Encouraging adherence to antiretroviral drug regimes

Tomlinson et al. found that 53% of HIV-positive patients would like their GP to be involved in their care. An important role for the GP might be encouraging adherence to antiretroviral drug regimes. In 1998, we conducted a pilot study investigating adherence with antiretroviral drug regimens in consecutive HIV-infected patients attending the St George’s Hospital genito-urinary clinic.

Altogether 33 patients were interviewed (28 male and five female). No one refused to take part in the study. The mean age for males was 41 (range 31–58 years) and the mean age for females was 33 (range 28–38 years). Twenty patients were Caucasian and 13 from ethnic minorities, mainly Black African. The patients were of varying stage of disease, with CD4 counts ranging from 75 to 848 × 10⁹/l. The mean number of years since diagnosis with HIV was 3.5 (range 8 weeks to 15 years). The mean number of antiretrovirals being taken was 3.2 (range 2–4).

Twenty-seven per cent of the patients reported that they had missed a dose within the last 2 days, and a further 27% within the last week. An additional 12% missed a dose within the last month and 21% had missed a dose more than a month ago. Only 12% said that they had never missed a dose.

The most common reason given for non-adherence was practical difficulties (38%) such as taking the drugs with or without food; going out and leaving the drugs at home; difficulties with timing whilst travelling abroad; drugs running out; sleeping through the dose. One patient’s Ritonavir melted on holiday! The next most common reason was simply forgetting to take the drugs (28%). A further 14% said that side effects caused them to miss doses, and some patients misunderstood the dosing regimen (10%). Another 10% missed a dose due to psychological problems such as stress and depression.

Some of these difficulties might have been overcome by consultation with a sympathetic GP. We agree with Tomlinson et al. that as the management of HIV becomes increasingly complex, there is a need for more involvement of GPs and good collaboration between GPs and specialist HIV treatment centres.

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Reference

General practice perspective on cancer services

Gorman et al. found that 85% of responding general practices in Lothian provided patient information about cancer prevention. Testicular cancer is the commonest cancer in young men, is easily diagnosable by testicular self-examination and 96% curable if detected early. However, previous surveys suggest that many men are unaware of testicular cancer and only 9% practice regular testicular self-examination.

As a pilot study for an investigation of testicular cancer awareness in general practice, we conducted a questionnaire survey in first year medical students at St George’s Hospital Medical School. In March 2000, brief, confidential questionnaires were handed out to all 93 male medical students attending a physiology lecture. Response rate was 100%. Mean age of responders was 19.6 (range 18–36 years). Forty-nine per cent described their ethnicity as white, 47% Asian, 1% Afro-Caribbean and 3% other ethnic groups. Ninety-six per cent were aware of testicular cancer but only 15% had heard of any testicular cancer awareness campaign. Thirty-four per cent stated that they practised testicular self-examination but only 19% did so on at least a monthly basis. Of those who practised testicular self-examination, 68% had received instructions from either their family doctor or practice nurse—“feeling for lumps and irregularities”.

Although Gorman et al. asked whether practices provided patient posters and information leaflets, they did not identify to which cancers these related. If even medical