METHODS (cont’d.)

- HCPs were infectious disease specialists, primary care physicians, and nurse practitioners who were currently making drug treatment decisions for patients with HIV
- Infectious disease specialists were required to see ≥10 patients with HIV receiving ART per week
- Primary care physicians and nurse practitioners were required to see ≥10 patients with HIV receiving ART per week

RESULTS (cont’d.)

- 89 patients (20%) reported taking medication not prescribed by their physician, with 6 of the 89 patients (8.7%) not intending to tell their doctor/nurse practitioner that they take these medications
- The number of patients that currently take antacids is 53
  - Of the 53 patients, 29 patient-record forms (55%) documented those particular patients taking antacids
  - Bottom line: In the patients that do take calcium, 32% of practitioners did not know their patient’s take calcium
  - However, in the patients that do take antacids (n=53), 29 (55%) were recommended to take it by their practitioner

LIMITATIONS

- Due to the format of patient record forms and patient surveys, there was no accurate way to compare PPI and H2RA use between physician’s documentation versus actual use by patients

CONCLUSIONS

- The considerable discrepancy between self-medication for GI symptom relief (antacids and calcium use) between patients and physicians’ documented patient practices further research into survey and patient record form data
- GI side effects of ART, such as diarrhea, proves to be one of the most problematic side effects, as reported by both physicians and patients. Improved communication between HIV patients and practitioners is key to prevent ART related side effects, ART adherence, and ultimate successful ART regimens for HIV patients

Poster Number 1514

Actual versus perceived use of pharmacokinetic (primarily absorption) influential OTC agents and ART tolerability in a nationwide matched cohort of HIV patients and their healthcare provider

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ABSTRACT

Background: Antiretroviral therapy (ART) for HIV patients is evolving. ART efficacy is clear, adverse effects (AE) severity has decreased yet still impact outcomes. This study obtained ‘real world’ data comparing healthcare providers’ (HCPs) perceptions and clinic records to patients’ perceptions of ART tolerability and self-management.

Methods: Study utilized Adelphi’s HIV Disease Specific Programme, a cross-sectional survey including provider interviews (n=131) and matched HCP and patient self-completed surveys (n=486), conducted among HIV patients and their HCPs. Similar questionnaires focused on disease symptoms, ART AEs, other AEs, compliance, impact and reasons for switching or discontinuing therapy.

Results: 131 HCPs were interviewed (n=810 patients) at 18 metro areas across the US. 36% of HCPs identified the most important attribute when selecting ART yet the top 5 attributes for ART selection in patient charts revealed criteria of ‘well tolerated by patient.’ ID specialists perceived 92% of all patients are experiencing ART side effects and this increases with subsequent regimens (Figure 1). HCPs interviewed revealed diarrhea as one of the most common symptoms seen with 66% stating diarrhea was the most ‘most troublesome’ AE. This agrees with patients, who recorded diarrhea as equal second ‘most problematic symptom.’ ART changes are most frequently for lack of vindicologic (56%) but secondarily (28%) due to GI AEs. HCPs and patients agree on proportion experiencing diarrhea and being treated for it, yet only about 1/3 of patients receive therapy. Finally, Figure 2 depicts a concerning discrepancy between prevalence of OTC drugs used by patients vs. perceived used by HCPs.

Conclusion: HIV patients experience and self-medicate GI-symptoms disparate with HCPs knowledge, representing a potential major detrimental influence on outcomes.

METHODS

Patient and Healthcare Provider Populations:

- Patients 218 years of age with HIV who were eligible for inclusion in the study
- Healthcare providers (HCPs) recorded details for the next 10 consecutive patients diagnosed with HIV
- This analysis is based on the patients with both a self-completion form and a detailed patient record form completed by their HCP

RESULTS

Patients and Healthcare Providers

- A total of 133 HCPs took part in this study, providing matched patient forms completed by themselves and their patients with HIV (n=486)
- The majority of HCPs were Infectious Disease specialists (61%), contributing 54% of the patients in the study
- ID specialists were recruited from Northeastern region (22%), and Midwestern United States (17%), based on total HCP population

Table 1: Healthcare Providers and Patients, by Provider Specialty

| Healthcare Providers | ID (n=94) | PC (n=38) | Other (n=5)
|----------------------|----------|----------|----------
| ID Specialties       | 93/59    | 35/35    | 5/2      |
| Primary Care Physicians | 42/17 | 17/17 | 3/3   |
| Other Specialists    | 9/2      | 2/2      | 1/1      |

*Most recent CD4 count (n=472)
*Most recent viral load (RNA, n=106)

Figure 2: Top 2 OTC Classes Taken by Patients (n=485 patients with data provided by HCP & patients)

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<th>Disease</th>
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<th>HCP</th>
<th>Patient</th>
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Table 2: Patient Demographics and Disease Characteristics

*The researchers graciously thank the patients and their physicians for helping advance understanding of this disease.*