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U. professor to study meds compliance in HIV patients

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When people who are HIV-positive skip doses of antiretroviral drugs, the consequences can be life-threatening: The virus could mutate to become drug-resistant. That makes it critical for doctors to know who won't take their medications so they can delay treatment. But clinicians don't have precise ways of predicting who will follow doctor's orders and who won't.

A national study led by a University of Utah professor could help change that.

Joanne Lafleur, a research assistant professor in the College of Pharmacy, has received a \$25,000 grant to develop a "prediction rule," or checklist, that clinicians would use to score patients' willingness to take the drugs.

She said it would be the first such tool for any chronic disease.

Lafleur's focus will be veterans. She said they have a higher prevalence of HIV - nationally, 26,000 were HIV-positive in 2005, up 7,000 from 2002 - and she can gain access to a database of their demographics, socioeconomic profiles and pharmacy records.

"We can improve the health of a lot of patients if we figure out why they don't take their medications and how we can help them to improve their medication-taking behavior," Lafleur said. "We have this wonderful drug technology that's not being optimally utilized."

Lafleur said her study - she expects preliminary results next year - could set the groundwork for creating a prediction tool for the general HIV-positive population. Doctors do have general guidelines about how to forecast whether HIV patients will take their pills. If patients don't trust their doctor, abuse drugs or alcohol or are depressed, they're less likely to take their drugs.

Those who understand the drugs are improving their health, have support from family or friends and keep their clinic appointments are more likely to stay on their medications, according to the National Institutes of Health.

Still, doctors say - and studies confirm - they have a difficult time knowing who will be consistent.

"It's very hard to, just by intuition, guess what they would be doing," said Larry Reimer, who treats the 80 HIV-positive vets at the VA Medical Center in Salt Lake City.

"It's absolutely critical [to know], especially in HIV, since the medicines are very unforgiving if somebody misses doses," he said. "Ultimately, the virus becomes resistant and very much harder to treat."

Reimer, who is on Lafleur's study team, said he asks his patients a series of questions to determine if they will take their pills, starting with, "How do you feel about being on medicine?" He backs off treatment if he thinks they aren't ready.

The doctor, who also treats other patients with HIV through the U., believes veterans are more likely to take their medications because they're used to following a regimen - which may make taking up to three pills a day easier.

David Ferguson, programming director at the Utah AIDS Foundation and therapist who runs support groups for men with HIV, said Lafleur's tool might be useful. He hopes it leads to tools to help patients take their medications with near 100 percent consistency.

"It could lead to something even, I don't want to say better, but something that will actually assist those folks who have trouble being compliant," he said. In October, Lafleur will receive data on 7,000 U.S. veterans - mostly male - who are HIV-positive. The grant was awarded by the American Society of Health-System Pharmacists Research and Education Foundation and was sponsored by the pharmaceutical company Abbott.
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