Results of an Online Social Support and Text Reminder ART Intervention



Technology-assisted ART Adherence Interventions



Author(s) & Year	Target Population	Technology	N	Outcome
Puccio et al. (2006)	16-24 yo adolescents attending an HIV clinic in the US	Weekly mobile phone call	8	5 Ps completed through week 24; Ps found calls helpful and acceptable
Lester et al. (2010)	HIV-infected adults enrolled in care in Kenya (WelTel Kenya 1)	Weekly text-based messages with follow-up phone call	538	Significant effects of intervention on self-reported adherence and suppressed viral load
Fisher et al. (2011)	Adults attending HIV clinics in the US (LifeWindows)	Theory-based (IMB model) computer- administered program	594 (328 on protocol)	Compared to controls, on protocol intervention group had significantly higher 3-day adherence over time

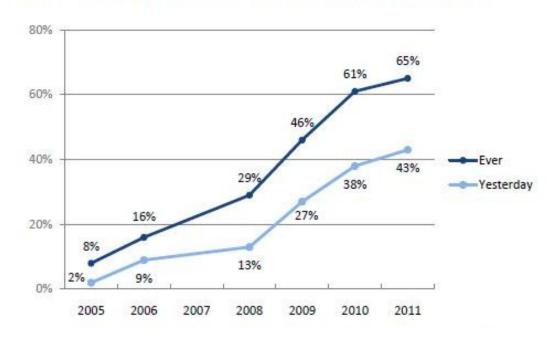
Social Networking Site Use





- 65% of US adults who use the Internet use social networking sites (e.g., Facebook)
- 50% of US adults have used social networking sites

Social networking site use by online adults, 2005-2011 The percentage of all adult internet users who use social networking sites since 2005



Madden, M. & Zickurh, K. (2011). 65% of online adults use social networking sites. http://pewinternet.org/Reports/2011/Social-Networking-Sites.aspx

Peer-to-peer Support for Health Concerns





- 18% of US Internet-using adults have gone online to find others with similar health concerns
- 23% of those living with a chronic health condition have done so (vs. 15% of those not living with a chronic health condition)
- Online peer support is most helpful to gain emotional support in dealing with a health issue and for quick remedies to everyday health issues

Online Social Networking Website Use by ART Adherence Level



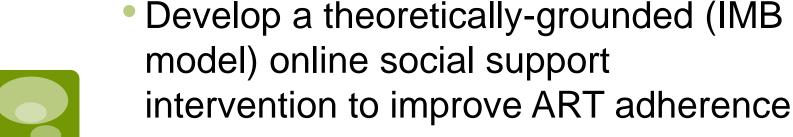
Horvath, K.J. Danilenko, G.P., Williams, M.L., Simoni, J., K. Rivet Amico, K. R., Oakes, J.M., Rosser, B.R.S. (2012). Technology use and reasons to participate in online social networking websites for people living with HIV in the US. *AIDS & Behavior, 16, 900-910*

		Total	95%+ Adherence (n=148)	< 95% Adherence (n=164)
		%	%	%
Social	Facebook	61.7	59.2	64.0
Networking	Poz.com forums	28.0	28.6	27.4
Websites & Features Used at least Once per Week	My Space	21.2	16.3	25.6*
	The Body forums	10.6	13.6	7.9
	LinkedIn [±]	9.3	7.5	11.0
	Bebo	1.3	1.2	1.2
	Xanga	0.6	0	1.2
	Other	10.9	8.2	13.4
	None	23.8	26.5	21.3

± Ps<\$60,000 per year were less likely to use than Ps>\$60,000 per year

Internet Medication Adherence Study (IMAS)







- National Institute of Mental Health
- Pilot study to assess feasibility & acceptability of this approach (R34)



IMAS Study Team

• Investigators:

- Keith J. Horvath (PI), University of Minnesota
- B.R. Simon Rosser (Co-I), University of Minnesota
- J. Michael Oakes (Co-I), University of Minnesota
- Joseph Konstan (Co-I), University of Minnesota
- Heather Vezina (Co-I), University of Minnesota



Consultants:

- K. Rivet Amico, University of Connecticut
- Jane Simoni, University of Washington
- Mark L. Williams, Florida International University

