



Extended Research Article

Supporting antiretroviral therapy uptake and adherence: the SUPA research programme and RCT

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Disclaimer: This manuscript contains transcripts of interviews conducted in the course of the research, or similar, and contains language which may offend some readers.

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Plain language summary

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Plain language summary

Human immunodeficiency virus treatment (known as antiretroviral therapy) is very effective, but some patients do not get the full benefit because they delay treatment or miss doses. This increases the chances of getting ill and the risk of passing human immunodeficiency virus on to others. There are many reasons why people delay treatment or take less than has been prescribed, including beliefs and concerns about treatment and practical difficulties.

People from United Kingdom Black African and Caribbean communities often experience difficulties with human immunodeficiency virus treatment, but few studies have focused on this group. We interviewed 52 people from Black African and Caribbean communities about their views and experiences of human immunodeficiency virus and its treatment, and designed questionnaires to measure these. After consulting with people living with human immunodeficiency virus, we developed a new service to help people get the best from human immunodeficiency virus treatment (i.e. Supporting Uptake and Adherence to antiretroviral therapy).

The Supporting Uptake and Adherence to antiretroviral therapy service included a video and booklet about human immunodeficiency virus and antiretroviral therapy and up to four meetings or telephone calls with a nurse to address questions and concerns. We compared the Supporting Uptake and Adherence to antiretroviral therapy service with usual National Health Service care to test whether or not patients who received the Supporting Uptake and Adherence to antiretroviral therapy intervention were more likely to take antiretroviral therapy as prescribed by their doctor (known as adherence). We also tested whether or not the Supporting Uptake and Adherence to antiretroviral therapy programme benefited patients by reducing antiretroviral therapy concerns and practical difficulties, and if it improved depression and provided value for money for the National Health Service.

It was more difficult than we expected to recruit people to the trial. Because of this, and difficulties in measuring the amount of antiretroviral therapy taken, we did not show that people who received the Supporting Uptake and Adherence to antiretroviral therapy intervention took more antiretroviral therapy over 12 months than those who received normal care. People who received the Supporting Uptake and Adherence to antiretroviral therapy intervention benefited from reduced concerns about antiretroviral therapy and antiretroviral therapy interfered less in their lives. People who received the Supporting Uptake and Adherence to antiretroviral therapy intervention were also less depressed and used fewer extra National Health Service services. The Supporting Uptake and Adherence to antiretroviral therapy service represented value for money in the short term.

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This article

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