A Study on Adherence to Highly Active Antiretroviral Therapy (HAART) Among HIV/AIDS Adult Patients Attending Mbeya Referral Hospital, Tanzania.

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ABSTRACT

Access to free Highly Active AntiRetroviral Therapy (HAART) in Tanzania was launched in 2004. The capacity of Tanzanian patients to adhere to complex antiretroviral regimen is largely unknown. Ensuring high levels of adherence to (HAART) is a priority in treating people living with AIDS. A retrospective cross sectional study was carried out to determine the predictors, extent of adherence to HAART and adherence relationship to the prognosis among adult patients attending Mbeya Referral Hospital HIV/AIDS clinic in the period of November 2004 to July 2007.

Adult patients documented to be HIV positive and enrolled for HAART for at least six months were eligible for entry into the study. All patients at terminal illnesses, General amnesia and those who refused to consent (refusal to participate) were excluded.

Data on predictors of adherence and extent of adherence were obtained by interviewing patients using semi-structured questionnaires. CD4 counts of patients were collected from clinical records. A total of 318 randomly selected patients were recruited into the study. Of these 98.4% achieved 95-100 % adherence level and 1.6% achieved 80-94% adherence level. The result shown that 28.9% and 32.2% of patients who preferred going to a distant Care and Treatment Clinic (CTC) facilities and were alcohol users, respectively, had less than 100% adherence. Patients age was observed to be positively correlated to drug adherence (rho=0.135, p<0.05). Of the patients interviewed, 6.9% had treatment failure which was noted to have non-significant correlation to adherence levels (rho=0.089, p>0.05).

This study showed that, high levels of adherence required to implement successful HAART were achieved in a Tanzanian Mbeya Referral Hospital cohort. Patients preferred going to distant CTC facilities. Alcohol usage and young age observed as potential predictors of not achieving

maximum adherence. The low treatment failure rate that was observed had no correlation to the observed adherence.