

Alcohol and Antiretroviral Adherence? What About Africa?

To the Editors:

Alcohol use has been associated with antiretroviral treatment (ART) non-adherence in numerous studies. Hendershot et al¹ aggregated findings across studies and concluded that alcohol drinkers were approximately 50%–60% as likely to be classified as adherent compared with abstainers. However, all 40 studies included in their meta-analysis were performed in countries with an HIV prevalence below 1% (38 high and 2 medium income countries).² Of the more than 38 million people living with HIV, two-thirds live in sub-Saharan Africa.² In this region, the annual consumption per alcohol drinker is 16.6 L per year, the highest level of any region in the world.³ Therefore, the interaction between HIV and alcohol use might have a considerable public health impact in sub-Saharan Africa of another scale as documented in the studies reviewed by Hendershot et al.¹ In Botswana, 37% of persons with HIV infection indicated that alcohol use influenced their ART adherence.⁴ In West Africa, alcohol use was significantly associated with nonadherence even for

a moderate level of consumption with respective odds ratios for present and hazardous drinking of 1.4 [95% confidence interval (CI): 1.1 to 2.0] and 5.0 (95% CI: 2.7 to 9.3).⁵ Exploring data collected during follow-up of patients on ART in different treatment centers in the Democratic Republic of Congo, we found that 17 of 44 patients (39%) who reported to have missed antiretroviral >2 consecutive days during the last month previously reported to drink at least more than 1 alcoholic drink a day compared with 491 of 1909 (26%) who did not report missed antiretroviral doses >2 consecutive days (odds ratio: 1.82, 95% CI: 0.94 to 3.49; $P = 0.053$).

We recommend that the impact of alcohol use on ART adherence but also on sexual risk behavior has to be documented urgently in sub-Saharan Africa and that consequently intervention models need to be developed and evaluated.

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Jean-Pierre Van geertruyden, MD, PhD*
Godfrey Woelk, PhD†

Henri Mukumbi, MD‡
Robin Ryder, MD§

Robert Colebunders, MD, PhD*||
*Unit International Health, Department of Epidemiology and Social Medicine, Antwerp University, Belgium
†Department of Community Medicine, University of Zimbabwe, Avondale, Harare, Zimbabwe
‡National Director ACS AMO Congo
§Department of Medicine, University of California, San Diego, CA
||Department of Clinical Sciences, Institute of Tropical Medicine and University of Antwerp, Antwerp, Belgium

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