



INTRODUCTION

- Optimal medication adherence for people living with HIV (PLWH) creates a low or undetectable viral load, reduces the amount of HIV virus in the blood, & significantly improve immune & clinical health outcomes^{1,2}
- Adherence levels of >95% are recommended for PLWH; however, average adherence levels = 74.1% across the United States indicating a gap in medication adherence & viral suppression³
- Low adherence levels increase potential transmission, risk of disease progression, & development of drug-resistant virus³
- Suboptimal viral suppression & medication adherence rates impact safe participation in sex as an occupation & increase transmission risk⁴
- OTPs can address medication management & education on safe sex for PLWH

PURPOSE AND KEY DEFINITIONS

Purpose: Summarize existing literature examining how HIV medication adherence, compared to medication inconsistency, impacts engagement in sexual risk behaviors in PLWH.

Research question: In adults living with HIV, does HIV medication adherence, compared to medication nonadherence, impact engagement in sexual risk behaviors?

Term	Definition
Medication Adherence Measurement	Misses doses, doses taken on schedule
Sexual Risk Behaviors (SRBs) Measurement	Condom/protection non-use, nondisclosure of HIV status, # of partners, sex with negative or unknown status partner
Antiretroviral therapy (ART)	Most common class of HIV medication
Highly active retroviral therapy (HAART)	A medication regimen of three or more drugs used to treat HIV
Pre-exposure prophylaxis (PrEP)	A combination of antiretroviral drugs that can reduce the risk of HIV infection

METHODS

Databases Sourced: Cochrane Library, CINAHL, Taylor & Francis, ScienceDirect, & PubMed

Search Terms: ((HIV) AND ("medication compliance") OR ("medication adherence")) AND ("sexual behavior")

Inclusion Criteria:

- Aged 18+
- Lives in the U.S.
- Diagnosed with HIV
- ART & HAART medications
- Published in English

Exclusion Criteria:

- People not seeking sex/intimacy
- Transmission via IV drug use/maternal birth
- Studies assessing PrEP/preventative medications
- Outcomes addressing drug/alcohol use & impact of stigma on treatment adherence

