



IS IT ASSOCIATED WITH NON-ADHERENCE TO TREATMENT?

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Aim:

This study aims to determine the prevalence of attention deficit and hyperactivity disorder (ADHD) among people living with HIV (PLWH) and its association with adherence to antiretroviral treatment (ART).

Methods:

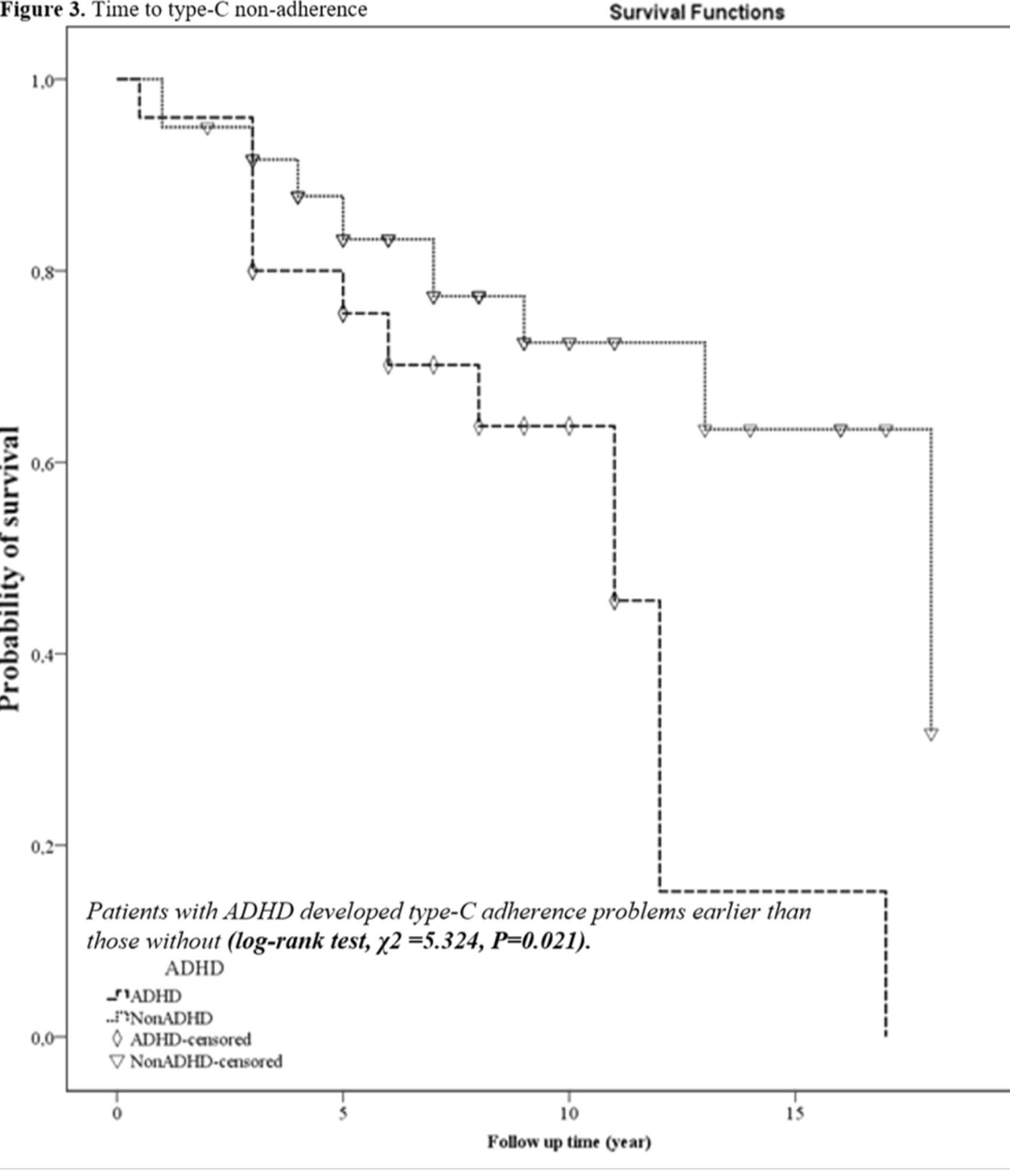
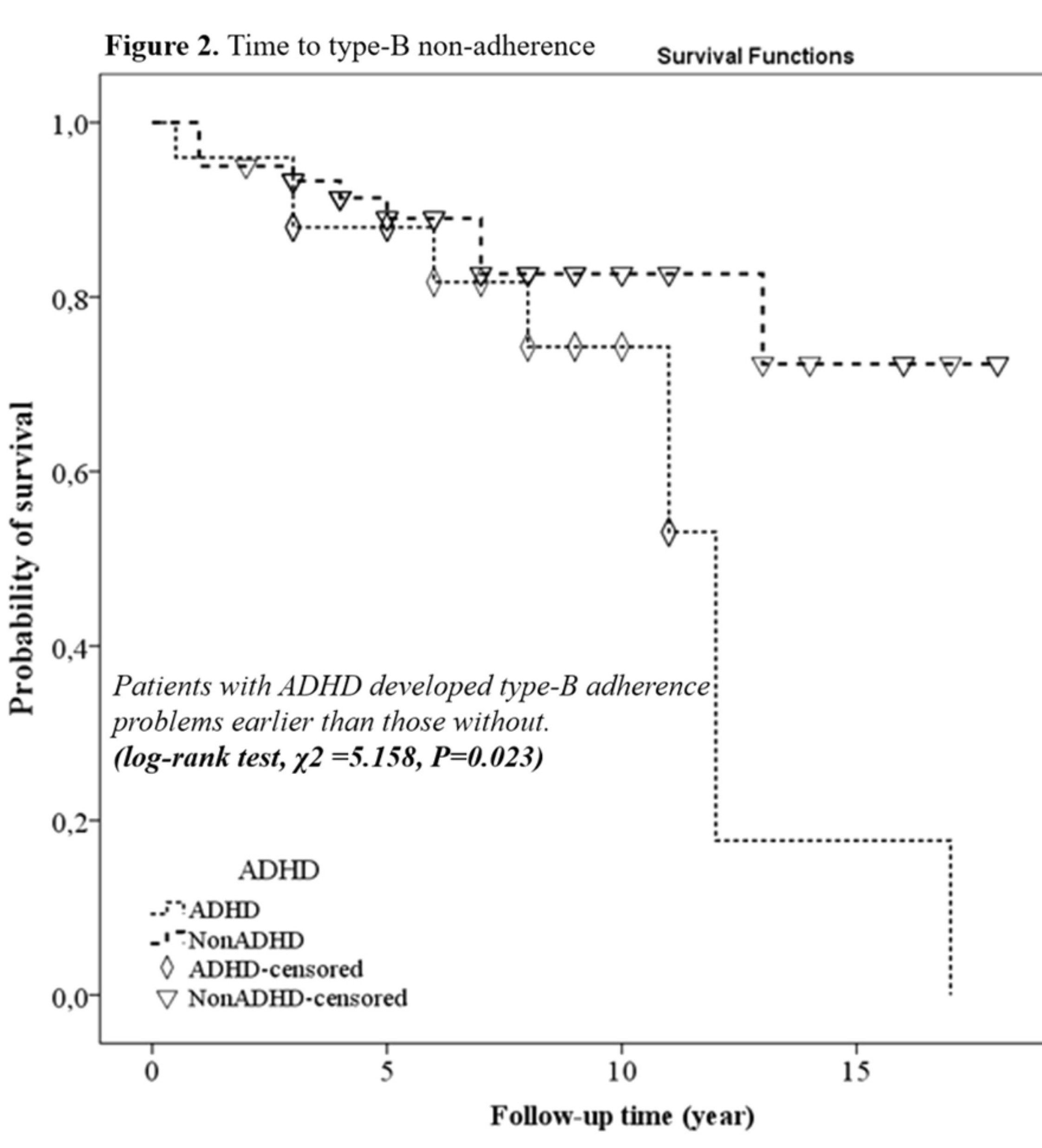
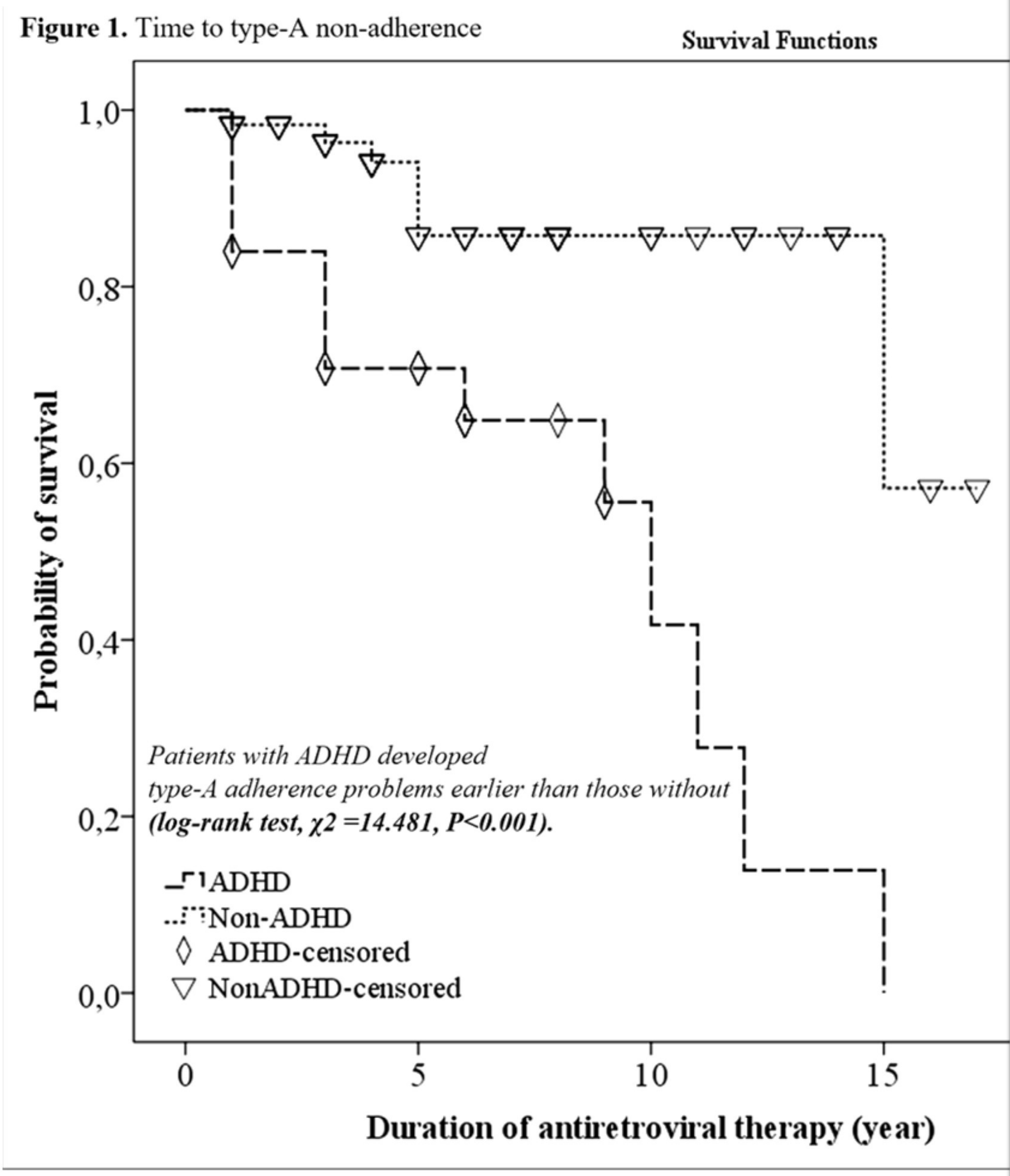
The study group included PLWH from the Ege University Hospital and Atatürk Training and Research Hospital cohorts recruited between January 2012 and April 2018. The Ege University Ethical Board approved the study (11-9/8–November 22, 2011). Participants that gave informed consent were subjected to a structured clinical interview (SCID) for DSM-IV and Hamilton Depression Scale plus a semi-structured interview for DSM-IV ADHD. In addition, they self-completed the State-Trait Anxiety Inventory (STAI) and the Wender Utah Rating Scale. The total follow-up time since the HIV diagnosis, total duration of ART, adherence to ART and to scheduled visits, lost-to follow-up, and survival were recorded for each participant. Participants who had used ART for at least 15 days and had interrupted any of their antiretroviral drugs for at least 3 consecutive weeks or missed any of their drugs for at least 3 consecutive days were defined as Type A nonadherence. Patients who did not show-up for scheduled visits without any excuse at least twice for at least 15 days were defined as Type B nonadherence. Patients who experienced either or both types of nonadherence were defined as Type C nonadherence. Chi-square and Fisher’s exact tests were used to analyze categorical data. Time until type A, B or C nonadherence and its association with ADHD were analyzed with log rank test and Kaplan-Meier survival curves (Figure 1,2,3; Table).

