Engagement is Key to Effectiveness of Individualized Texting for Adherence Building (iTAB) Among HIV+ Methamphetamine Users

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## Background

- Methamphetamine (METH) use strongly associated with continued incidence of HIV/AIDS in the U.S.
- METH use associated with vantiretroviral therapy (ART) adherence
- Texting to improve ART adherence in HIV+ substance using cohorts feasible
- Meta-analysis → text messaging yielded higher ART adherence than control conditions
  - » Studies with larger effects on adherence: 1) Sent less than daily messages, 2) Supported bidirectional communication\*, 3) Had personalized content\*, 4) Were matched to participants' dosing schedule\*

CDC HIV/AIDS Fact sheet, 2007; Blackstone et al., 2013; Moore et al., 2012; *Finitsis, Pellowski, & Johnson, PLoS One, 2014; Moore et al., ART, 2013 Ingersoll et al., J Sub Abuse Tx, 2014* 





#### **Objective**

To compare a brief psychoeducation plus adherence text messaging intervention (iTAB) to psychoeducation without adherence text messaging (CTRL) for the improvement of objectively measured medication adherence among HIV+/METH+ persons





## **iTAB-M Study Methods**

- 6-week trial Randomized Controlled Trial; March '12 to April '14
- 2:1 assignment to iTAB-M (n=50) or CTRL (n=25)
- Inclusion criteria:
  - » HIV-infected individuals
  - » 18 years or older
  - » METH use within 45 days of enrollment and diagnosed with lifetime METH dependence or abuse
  - » Current ART rx
- Retention good iTAB=88% (n=44), CTRL=96% (n=24)
- Issues with MEMS, so showing per-protocol analysis
  - » iTAB-M (n=35) vs. CTRL (n=19)
  - » Outcome: MEMS ARV adherence ±2-hour dosing window; MEMS ARV adherence





#### Individualized Texting for Adherence Building (iTAB) intervention







## **Example Thematic Reminder Stems**

- » Social Support/responsibility to others
  - People care about u. Pls take ur...
- » Self-Esteem
  - U are special. Pls take ur...
- » Dangers of Non-adherence
  - Not taking ur meds could make u resistant. Take ur...
- » Harm Reduction
  - You can have fun and take ur meds. Time 4 ur...

- » Time/focus
  - It's pill time! Take ur...
- » Spirituality
  - God grant me the serenity to do this. It's time 4 ur...
- » Celebration of Health
  - 2 help keep u feeling good, remember 2 take ur...
- » Disease control
  - Ur health is impt, remember 2 take ur meds. Take ur...

Montoya et al., AIDS Care, 2014



#### **Demographic Characteristics**

	iTAB (n=35)	CTRL (n=19)	P-value
Age, mean (SD)	45.4 (8.3)	46.8 (8.7)	.55
Education, mean (SD)	13.3 (3.0)	13.8 (2.6)	.53
Male, # (%)	33 (94.2%)	19 (100.0%)	.29
Gay/bisexual, # (%)	32 (91.4%)	15 (78.9%)	.19
Race/Ethnicity			.01
Non-Hispanic white, # (%)	21 (60.0%)	4 (21.1%)	
Black, # (%)	9 (25.7%)	7 (36.8%)	
Other, # (%)	5 (14.3%)	8 (42.1%)	
Employed, # (%)	13 (37.1%)	2 (10.5%)	.04





## **Psychiatric & Substance Use Characteristics**

	iTAB (n=35)	CTRL (n=19)	P-value	
Psychiatric				
Beck Depression Inventory <sup>a</sup>	14.4 (10.2)	12.1 (9.1)	.41	
Current Major Depressive Disorder <sup>c</sup>	8 (22.9%)	0 (0.0%)	.04	
Lifetime Major Depressive Disorder <sup>c</sup>	22 (62.9%)	11 (57.9%)	.72	
Methamphetamine (METH) Use				
Days since last use <sup>b</sup>	4.5 [2.0, 21.0]	7 [1.5, 17.5]	.99	
Age of 1 <sup>st</sup> use (years) <sup>a</sup>	22.5 (11.4)	20.0 (13.2)	.51	
Lifetime quantity used (grams) <sup>b</sup>	661 [71, 3764]	239 [43, 2233]	.38	
Previous treatment for METH use $^{\rm c}$	26 (74.3%)	14 (73.7%)	.96	

<sup>a</sup> = mean (SD); <sup>b</sup> = median [IQR]; <sup>c</sup> = # (%)





## **HIV Disease Characteristics**

	iTAB (n=35)	CTRL (n=19)	P-value		
HIV Disease Characteristics					
Duration of HIV disease (years) <sup>a</sup>	13.4 (8.0)	11.2 (8.2)	.42		
Proportion with undetectable HIV RNA plasma <sup>c</sup>	26 (81.3%)	10 (71.4%)	.46		
CD4 count within past year <sup>a</sup>	603 (364)	438 (292)	.14		
Nadir CD4 count <sup>b</sup>	179 [46, 371]	196 [12, 250]	.33		
Proportion with AIDS diagnosis <sup>c</sup>	19 (57.6%)	11 (57.9%)	.70		
Antiretroviral Treatment (ART)					
Years on current regimen <sup>b</sup>	2.1 [1.0, 4.3]	1.6 [0.9, 3.7]	.58		
Years of exposure to any regimen <sup>b</sup>	4.9 [2.3, 11.2]	8.8 [4.4, 14.5]	.46		
Proportion on once-daily regimen <sup>c</sup>	33 (94.3%)	17 (89.5%)	.52		
<sup>a</sup> = mean (SD); <sup>b</sup> = median [IQR]; <sup>c</sup> = # (%)					





#### **Engagement: Responsiveness to ART Prompts**

















#### **MEMS ARV Adherence in Dosing Window**







#### **Group x Level of Engagement**







# iTAB only: MEMS ARV adherence by responsiveness to prompts





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## **Conclusions & Future Directions**

#### CONCLUSIONS

- » Improving ART adherence among current METH users difficult; additional components likely needed
- » iTAB improves engagement as compared to CTRL; higher engagement associated with ART adherence among HIV-infected METH users
- » High engagement with text possible proxy for those who are effectively adhering to ART (assessment v. information)
- » Viral Load direction in iTAB Promising

#### **FOOD FOR THOUGHT/FUTURE DIRECTIONS**

- » Optimize engagement—how? Variability in messaging? In-person? Sooner?
- » Message content: choice vs. theory-based vs. triggered
- » What is best role for texts? Assessment? Intervention? Both?
- » Willingness to disclose ART non-adherence vs. substance use





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## **CONSORT DIAGRAM**











#### ≥80% ARV Adherent in Dosing Window







# **Group x Level of Engagement**

#### Multivariable logistic regression model predicting $\geq 80\%$ ART adherent in Dosing Window: $X^2$ (3, N = 54) = 12.7, p = 0.005

	X <sup>2</sup>	p-value
Intervention arm [ref: CTRL]	1.81	.18
Level of engagement	0.29	.59
Intervention arm * level of engagement	5.13	.02









