

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and UNIVERSITY OF COLORADO

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly.

Vol. 8, No. 5, May 7, 2004

One-half of rural HIV+ persons adhere consistently to antiretroviral therapy

Rates of HIV/AIDS are increasing in rural areas. However, little is known about HIV medication adherence among HIV positive persons living in rural communities. Understanding factors that impact adherence to a medical regime is important for several reasons. The migration of HIV-infected persons from cities to rural areas could result in an increase in rural AIDS cases. Antiretroviral therapy can offer prolonged survival. Characteristics of the rural culture may have a unique influence on adherence.

This study examined patterns and predictors of adherence to retroviral therapy in rural persons living with HIV.

Methodology

HIV-infected clients were recruited from non-governmental organizations located in twelve rural states: Alaska, Arizona, Indiana, Michigan, Montana, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, Wisconsin.

Between July 1999 and August 2002, 329 HIV-positive persons who were 18 years or older and lived in a rural area were enrolled in the study. Persons completed the questionnaire and returned it by

mail. Study variables included: antiretroviral therapy adherence, reasons for missing dosage, life stress, social support, ways of coping, quality of relationship with main physician, barriers to health care, and depression.

Outcomes of the Study

Participants (237 men, 92 women) ranged in age from 18 to 70 years (mean=40.9 years). Three-quarters were White and 18% were African American. Three-quarters of the men were gay or bisexual, and nine of ten women were heterosexual. The mean length of time infected with HIV was 8.6 years; one-half had been diagnosed with AIDS. Two-thirds had annual incomes of less than \$10,000. Most participants lived about 100 miles from a city of 100,000 or more persons.

Major findings include:

- One-half of participants reported taking 100% of their medication doses.
- The five most common reasons for missing doses were: simply forgot; had problems taking pills at specific times, felt sick from medication side effects, wanted to avoid negative side effects, and felt overwhelmed at the time.
- Those who missed doses were

more likely to be non-White, not having progressed to AIDS, and those not born, raised and infected in current residence.

- Medication adherence was associated with having a greater number of coping strategies, a good relationship with their physician, and less alcohol use.

Implications for Prevention

This study is the first to characterize patterns of medication adherence in persons infected with HIV who live in rural areas of the United States. Medication adherence was found to be less than optimal. Consistent adherence was reported by persons who drank less alcohol, had a good relationship with main physician, and engaged in more active coping in response to HIV-related life stressors.

With the increasing number of persons living with HIV disease in rural areas research is needed to identify correlates of non-adherence so that intervention programs can be developed.

SOURCE: Heckman, B. D., et al. (2004). Adherence to antiretroviral therapy in rural persons living with HIV disease in the United States. *AIDS Care*, 16, 219-230.

One-quarter of primary care patients diagnosed with HSV-2

Genital herpes is one of the most common sexually transmitted diseases. This study estimated herpes simplex virus-2 (HSV-2) seroprevalence from a weighted sample of adults attending relatively affluent, suburban primary care physician (PCP) offices.

A cross-sectional study of about 5400 persons, aged 18-59 years, were recruited from 36 PCP offices in six U.S. cities, tested for HSV-2 and given a computer-assisted questionnaire to assess risk behaviors associated with genital herpes.

For the 5452 individuals who provided an analyzable blood sample, the overall HSV-2 seroprevalence was found to be 25.5%. 88.1% of these persons had no previous history of genital herpes.

A high level of suspicion for genital herpes in primary care could improve diagnosis of genital herpes, benefitting both the patient and the patient's sex partners.

SOURCE: Leone, P., et al. (2004). Seroprevalence of herpes simplex virus-2 in suburban primary care offices in the United States. *Sexually Transmitted Diseases*, 31, 311-318.

Failure to return for HIV test results common for those at risk for HIV

The impact of HIV counseling and testing may be greatly compromised if persons tested for HIV do not return for posttest counseling and HIV test results. This study determined the frequency of self-reported failure to return for HIV test results (FTR) and associated reasons among persons at high risk for HIV infection.

FTR was commonly reported among 2241 respondents: 10% of men who have sex with men, 20% of high-risk heterosexuals, and 27% of injection drug users reported FTR at least once. FTR was more common among those with higher perceived risk of HIV infections and significantly less common among high-risk heterosexuals who had completed more than high school or were employed part time (vs. unemployed).

About one fourth of respondents stated that the fear of getting test results was an important reason for FTR.

Increased pretest counseling on fear of learning HIV status and on the availability of rapid testing may help reduce FTR.

SOURCE: Sullivan, P. S. (2004). Failure to return for HIV test results among persons at high risk for HIV infection. *Journal of Acquired Immune Deficiency Syndromes*, 35, 511-518.

Teenage girls at high risk for STD following having a baby

203 pregnant and 208 non-pregnant adolescents, ages 14-19 years, were recruited in clinics in Connecticut. Seven percent contracted either chlamydia or gonorrhea about 3 months after giving birth. The rate rose to 14% six months later. Postpartum women are vulnerable to STIs. Correct condom use should be promoted among this group.

SOURCE: Ickovics, J. R., et al. (2004). High postpartum rates of sexually transmitted infections among teens: Pregnancy as a window of opportunity for prevention. *Sexually Transmitted Infections*, 79, 469-473.

Men with urethritis did not change behavior

466 men (297 with prior urethritis) completed a questionnaire on sexual and health-seeking behaviors. Men with urethritis symptoms who reported prior urethritis did not recognize symptoms earlier, alter health-seeking or sexual behaviors as compared to men without prior urethritis.

SOURCE: Sizemore, J. M., et al. (2004). Risk-taking and health-seeking behavior in men with a history of urethritis. *Sexually Transmitted Diseases*, 31, 225-228.

RAP Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, Purdue University and the University of Colorado. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

Senior Director
William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors
James G. Anderson, Ph.D.
Purdue University, West Lafayette
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Stephen R. Byrn Ph.D.
Purdue University, West Lafayette
Susan I. Driesback, Ph.D.
University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-1718
(800) 566-8644
FAX line: (812) 855-3717
aids@indiana.edu
<http://www.indiana.edu/~aids>