

## 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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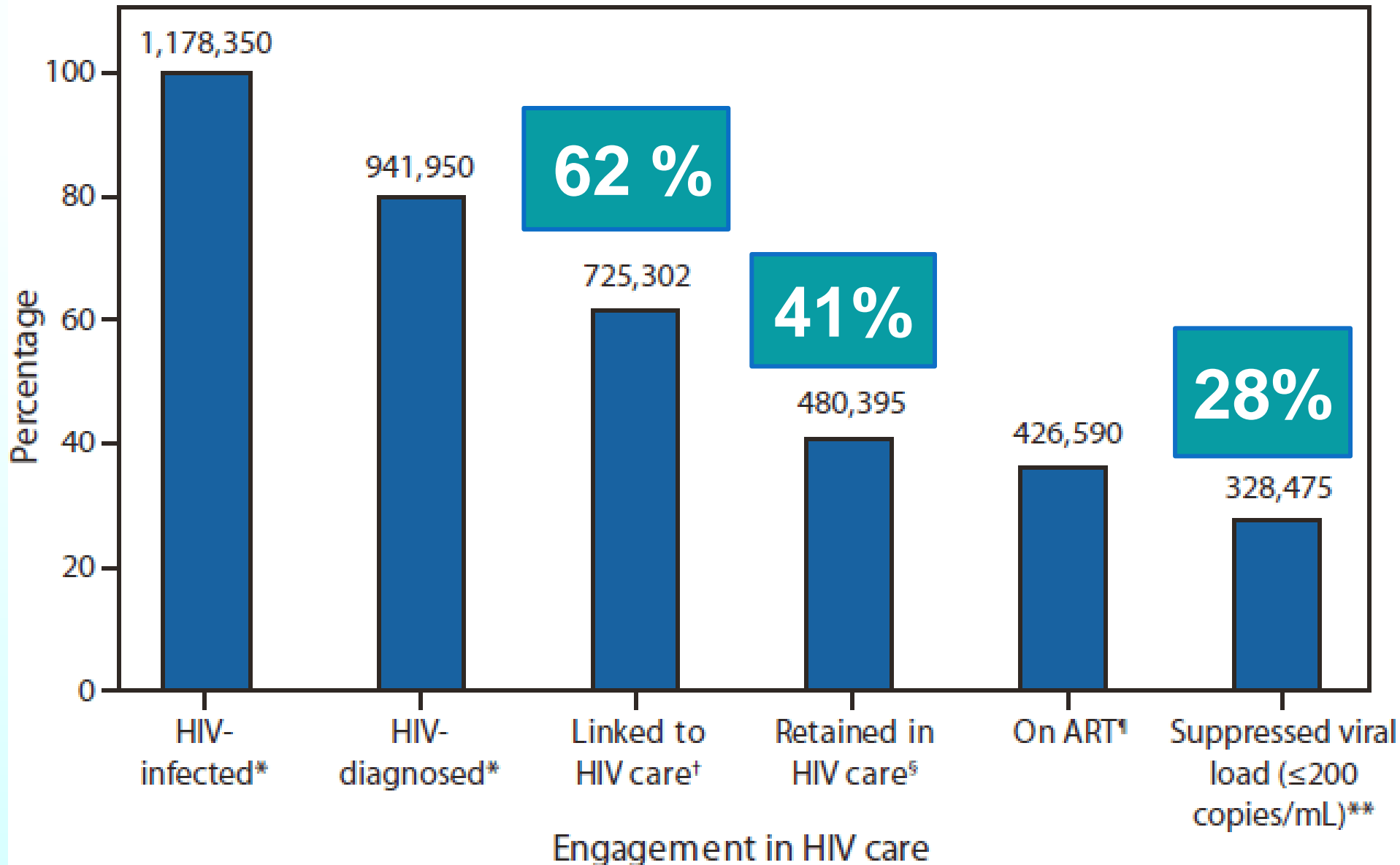
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# Rationale

- 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 Overwhelming evidence from observational studies
High (II)	RCT evidence with important limitations Strong evidence from observational studies
Medium (III)	RCT evidence with critical limitations 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**