756 titles reviewed

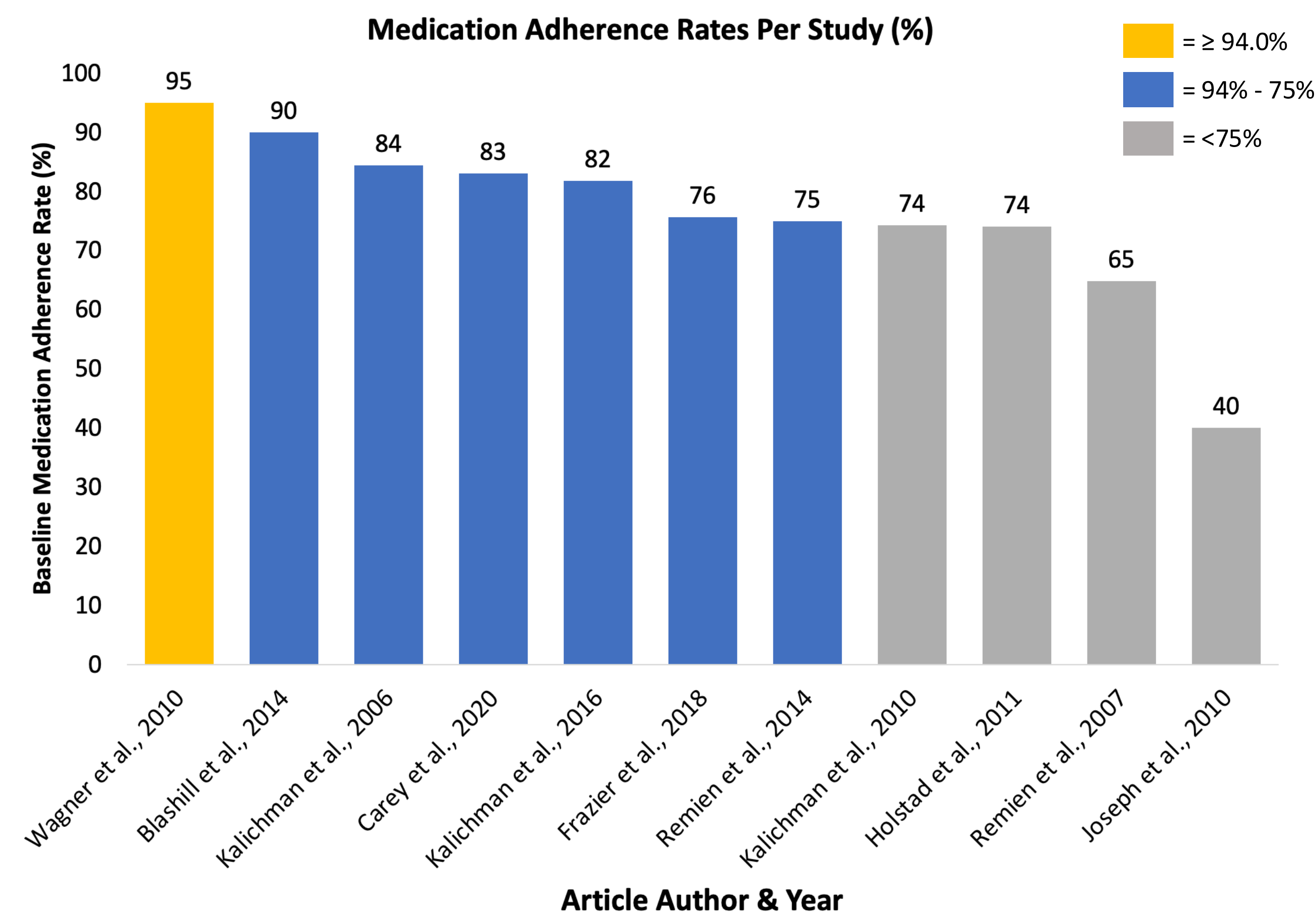
53 full articles were assessed for eligibility

