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CLARIFYING THE TEMPORAL RELATIONSHIP BETWEEN SUBSTANCE ABUSE, PSYCHOLOGICAL DISTRESS, AND ADHERENCE TO ANTIRETROVIRAL THERAPY

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BACKGROUND: Adherence to antiretroviral therapy is essential to therapeutic success. Substance abuse (SA) and psychological distress (PD) have consistently been correlated with adherence; however, few studies have examined the underlying causal nature of this relationship. Longitudinal data from 17 New York State Clinics that provide treatment adherence services were analyzed to investigate whether changes in SA and PD predicted changes in adherence over time.

METHODS: Client interviews contained psychosocial data and a 3-day self-report of adherence. SA was defined as recent use of cocaine, crack, or heroin. PD was assessed with a 4-item version of the Perceived Stress Scale and an 8-item version of the Centers for Epidemiological Studies Depression Scale. Multinomial regression models were developed predicting a 4-category adherence variable that represented the transition of adherence from one measurement interval to the next (i.e., nonadherent – nonadherent, adherent – nonadherent, nonadherent – adherent, adherent – adherent). Similar variables were created for SA and PD representing their transition between interviews.

RESULTS: Clients who transitioned from no SA to SA and from low PD to high PD were significantly more likely to transition from adherent to nonadherent behavior ($p < 0.001$). Conversely, clients who transitioned from SA to no SA and from high PD to low PD were significantly more likely to transition from being nonadherent to adherent ($p < 0.001$). Results were consistent across three consecutive interview waves ($n = 1,535$).

CONCLUSIONS: Although past research has shown a correlation between SA, PD and adherence, few studies have explored the causal pathways between these factors. This research lends support to a causal relationship between changes in SA and PD and changes in adherence. This represents an important contribution to the field of treatment

adherence as we have shown that stabilization of SA and PD can lead to improvements in adherence, thereby increasing the likelihood of therapeutic benefit and improved clinical outcomes.

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