

Poster presentation

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Comparing Medical Inpatient and Outpatient HIV-positive Baltimore Populations on Adherence to HIV Medications

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Background

We have previously reported on levels of adherence to HIV medications and psychosocial factors associated with adherence in an outpatient HIV primary care clinic serving disadvantaged, largely African American patients in West Baltimore. In our most recent study of 70 outpatients, missed doses were significantly correlated with depressive symptoms, social instability, and the number of severity of current life stressors, in concert with the literature. This study found uniquely that patients' trust and confidence in their medical providers were the strongest predictors of better adherence. There are no studies, however, which systematically evaluate adherence and associated factors among hospitalized inpatients, a population that has received insufficient attention.

Methods

Baseline psychosocial and clinical variables were assessed for 90 inpatients and 78 outpatients. Almost none of the inpatients could be classified as optimally adherent (>95%), compared to the outpatients (>50% adherent >95%). Although both populations reported a mean of 3+ depressive symptoms, the inpatients acknowledged more severe psychiatric symptoms. Compared to outpatients, HIV+ inpatients had lower CD4+ cell counts, were more likely to have recently abused drugs, to cope by avoidance and substance abuse, and to be homeless.

Conclusion

HIV+ inpatients suffer from multiple social and psychological co-morbidities that contribute to poor adherence. To improve their prognoses, these problems must be addressed.