11 articles met criteria and included in review

RESULTS

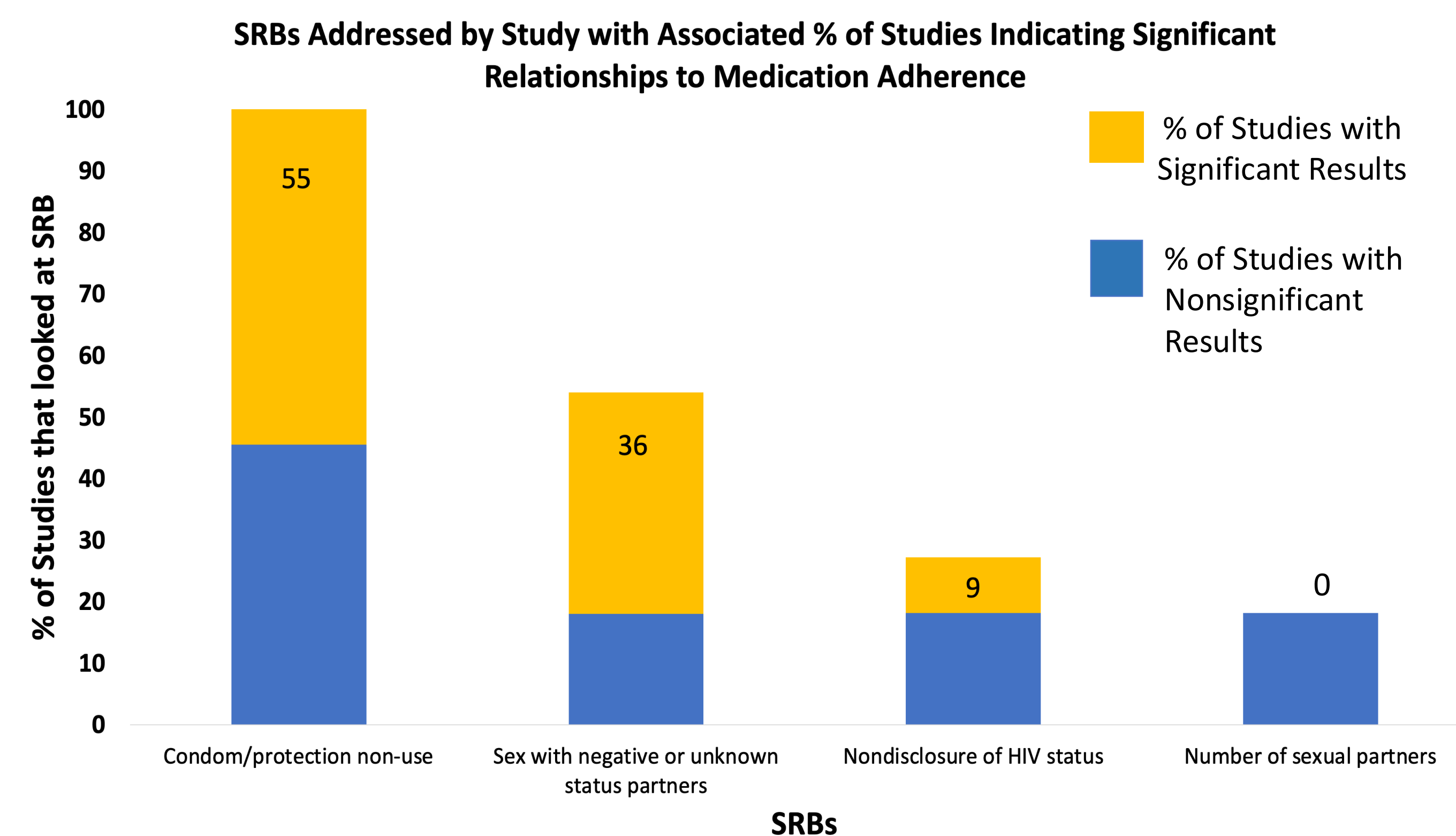
Review Findings:

- Sexual Risk Behaviors:** 12% - 54% of participants engaged in sexual risk behaviors.
- Medication Adherence:** Participants were 40-95% adherent to their medication.
- *Optimal ART Adherence Rate:** 95%



81% of studies found a strong relationship between engagement in sexual risk behaviors (SRBs) and medication nonadherence.

9% of studies found the opposite relationship, with higher medication adherence relating to higher sexual risk behaviors.



PARTICIPANTS

- n = 11,642
- Average age: 44 years-old
- 63% Female, 37% Male
- Primary race/ethnicities: African American/Black, White, & Latinx/Hispanic

DISCUSSION

Clinical Question & Results:

A strong relationship between medication adherence & engagement in sexual risk behaviors was found in 9 out of the 11 articles examined. However, a causal relationship could not be determined due to limited availability of RCTs.

Implications for Future OT Practice with PLWH

Medication Management
Routines & preparatory methods with medication management.

Sex & Intimacy
Assist in creating safer habits to engage in sex/intimacy through client-centered education on sexual risk behaviors.

Social & Emotional Health Promotion

Depression is associated with lower ART adherence & increased SRBs. OTs are well equipped to address psychosocial factors.

CONCLUSION

Summary of Results:

The aim of this scoping review was to determine the potential impact that medication adherence versus nonadherence may have on engagement in sexual risk behaviors for PLWH. Though the results of this study do not indicate a significant causal relationship, there is evidence to support a correlation between low medication adherence and higher rates of engagement in sexual risk behaviors.

Call for Future Research:

- More longitudinal and generalizable studies need to be completed with:
 - More objective outcome measures
 - Larger sample sizes
- Eventually, RCTs should be conducted to examine the cause and effect relationship between medication adherence and engaging in sexual risk behaviors.

REFERENCES & CONTACT INFO



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