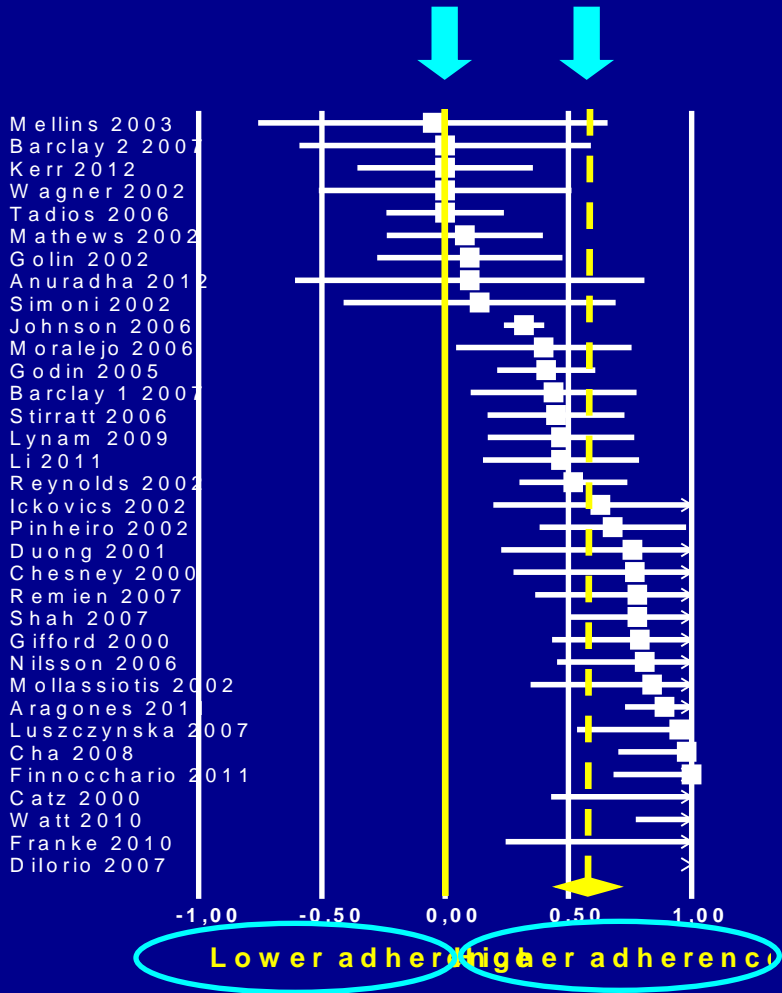
# Adherence self-eff

# Beliefs: concerns about

Study\_name

Std. diff in means and 95% CI

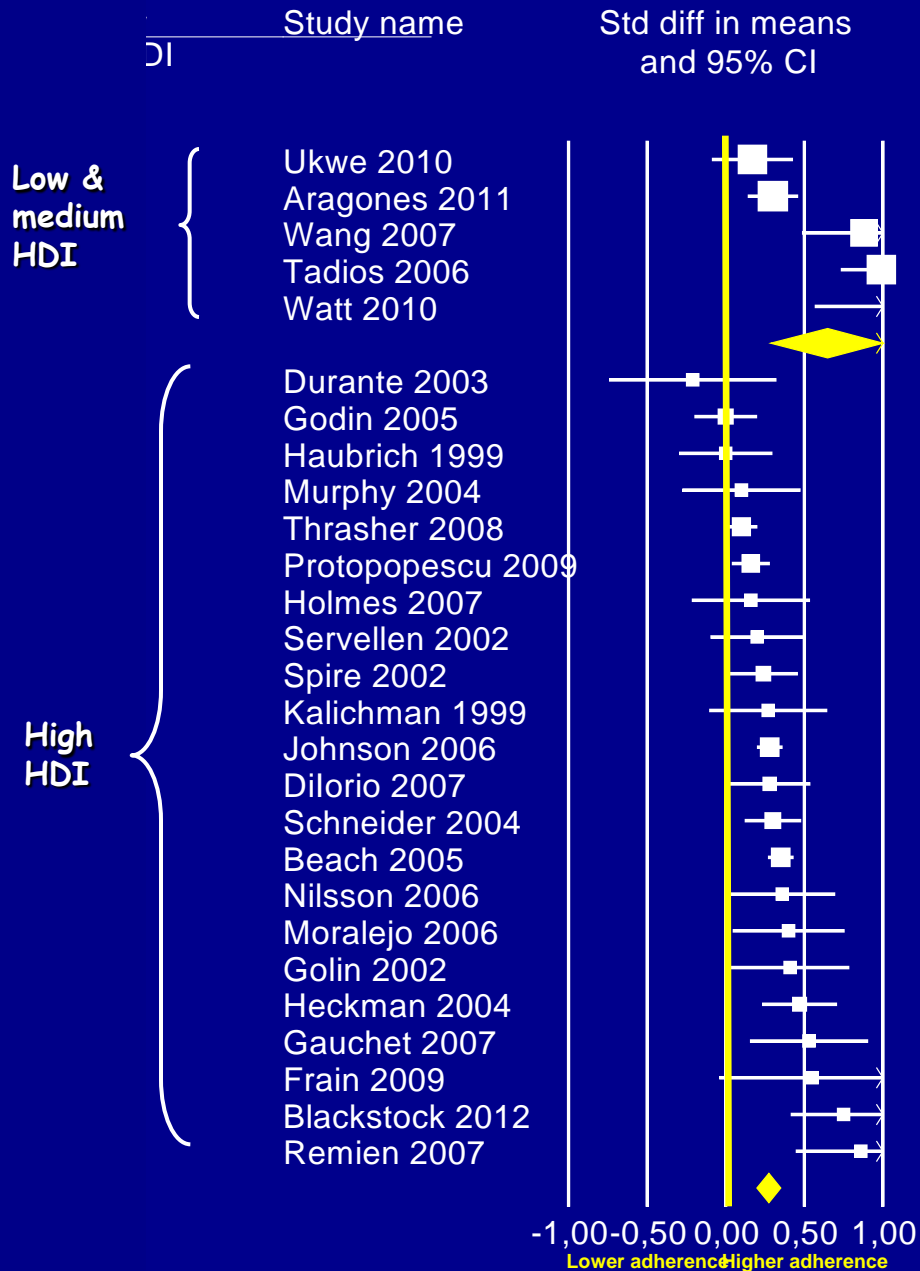
Study\_name Std. diff in means and 95



# Results

Medium effects statistically significant	Small effects statistically significant	No effect
Beliefs in necessity /utility of cART ↑	Social support ↑	CD4 cell count
Trust / satisfaction health care provider ↑	Age, male gender, ↑ duration of HIV infection ↓	
