

Stigma, Medication Concerns, and Medication Adherence in People Living with HIV



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ABSTRACT

We hypothesized that higher levels of felt or enacted stigma would be related to poorer medication adherence, and that this relationship would be mediated by indicators of HIV-related quality of life (HIV-QOL) including medication concerns, disclosure concerns, and perceptions of health provider treatment. 98 people living with HIV (PLWH) who were all currently taking ART medications completed an online survey that included measures of demographics, HIV-related stigma, medication, and HIV-QOL. Results suggested that concerns about medication accounted for the relationship between enacted HIV-related stigma and medication adherence.

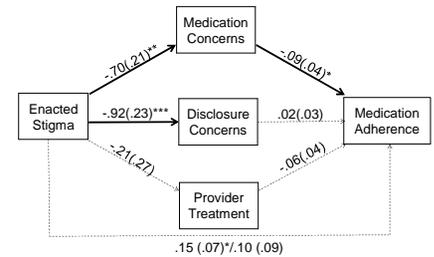
PARTICIPANTS (N= 98)

Age	Mean= 42.8
Gender	Male= 66%, Female= 30%, Transgender = 4%
Ethnicity	Black= 45.9%, White= 36.7%, Hispanic= 14.3%, Biracial= 3.1%
Education	Did Not Graduate High School = 6.1%, High School Graduate = 75.5%, College Graduate = 18.4%
Annual Income	\$10,000-14,999
Time Since Diagnosis	11.3 Years

MEASURES

Measure	Mean	SD	Actual Range	Potential Range	α
Enacted Stigma	41.33	13.6	18-72	18-72	.95
Medication Adherence	6.35	8.6	0-42	0-42	.93
Disclosure Concerns	64.34	28.9	0-100	0-100	.85
Perceptions of Provider Treatment	73.38	31.6	0-100	0-100	.94
Medication Concerns	72.92	28.1	0-100	0-100	.90

MEDIATION MODEL



* $p < .05$, ** $p < .01$, *** $p < .001$

Covariates included gender, years since HIV diagnosis, and HIV related symptoms.

DISCUSSION

- Results suggest that the relationship between medication non-adherence and fear of rejection based on HIV status may be explained, in part, by participants' concerns about their medication.
 - Concerns may include unpleasant side effects, feeling that medication has made it difficult to live a normal life, or feeling burdened by HIV medication.
 - PLWH who experience stigma may also fear greater visibility due to their medication.
- In order to slow disease progression and reduce mortality rates among PLWH, it is imperative PLWH are adherent to their medication regimen.
 - Health care providers should work to promote environments in which PLWH can have their medication concerns openly and adequately addressed.
 - Mental health professionals, health care providers, and case managers should assist PLWH in coping with the damaging effects of stigma to enhance likelihood of medication adherence.
 - Raising public awareness of HIV may help to decrease the enacted stigma that PLWH experience, resulting in better medication adherence and greater health outcomes.

INTRODUCTION

- HIV remains a highly stigmatized disease that is associated with other stigmatized behaviors (e.g. men having sex with men, injection drug use, etc.)
 - Higher levels of HIV-related stigma have been linked to medication non-adherence.
- Medication non-adherence poses serious and life-threatening health risks for people living with HIV (PLWH).
 - Increased risk of developing drug-resistant viral strains & transmitting resistant viral strains to uninfected persons.
 - Faster disease progression and higher mortality rates.
- It is important to understand factors that may explain how the experience of HIV-related stigma is related to medication adherence.
- PLWH who encounter HIV-related stigma:
 - May be more likely to conceal their HIV-status.
 - May report greater mistrust for health care providers.
 - May not have medication concerns adequately addressed, increasing the likelihood that medications will not be taken as recommended.

HYPOTHESIS

- We hypothesized that three HIV-related quality of life factors (disclosure concerns, perceptions of provider treatment, and medication concerns), would mediate the relationship between enacted HIV-related stigma and medication adherence.

PROCEDURE

- Eligibility Criteria
 - At least 18 years of age.
 - Diagnosed by a doctor with HIV or AIDS.
 - Valid email address and ability to complete an online questionnaire.
- 98 PLWH who were currently taking ART medications completed an online questionnaire and were compensated with a \$20.00 gift card.
- Measures included:
 - Enacted Stigma
 - Personalized Stigma Subscale of The HIV-Stigma Scale.
 - Medication Concerns, Disclosure Concerns, and Perceptions of Provider Treatment
 - HIV/AIDS-targeted Quality of Life Instrument [HAT-QOL]
 - Medication Adherence
 - Reasons for Missed Medication Doses from the ACTG Adherence Baseline Questionnaire.

ANALYSIS PLAN

- Hierarchical Linear Regression and Mediation Analysis
- Significance of Indirect Effects
 - Bootstrapped Confidence Intervals
- Covariates
 - Any sociodemographic, health, or social characteristics associated with the outcome variable.

RESULTS

- Total Effects
 - Mediation analyses revealed a significant total effect for the relationship between enacted stigma and medication adherence ($b = .15$, $SE = .07$, $p < .05$).
 - The total model explained 14.4% of the variance in medication adherence.
- Mediation Analyses
 - The link between enacted stigma and medication adherence was reduced to non-significance after accounting for the mediators.
 - However, only medication concerns emerged as a significant pathway through which enacted stigma operated on medication adherence.
 - After including the mediator, the model explained 22.9% of the variance in medication adherence.

SIGNIFICANCE OF INDIRECT EFFECTS

Mediator	Indirect Effect	Bootstrapped Confidence Interval
Medication Concerns	.06	.01 to .16*
Disclosure Concerns	-.02	-.09 to .03
Provider Treatment	.01	-.01 to .07