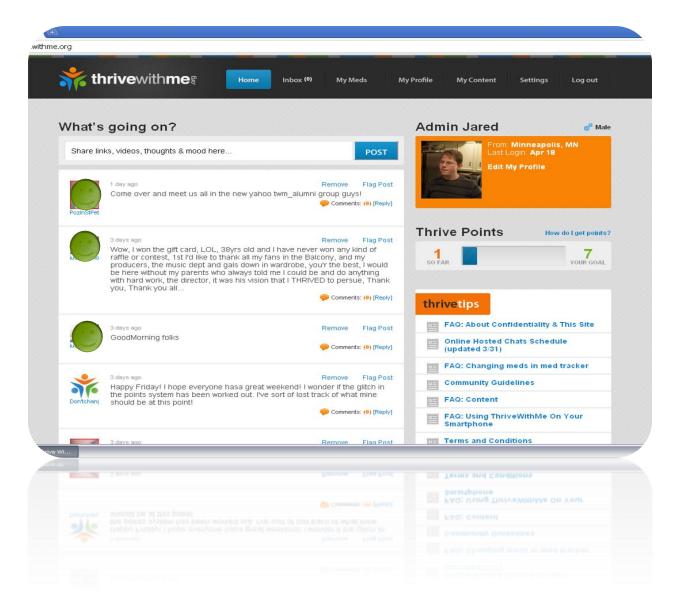
Research Team:

- Gene Danilenko (Study Coordinator)
- Jared Shenk (Study RA)
- Maria Finke (Study RA)
- Jessica Hermanson (Study RA)

Technology partner:

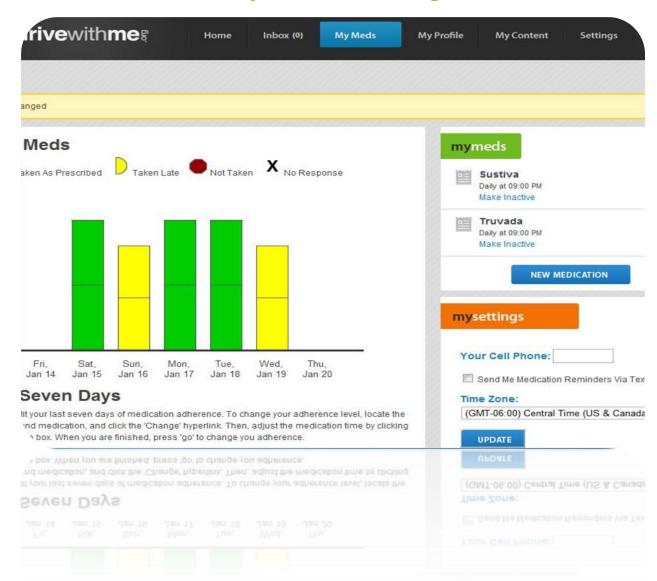
Dan Melton (Non-Profit Technologies)

