FOR IMMEDIATE RELEASE
Monday, March 5, 2012

Contact: Angela Knudson
(202) 216-1580 or
aknudson@iapac.org

IAPAC Guidelines Offer Recommendations to Optimize Entry into and Retention in HIV Care, and Treatment Adherence

New Guidelines e-Published Today by Annals of Internal Medicine

Washington, DC (Monday, March 5, 2012) – The International Association of Physicians in AIDS Care (IAPAC) today announced the publication of a new set of evidence-based guidelines meant to optimize entry into and retention in HIV care and adherence to HIV treatment. The “Guidelines for Improving Entry into and Retention in Care and Antiretroviral Adherence for Persons with HIV” were developed by an expert IAPAC Panel and e-published today by the Annals of Internal Medicine.

The guidelines include recommendations in several key areas, including: entry into and retention in care; monitoring adherence to HIV care and antiretroviral therapy (ART); interventions to improve ART adherence including those involving choice of ART regimens; adherence tools for patients; education and counseling; and health system and service delivery interventions. The needs of special populations (such as pregnant women, individuals with mental health and substance use disorders, homeless and marginally housed individuals, incarcerated individuals, and children and adolescents) are also addressed in the guidelines, as are recommendations for future research in these areas.

“Over the last 15 years, we have made astounding progress in HIV treatment, resulting in longer and healthier lives for people living with HIV. Yet many people are unable to optimally benefit from these advances because of delayed diagnosis and multiple challenges to entering and staying in medical care,” said Melanie A. Thompson, MD, co-chair of the IAPAC Panel. “Once receiving potent treatment for HIV, many struggle to take their drugs consistently. Unfortunately, missed doses and drug holidays lead to resistant virus and, often, to treatment failure. Ultimately, both individual and public health depend on helping patients to successfully negotiate all of the steps of this treatment cascade.”

According to the US Centers for Disease Control and Prevention (CDC), only 69% of HIV-positive persons in the United States enter HIV care, 59% are retained in care, and only 28% of Americans living with HIV have an undetectable viral load.¹ A recent African study found that more than two-thirds of HIV-infected individuals were lost from care if they were not yet eligible for drug treatment.²

– MORE –
In addition, a review of 84 observational studies – or 33,199 adults on ART – revealed that only 62% achieved adherence of at least 90% of prescribed ART doses. Adherence to ART has been shown to be an important predictor of achieving adequate suppression of HIV replication, which is required to minimize resistance to HIV treatments, slow disease progression, delay AIDS-related death, and decrease the transmission of HIV to others.

“These guidelines are the foundation of an evolving blueprint that practitioners and health systems can use as a resource to improve entry into and retention in HIV care as well as adherence to HIV treatments,” said Thompson, who is also Principal Investigator of the AIDS Research Consortium of Atlanta. The Panel co-chair is Jean B. Nachega, MD, PhD, of Johns Hopkins University/Stellenbosch University, Baltimore, MD, USA, and Cape Town, South Africa, respectively.

“IAPAC is proud of the work advanced by our Panel in developing these pioneering guidelines, which we hope will help strengthen the three pillars of HIV treatment success – entry into and retention in care, as well as ART adherence,” said José M. Zuniga, PhD, MPH, IAPAC’s President. “We have known for some time that much more attention is required to optimize the way in which HIV-positive patients are linked to and retained on HIV treatment so that they derive the full benefit of existing care, treatment, and support. These guidelines are an important step in that direction.”

Zuniga further identified some immediate steps IAPAC is taking to implement the guidelines’ recommendations. In the next several months, IAPAC will launch a multidisciplinary continuing education-accredited online activity to educate physicians, nurses, pharmacists, and psychologists about the guidelines’ recommendations. Peer educator and patient-oriented activities to increase health and HIV literacy, and to facilitate guidelines-recommended behavioral interventions are also planned.

Guidelines development was jointly sponsored by IAPAC and the US National Institutes of Health’s Office of AIDS Research.

The e-published guidelines will be available at www.annals.org. A date for print publication of the guidelines in the Annals of Internal Medicine is pending.


##

The International Association of Physicians in AIDS Care (IAPAC) is a non-profit medical association representing more than 17,000 clinician-members in over 100 countries. Its mission is to improve the quality of care, treatment, and support provided to people living with HIV/AIDS, hepatitis, malaria, and tuberculosis through education, research, global health, and advocacy activities advanced by its clinician-members. Visit www.iapac.org for more information about IAPAC.
Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel

Authors*

Melanie A. Thompson, MD (co-chair)
AIDS Research Consortium of Atlanta

Jean B. Nachega, MD, PhD, MPH (co-chair)
Johns Hopkins University/ Stellenbosch University

Frederick L. Altice, MD
Yale University

K. Rivet Amico, PhD
University of Connecticut

David R. Bangsberg, MD, MPH
Harvard Medical School

John G. Bartlett, MD
Johns Hopkins University

Curt G. Beckwith, MD
Brown University

Victoria A. Cargill, MD, MSCE
Office of AIDS Research
National Institutes of Health

Larry W. Chang, MD, MPH
Johns Hopkins University

Nadia Dowshen, MD
Children’s Hospital of Philadelphia/University of Pennsylvania

Christopher M. Gordon, PhD
National Institute of Mental Health

Robert Gross, MD, MSCE
University of Pennsylvania, Philadelphia

Tim Horn, MS
AIDSmeds.com

Princy Kumar, MD
Georgetown University

Michael J. Mugavero, MD, MHSc
University of Alabama, Birmingham

Catherine Orrell, MBChB, MSc
University of Cape Town

Robert H. Remien, PhD
Columbia University

James D. Scott, PharmD, MEd
Western University of Health Sciences

Jane M. Simoni, PhD
University of Washington

Michael J. Stirratt, PhD
National Institute of Mental Health

IAPAC Panel Members

Magda Barini-García, MD
Health Resources and Services Administration

Peter Kilmarx, MD
US Centers for Disease Control and Prevention

Celso Ramos, MD, MSc
Federal University of Rio de Janeiro

Vanessa Elharrar, MD, MPH
National Institute of Allergy and Infectious Diseases

Cynthia Lyles, PhD
US Centers for Disease Control and Prevention

Evelyn Tomaszewski, MSW
National Association of Social Workers

Charles Holmes, MD, MPH
Office of the Global AIDS Coordinator

Henry Masur, MD
National Institutes of Health

Marco Vitória, MD
World Health Organization

Shoshana Kahana, PhD
National Institute on Drug Abuse

Tia Morton, RN, MS
National Institute of Allergy and Infectious Diseases

*Authors are also members of the IAPAC Panel