HIV Treatment Compliance

Having trouble adhering to your medications? There are solutions to the problem.

August 30, 2021 By Casey Halter

On paper, today's HIV antiretroviral (ARV) regimens seem so easy. Many require people to take only one pill a day and have few side effects.

But to halt replication of the virus and keep viral load at an undetectable level—key to staying healthy and not being able to transmit the virus to others—people must maintain high levels of ARVs in their blood 24 hours a day. This requires taking your pills exactly as prescribed every day at the same time. However, that kind of adherence is hard for many people.

Common reasons individuals find it difficult to stick with their HIV regimen include being too busy, forgetting to take their meds and experiencing frequent schedule changes. But lifestyle, stigma—both internal and external— and lack of information about treatment advances and options can also factor into nonadherence.

For example, substance misuse and homelessness can be barriers to HIV treatment adherence. What's more, people who have not disclosed their HIV status to those they live with may not want to have the medications in their home. Unaware of the many advances in treatment options, some people with HIV say they don't like the pills because of side effects. Some just don't trust ARV drugs.

As for the scope of the problem, recent findings suggest only one in four people on ARVs take 95% or more of their doses. Aside from elevated CD4 counts and the potential risk of transmission to others, nonadherence is to blame for the fact that up to 31% of HIV-positive people show evidence of viral resistance to ARVs.

How providers can help:

Recent studies on HIV treatment adherence show that people who feel most strongly that their medication is benefiting them have an easier time sticking to their regimens. Providers who work with patients to make sure they understand how and why their HIV meds can help them also experience much better outcomes. This means prioritizing ongoing doctor-patient discussions to identify barriers to adherence. In addition, health professionals should customize treatment plans based on individuals' concerns.

How communities can help:

Studies also show that people with HIV have identified a number of factors that would decrease the risk for nonadherence and antiretroviral failure. Participants suggested that access to housing, health care, financial support, addiction treatment, rental assistance and phone reminder services could help address these issues.

How researchers can help:

Studies have shown that newer single-tablet HIV regimens versus those with a higher pill burden are associated with significantly higher treatment adherence among people living with the virus. Another alternative treatment received approval from the Food and Drug Administration early this year: a once-a-month injectable ARV.

For tips on how to better comply with your HIV treatment, read "7 Ways to Improve Adherence."

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