"ThriveWithMe.net": Home Page



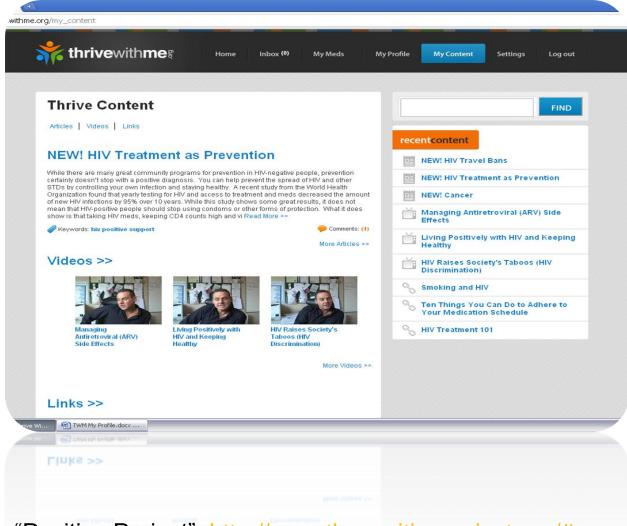


"ThriveWithMe.net": My Meds Page





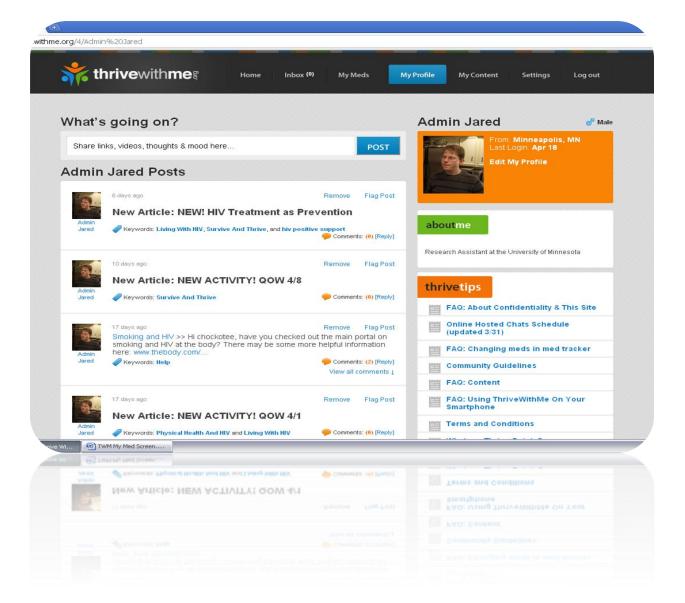
"ThriveWithMe.net": My Content Page





Thanks to the "Positive Project": http://www.thepositiveproject.org/#

"ThriveWithMe.net": Profile Page





Participants & Recruitment

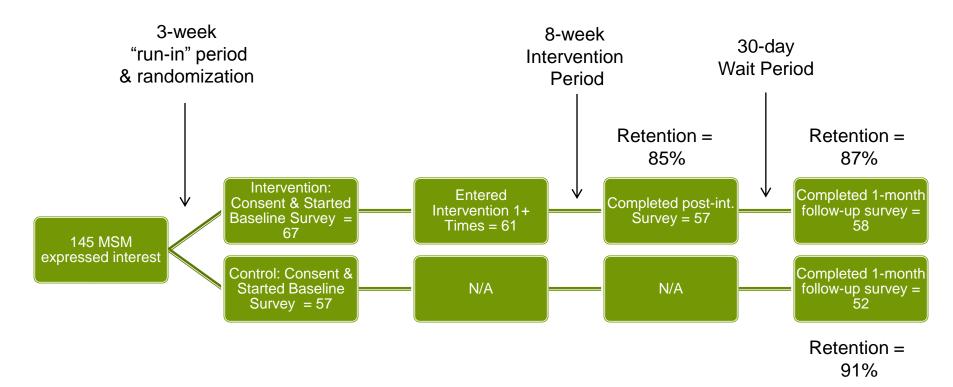
- Participants
 - HIV-positive Gay/Bisexual Men with <100% ART Adherence</p>
 - US residency
 - Available over a 16 week period to participate in study
 - Somewhat or very interested in participating in a health and wellness website and interacting with other people living with HIV



- Recruitment
 - Study period: February April 2011
 - Source
 - 42% Earlier survey of technology use among HIV+ MSM
 - 21% HIV Online sources (Poz.com, AIDSMeds.com)
 - 11% Gay/Bi Online sources (Gay Ad Network, Black Gay Chat)
 - 1% Facebook
 - 24% Other/Referral

Intervention Flow





Overall 1-month follow-up Retention = 89%

Measures



- Psychosocial and mental Health Items
- Intervention Process Measures (post-intervention)
 - Information Quality
 - System Quality
 - Perception of Usefulness for Living with HIV
 - Overall Satisfaction Ratings
- ART Adherence (0-100%)
 - Overall ART Adherence in past 30 days
 - Took ART Within 2 Hours of Scheduled Dose in past 30 days
 - Took Medications Correctly with Food in past 30 days



Baseline Demographic Characteristics



		Total	Intervention	Control
Age	Mean Years	43	42	43
HIV+	Mean Years	13	12	14
Race (%)	White	64	67	61
	Black	33	32	35
	Other	2	2	4
Hispanic (%)	Yes	10	11	9
Education (%)	High school or less	8	9	8
	Technical or some			
	college	49	52	49
	College degree	22	18	22
	Graduate degree	21	20	21
Internet Knowledge	Mean (range=0-70)	56.9	55.3	58.8*

Baseline Mental Health Characteristics



		Total	Intervention	Control
Perceived Stress	(Mean; range=0-30)	19.4	18.3	20.7
HIV Stigma	(Mean; range=13-52)	27.4	28.0	26.8
Life Chaos	(Mean; range=5-30)	15.9	16.1	15.7
		Col %	Col %	Col %
Depression (CES-D)	Moderate/Severe Sxs	71.0	70.4	71.7
Audit	None	69.1	72.7	64.9
	Hazardous Drinking	21.1	19.7	22.8
	Dependency	9.8	7.6	12.3

