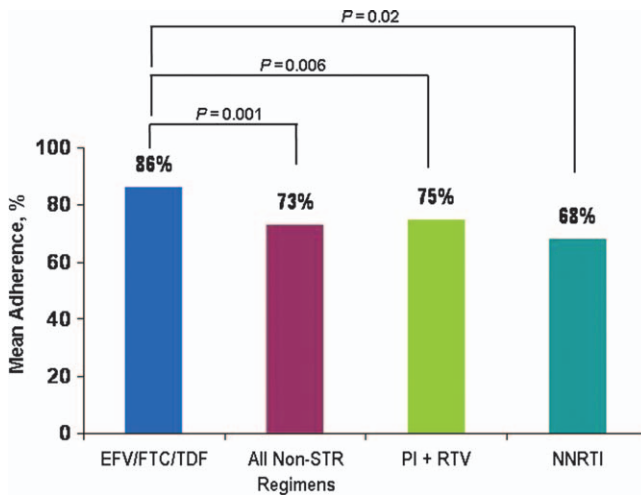


**Figure 14.2** Proportion of patients achieving 95% or greater adherence by pill burden in a retrospective analysis of the LifeLink database.



**Figure 14.3** Mean adherence by antiretroviral treatment regimen in the REACH cohort.

unannounced pill counts over 6 months. Adherence in this challenging patient population was higher with EFV/FTC/TDF STR than other regimens (Figure 14.3) and after controlling for multiple confounders ( $p = 0.006$ ).<sup>23</sup>

Patients taking the EFV/FTC/TDF STR were significantly more likely to have complete adherence than those on other ART regimens in a cross-sectional survey of US adults with a self-reported diagnosis of HIV/AIDS. In this study, multiple logistic regression models were used to determine independent predictors of complete adherence (defined as never missing or skipping an antiretroviral dose) in respondents taking a regimen of at least two NRTIs plus at least one PI or NNRTI ( $N = 461$ ). Participants who reported taking an STR were 2.1 times (OR 2.1; 95% CI 1.29–3.41;  $p < 0.05$ ) more likely to have complete adherence than respondents taking other regimens. Additionally,