Results:

The study included 85 patients; 25 (29.41%) were diagnosed with ADHD which was significantly higher than the highest prevalence (6%) for ADHD among the general population (Chi-square; p<0,001). Overall, the prevalence of type A, B and C nonadherence was 23.5%, 22.4% and 31.8%, respectively. The time until Type A, B and C nonadherence was significantly shorter among cases with ADHD compared to those without (Figure 1,2,3; Table).

Conclusion:

ADHD is significantly more common among PLWH than in the general population. ADHD may have a negative effect on adherence to ART and to scheduled visits and should be diagnosed early and managed accordingly.



Comparison of cases with and without attention deficit and hyperactivity disorder.						
Variable	Total (n=85)	ADHD (n=25)	Non-ADHD (n=60)	OR	95% CI	P
Type A non-adherence [n (%)]						
Yes	20 (23.5 %)	13 (52 %)	7 (11.7 %)	8.2	2.3–24.9	< 0.001
No	65 (76.5 %)	12 (48 %)	53 (88.3 %)			
Type B non-adherence [n (%)]						
Yes	19 (22.4 %)	10 (40 %)	9 (15 %)	3.8	1.3–11	0.025
No	66 (77.7 %)	15 (60 %)	51 (85 %)			
Type C non-adherence [n (%)]						
Yes	27 (31.8 %)	13 (52 %)	14 (23.3 %)	3.56	1.33–9.55	0.02
No	58 (68.2 %)	12 (48 %)	46 (76.7 %)			

ADHD, attention deficit and hyperactivity disorder; ART, antiretroviral therapy; CI, confidence interval; HIV, human immunodeficiency virus; OR, odds ratio; P-values for categorical variables were calculated using the  $\chi^2$  test and <sup>a</sup>Fisher’s exact test.