Information Quality Ratings (n=57)



Mean
6.09
6.18
5.66
5.98
5.95
5.96

System Quality Ratings (n=56)



Strongly Disagree=1 to Strongly Agree=7	Mean
Thrive With Me loads all the text and graphics quickly	6.13
Thrive With Me is easy to use	5.82
It is easy to go back and forth between pages on Thrive With Me	5.98
Thrive With Me responds quickly when I click on a link or button	5.98
Thrive With Me is user-friendly	5.61
Thrive with Me requires few clicks to locate information	5.64
The information I shared on Thrive With Me was secure	5.82

Intervention Outcome Ratings (n=56)



Strongly Disagree=1 to Strongly Agree=7	Mean
Using Thrive With Me enables me to find information and support for healthy living more quickly.	5.30
Using Thrive With Me improves my ability to make healthier choices.	5.27
Using Thrive With Me increases my ability to live healthier.	5.16
Using Thrive With Me enhances my effectiveness in dealing with life's challenges to my health.	5.02
Using Thrive With Me makes it easier to live a healthier life.	5.09
I find Thrive With Me useful in my life.	5.04

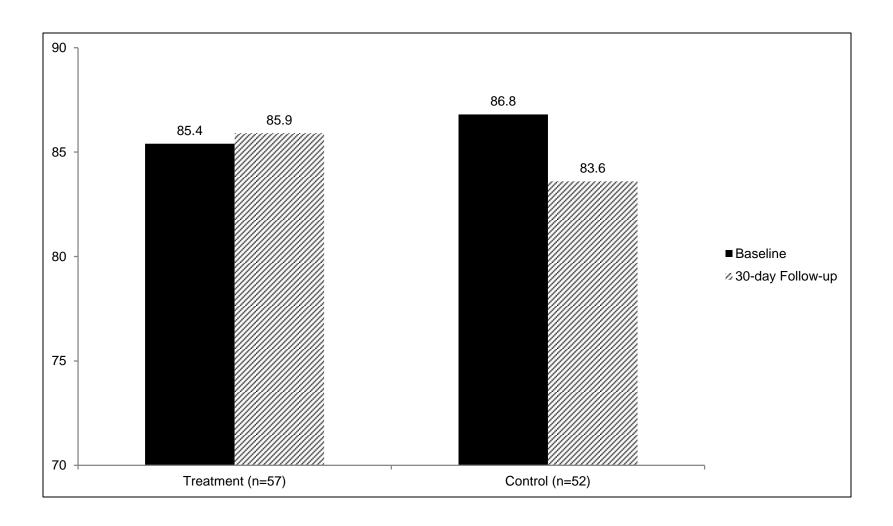
Overall Satisfaction (n=56/57)



Strongly Disagree=1 to Strongly Agree=7	Mean
Overall, I am satisfied with Thrive With Me	5.72
Using Thrive With Me is frustrating	2.84
I would recommend Thrive With Me to my friends	5.64
If available, I would frequently participate in Thrive With Me	5.11
Very Unlikely=1 to Very Likely=7	Mean
How likely would you be to continue using Thrive With Me?	4.84