Current substance use ↓	Daily dosing frequency, ↓ PI containing regimen, pill burden	Duration of cART
Depressive symptoms ↓	Financial constraints ↓	
HIV stigma ↓		

# Trust/satisfaction provider

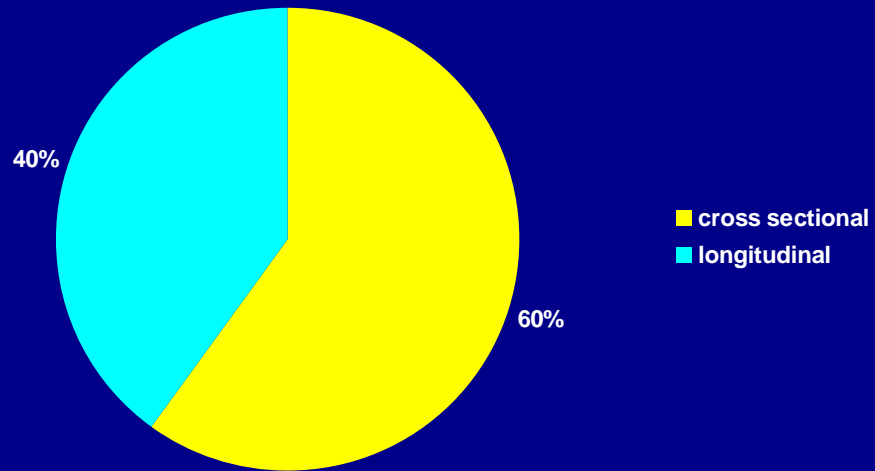




# Conclusions

- Adherence enhancing interventions should target psychological factors
- Simplification of cART regimens expected to have smaller albeit significant effects.
- Trust/satisfaction with health care provider more important influence in countries with low or medium HDI.

### Study design



### Human Development Index

