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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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

Engagement in HIV care

- HIV-infected*: 1,178,350
- HIV-diagnosed*: 941,950
- Linked to HIV care*: 725,302
- Retained in HIV care*: 480,395
- On ART*: 426,590
- Suppressed viral load (≤200 copies/mL)**: 328,475

* Estimates from the United Nations AIDS Programme
† 62% of HIV-infected
‡ 41% of HIV-diagnosed
§ 28% of linked to HIV care
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
<table>
<thead>
<tr>
<th>Quality of Body of Evidence</th>
<th>Interpretation</th>
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| 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 |

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<thead>
<tr>
<th>Strength of Recommendation</th>
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<tbody>
<tr>
<td>Strong (A)</td>
<td>Almost all patients should receive the recommended course of action.</td>
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<tr>
<td>Moderate (B)</td>
<td>Most patients should receive the recommended course of action. However, other choices may be appropriate for some patients.</td>
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<tr>
<td>Optional (C)</td>
<td>There may be consideration for this recommendation on the basis of individual patient circumstances. Not recommended routinely.</td>
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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