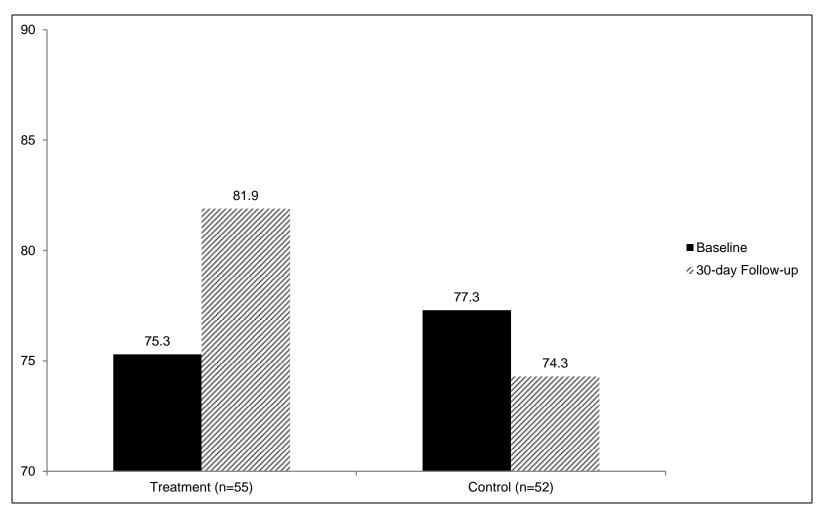
Mean 30-day % Overall ART Adherence





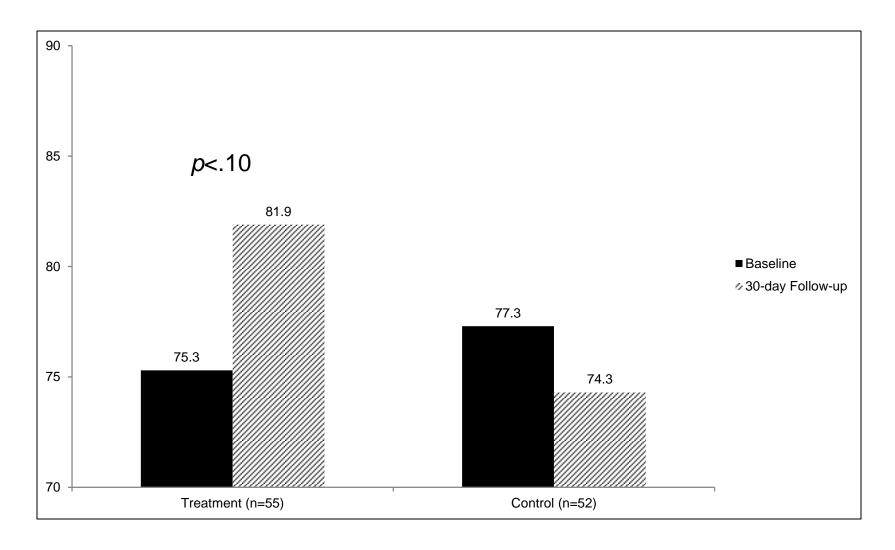
Mean 30-day % Took ART within 2 Hours of Scheduled Dose





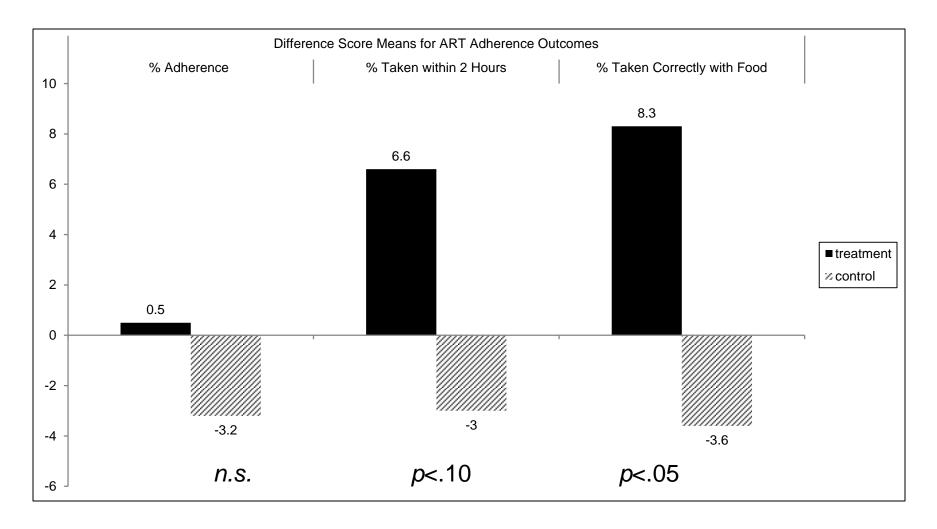


Mean 30 Day % Took ART Correctly with Food



Mean ART Outcome Difference Scores ([30-day Follow-up] – [Baseline])





Conclusions

 Online social support and text messaging ART intervention was feasible and highly acceptable to users.



- The intervention did not significantly improve overall ART adherence.
- However, the intervention may have helped participants to refine their ART adherence behaviors, including taking their medications within 2 hours of the scheduled dose and correctly with food.

Future directions



- Future studies are needed that:
 - Use larger sample sizes to examine efficacy
 - Are more intense and are longer in duration
 - Enroll samples of PLWH with worse baseline ART adherence



Thank You!

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horva018@umn.edu