

## Clinical Guidelines

### **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**

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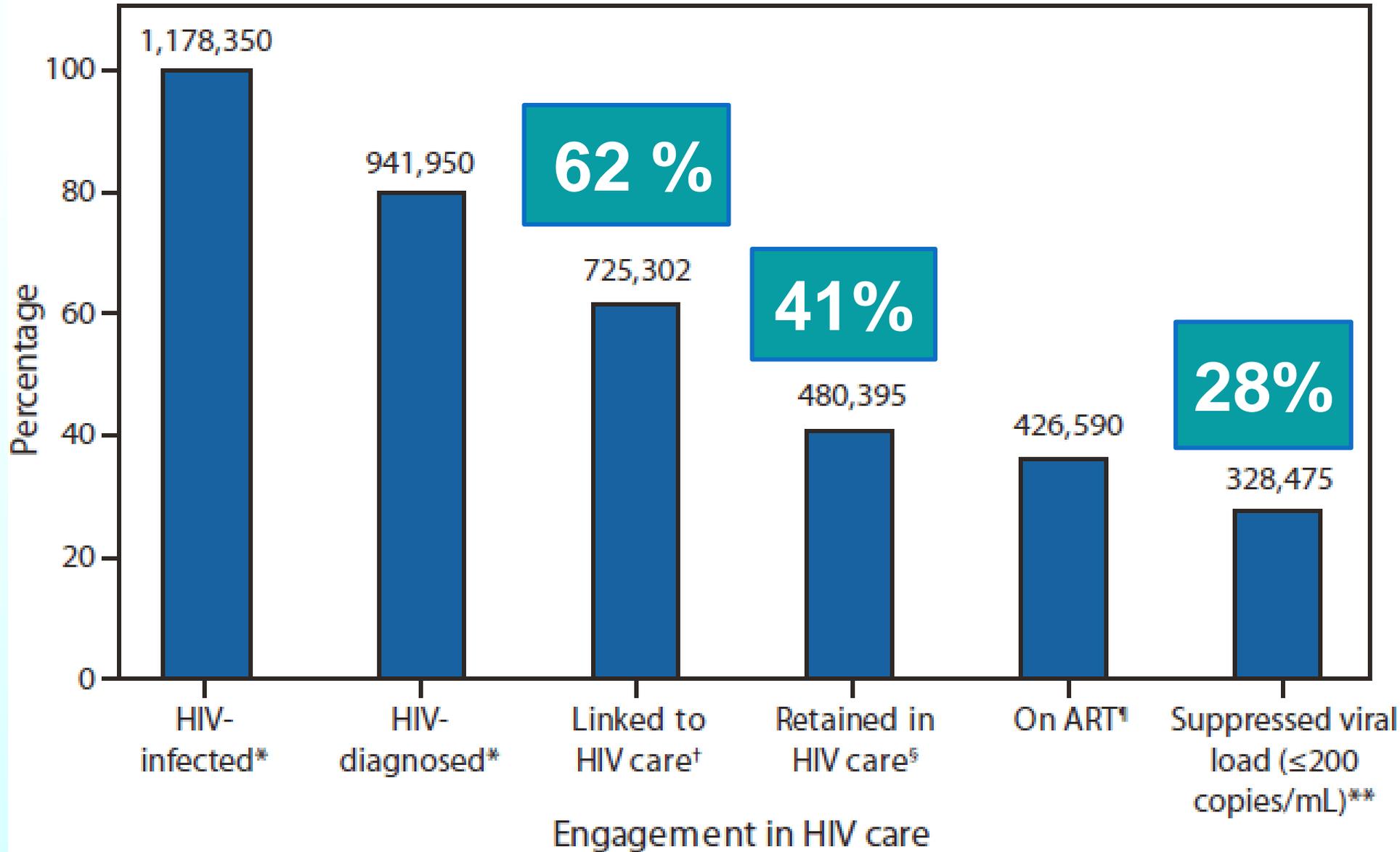
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# Rationale

- NO BRAINER #1: No CARE= no ART
- NO BRAINER #2: Successful ART requires RETENTION in care
- NO BRAINER #3: High ADHERENCE is required for effective and durable ART

# Rationale



# Methods

- Systematic review of the international literature since 1996
- Keyword searches of CDC's Prevention Research Synthesis database of over 46,000 citations; ad hoc and hand searches of key literature; and conference abstracts from last 2 years produced over 300 studies
  - Qualifying studies had to have a comparator arm
  - Interventions had to have been studied in context of HIV
- Evidence reviewed by 2 independent reviewers using modified Newcastle-Ottawa and Cochrane criteria
- Writing Team graded quality of body of evidence and strength of recommendations

# Methods: Monitoring

- Keyword searches specific to adherence measurement or monitoring
- Qualifying studies had to include at least one adherence measurement method and have a biologic or clinical outcome
- Two independent reviewers abstracted data using Quality Assessment for Diagnostic Accuracy Studies (QUADAS) tool

# Quality of the Body of Evidence and Strength of Recommendations

| Quality of Body of Evidence | Interpretation  |
|-----------------------------|---|
| Excellent (I)               | RCT evidence without important limitations<br>Overwhelming evidence from observational studies                                  |
| High (II)                   | RCT evidence with important limitations<br>Strong evidence from observational studies   |
| Medium (III)                | RCT evidence with critical limitations<br>Observational study evidence without important limitations                            |
| Low (IV)                    | Observational study evidence with important or critical limitations   |
| Strength of Recommendation  |   |
| Strong (A)                  | Almost all patients should receive the recommended course of action.  |
| Moderate (B)                | Most patients should receive the recommended course of action. However, other choices may be appropriate for some patients.     |
| Optional (C)                | There may be consideration for this recommendation on the basis of individual patient circumstances. Not recommended routinely. |

# Guideline Structure

- **Monitoring**
- **Interventions**
  - **Entry Into and Retention in Care**
  - **ART Strategies**
  - **Adherence Tools**
  - **Education and Counseling**
  - **Health Service and Service Delivery**

# Guideline Structure

- **Special Populations**
  - Pregnant Women
  - Children and Adolescents
  - Persons with Substance Use Disorders
  - Persons with Mental Health Disorders
  - Incarcerated Populations
  - Homeless and Marginally Housed Persons
- **Emerging Issues**
- **Recommendations for Future Research**