Best HIV Treatment Practices Among Women Receiving ADAP

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Women enrolled in AIDS Drug Assistance Programs (ADAPs) in California, New York and Illinois were more likely to be taking antiretroviral (ARV) medication according to treatment guidelines than women not on ADAPs. These findings, published in the March 1 issue of the Journal of Acquired Immune Deficiency Syndromes, hold up even when the analysis includes women with public or private health insurance.

Researchers have learned a great deal about the factors that increase or decrease a person's chances of receiving ARV therapy, in accordance with recommendations spelled out national HIV treatment guidelines. People with histories of drug and alcohol abuse are generally less likely to be on treatment when they ought to be. The same is true of African Americans, people with lower incomes and people living in certain geographic regions in the United States. What remains unexplored, however, is how access to free or discounted medications through ADAPs affect whether a person is being treated according to the guidelines.

This question has particular relevance, because the ADAP programs—which provide medications to more than 180,000 people in total—are reaching a financial crisis point. A number of states have instituted waiting lists for new enrollees, and others have made their enrollment qualifications so strict that people already in ADAP programs are being kicked off. Thus, understanding the additional value that ADAP programs provide is essential.

To help answer these important questions, Thomas Yi, PharmD, from the University of California at San Francisco, and his colleagues analyzed data from the Women's Interagency HIV Study (WIHS), which is following more than 2,000 HIV-positive and HIV-negative women in three states and the District of Columbia.

Yi's team looked at 1,139 HIV-positive women enrolled in the WIHS study during 2008 from California, New York and Illinois. In all, most of the women were older than 40 and most categorized their race as black. About two thirds reported being unemployed, and 50 percent earned less than $12,000 per year. Half had health insurance through Medicaid, 33 percent had either private insurance or Medicare, and the remaining 17 percent had no insurance. In all, 24 percent were enrolled in ADAPs.

Yi and his colleagues considered women to be on highly active antiretroviral treatment (HAART) if

they were taking guidelines approved medications and had started treatment at the CD4 counts recommended in the guidelines published at that time, in 2008. In all, 74 percent of the participants with CD4 counts under 350 were taking guidelines approved ARVs, 2 percent were taking ARVs not recommended by guidelines, and 24 percent should have been on ARVs but were not.

After accounting for a number of factors that traditionally predict delayed use of ARVs—such as race, income and substance use history—Yi's team found that women on ADAP programs were two times more likely to be taking ARV therapy in accordance with treatment guidelines than women not on ADAP programs. This was true even when the team looked whether women had private health insurance. Consistent with previous findings, black women, women with incomes less than $12,000 per year and women with heavier alcohol consumption were all less likely to be on treatment in accordance with guidelines.

To determine whether use of other important medications would also increase in ADAP recipients, Yi and his colleagues also looked at the use of medications for high blood pressure. The team did find that women who needed to be taking high blood pressure medication were more likely to do so if they were enrolled in ADAP than women not enrolled in ADAP, but the difference was small enough that it could have occurred by chance.

"In summary, in light of recent and proposed funding cuts for ADAP and projected increase in demand of ADAP services, we provided evidence that this program was strongly associated with better HAART medication use," the authors state.

"We also found that populations that constitute the majority of ADAP enrollees, those with lower income and of black descent, had decreased HAART use compared with those with higher incomes and of nonblack descent. As a result, state ADAPs should be continued to improve antiretroviral use in these at-risk populations," they concluded.

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