

multidisciplinary group would lead to an improvement in the care process.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-237 MEASURING ADHERENCE TO ANTIRETROVIRAL TREATMENT: CORRELATION AND CONCORDANCE BETWEEN TWO INDIRECT METHODS

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Background and importance Adherence is one of the most important variables for achieving the benefits of antiretroviral treatment (ART) since effectiveness and safety of current treatments are optimal.

Adherence can be measured by direct methods, which consist of measuring the substances in biological samples, or by indirect methods based on patient interviews and dispensing records.

Indirect methods have the advantages of simplicity, an easier application in daily clinical practice and lower costs.

Aim and objectives The objectives of this study were to describe ART adherence in people living with human immunodeficiency virus (HIV) and to analyse the correlation and the concordance between two indirect methods used to measure adherence: a simple single item rating scale answered with a visual analogue scale (SIRS-VAS) and the medication possession rate (MPR).

Material and methods Multicentre (5 centres), observational, prospective and cross-sectional study. We enrolled adult people living with HIV (PLHIV) on ART.

The adherence was measured using two indirect methods. One was a SIRS-VAS about the percentage of ART taken in the previous month. The other method was the MPR, calculated over the previous 6 months from dispensing records.

$MPR (\%) = (\text{days covered with dispensed medication}/\text{time interval}) * 100$.

For studying the adherence as a qualitative variable, different cut-off points were established on the SIRS-VAS and the MPR (95%, 90%, 85% and 80%), classifying participants as 'adherent' or 'non-adherent'.

Spearman correlation coefficient (r) was studied between quantitative variables. Cohen's kappa concordance coefficient (κ) was studied between qualitative variables.

P values under 5% were considered statistically significant.

Results We enrolled 128 participants, aged 20–81 years ($\bar{x}=46.9 \pm 11.7$); 112 men, 14 women, and 2 non-binary people.

The mean \pm SD MPR was $96.8 \pm 7.0\%$. The mean \pm SD SIRS-VAS score was $96.9 \pm 5.8\%$. There was a modest correlation between both measures ($r = 0.31$, $p < 0.001$).

We observed the following qualitative concordance results between both measures:

Adherence cut-off point	κ	p
95%	0.318	0.000
90%	0.280	0.001
85%	0.127	0.145
80%	-0.030	0.724

Conclusion and relevance According to the results of both the SIRS-VAS and the MPR the adherence to ART in our population is optimal. The correlation between the SIRS-VAS and the MPR was only modest. The concordance between both measures was higher for people with high adherence results.

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4CPS-239 IMPACT OF KNOWLEDGE ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV) TRANSMISSION ON THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV

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Background and importance Prejudices about sexually transmitted infections and misinformation about their transmission cause people living with human immunodeficiency virus (HIV) to continue to suffer social stigma. Social stigma can have a significant impact on mental health, global health, adherence to antiretroviral treatment and the quality of life (QoL) of these individuals.

Aim and objectives The aim of this study was to analyse the impact of knowledge about HIV transmission on the QoL of people living with HIV (PLHIV) to justify future interventions.

Material and methods Multicentre (5 centres), observational, prospective and cross-sectional study. We included adult PLHIV on antiretroviral treatment. Participants with less than 3 months since diagnosis were excluded.

The QoL was quantified using the validated WHOQOL-BREF questionnaire, consisting of 26 questions, directly scored from 1 to 5, with the exception of questions 3, 4 and 26, which are inversely scored. Results are directly proportional to the QoL. This questionnaire is divided into components: 'Self-Perception of QoL' (SPQoL), 'Self-Perception of Health' (SPH), 'Physical Health' (PH), 'Psychological' (Ps), 'Social Relationships' (SR) and 'Environment' (E). Results for each component are achieved by totalling the values of the items that comprise it.

Knowledge about HIV transmission was evaluated using an *ad hoc* questionnaire of 20 statements, to be responded to with 'true' or 'false'. Results were the percentages of correct answers, considering as optimal knowledge results greater than or equal to 80%.