

# Therapeutic approach to noncompliance in HIV care

## Clinical scenario

A fourth-year medical student interested in HIV has joined you in the clinic this afternoon. The last time he was there, you asked him to find out the latest statistics on HIV in Canada. Are rates rising or falling? What are the trends in terms of age groups and exposure categories? The student reports that he has researched your questions. You note there is a 34-year-old male patient with HIV waiting to see you, and you recall he missed his last appointment. You suggest the student see your patient first and then you will discuss the statistics and the case. He sees the patient and comes into your office visibly frustrated. He tells you that the man has not been taking treatment for about 2 months now. Worse, he seems to be using street drugs. The student is estimating the effect this will have on his viral load. What will your therapeutic approach with your patient be and how might you turn this into a learning opportunity for your student?

The student reports that HIV rates are dropping in Canada. In the early 2000s, about 2500 cases were reported per year; since 2008 rates have been gradually dropping. In 2014, 2044 cases were reported—the lowest since reporting began.<sup>1</sup> The largest proportion (33%) of new cases continues to be among those aged 30 to 39 years, but the proportion of cases diagnosed in those 50 and older has increased from 15% in 2009 to more than 20% in 2014. Approximately 75% of new cases are men. The most common exposure category (63%) is men who have sex with men. Intravenous drug use and unprotected sex with multiple partners are also important risk factors.<sup>1</sup> You tell the student you are pleased with his research and share the recent ambitious targets set by UNAIDS (Joint United Nations Program on HIV/AIDS) to help end the AIDS epidemic: 90% of people living with HIV being diagnosed, 90% of diagnosed people receiving treatment, and 90% of people taking treatment being virally suppressed.<sup>2</sup> Working toward these targets will vastly decrease transmission. You note that it will be difficult to reach the viral suppression target without a therapeutic approach to the common challenge of nonadherence and suggest it might be useful to see HIV as part of a larger syndemic. The student asks what a syndemic is.

## Therapeutic approach to the HIV syndemic

A syndemic is a synergistic epidemic characterized by compounding health and social issues. A summary of recent research shows that determinants of health and psychosocial factors strongly affect becoming infected with HIV, seeking a diagnosis, and adhering to treatment.<sup>3</sup> These include lack of housing, food insecurity, harassment, career discrimination, depression, heavy alcohol or drug use, domestic violence, and sexual abuse. Your student remarks that his frustration suddenly seems so simplistic. He realizes now that noncompliance is a symptom and points to

the need to find the underlying causes. You are pleased and ask what might be at play here. The student suspects drug use and can screen for depression and some other factors, but he wonders what can be done about things like housing and food insecurity in a primary care office. You reassure him that assessment and appropriate referral are key. A whole new field of implementation science is looking at what combination of health and social interventions will be most effective for those experiencing a syndemic.<sup>3</sup> You suggest that understanding the patient's situation and helping him feel safe and achieve some social stability could help him get back to taking treatment. The student agrees to tactfully explore with the patient potential causes of the nonadherence and then research referral options.

## Next steps

The UNAIDS-Lancet Commission noted that we will not be able to control HIV if we do not address the stigma, discrimination, and other social and structural forces that have turned the epidemic into a syndemic.<sup>4</sup> But optimism is in the air. Canadian researchers recently concluded that “With concerted and targeted efforts, a focus on program and implementation science, and a willingness to see and treat HIV as a social as well as a biomedical problem—the fourth decade of HIV in Canada could well be the last.”<sup>3</sup> 🍁

## References

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2. UNAIDS. 90-90-90. An ambitious treatment target to help end the AIDS epidemic. Geneva, Switz: UNAIDS; 2014. Available from: [www.unaids.org/sites/default/files/media\\_asset/90-90-90\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf). Accessed 2015 Nov 5.
3. Rourke SB, Bacon J, McGee F, Gilbert M. Tackling the social and structural drivers to address HIV in Canada. *Can Comm Dis Rep* 2015;41(12):322-6.
4. Piot P, Abdoal Karim SS, Hecht R, Legido-Quigley H, Buse K, Stover J, et al. Defeating AIDS—advancing global health. *Lancet* 2015;386(9989):171-218.



CCDR Highlights summarize the latest evidence on infectious diseases from recent articles in the *Canada Communicable Disease Report*, a peer-

reviewed online journal published by the Public Health Agency of Canada. This highlight was prepared by Dr Patricia Huston, a family physician, public health physician, and Editor-in-Chief of the *Canada Communicable Disease Report*.

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