

# Challenges in HIV treatment and care: Adherence, drug resistance, and access to healthcare.

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## Introduction

The management of HIV/AIDS has come a long way since the discovery of the Human Immunodeficiency Virus (HIV). Advances in Antiretroviral Therapy (ART) have significantly improved the quality of life for people living with HIV and have transformed HIV from a life-threatening disease to a chronic condition. However, numerous challenges persist in HIV treatment and care, hindering efforts to control the epidemic effectively. This article explores some of the key challenges faced in HIV treatment and care, including adherence to medication regimens, drug resistance, and issues related to access to healthcare [1].

Adherence to ART is crucial for achieving successful treatment outcomes in HIV/AIDS. However, adherence remains a significant challenge for many individuals living with HIV. Factors such as the complexity of medication regimens, pill burden, side effects, and social or psychological factors can contribute to suboptimal adherence. Poor adherence to ART can lead to virologic failure, the development of drug resistance, and increased morbidity and mortality. Strategies such as educational interventions, reminder systems, and support from healthcare providers and peers play a crucial role in improving adherence [2].

The emergence of drug resistance poses a significant challenge in HIV treatment. The ability of the virus to mutate and develop resistance to antiretroviral drugs can compromise the efficacy of treatment regimens. Factors contributing to drug resistance include inadequate adherence, suboptimal dosing, and the use of substandard or counterfeit medications. Drug resistance not only limits treatment options for individuals but also has public health implications by increasing the risk of transmission of drug-resistant strains. Monitoring of drug resistance, early detection of virologic failure, and access to second and third-line treatment options are essential in combating drug resistance [3]. Access to healthcare services remains a critical challenge in HIV treatment and care, particularly in resource-limited settings. Barriers to access include economic constraints, geographic location, stigma and discrimination, and lack of trained healthcare providers. Limited access to healthcare services can lead to delayed diagnosis, late initiation of treatment, and poor retention in care. Efforts to improve access include expanding HIV testing and counseling services, decentralizing treatment delivery,

strengthening healthcare infrastructure, and addressing social and structural barriers to care.

Stigma and discrimination associated with HIV/AIDS persist as significant challenges in HIV treatment and care. People living with HIV often face social, cultural, and structural barriers that can prevent them from seeking or adhering to treatment. Stigma and discrimination can lead to fear, shame, isolation, and reluctance to disclose HIV status, which can have a negative impact on mental health and overall well-being. Combating stigma requires comprehensive approaches that involve education, advocacy, community engagement, and legal protections to ensure the rights and dignity of individuals living with HIV [4].

As people living with HIV age, the management of comorbidities becomes an increasing challenge. HIV is associated with a higher risk of developing non-communicable diseases such as cardiovascular disease, diabetes, and certain cancers. The management of these comorbidities requires integrated and coordinated care, considering potential drug interactions, overlapping toxicities, and unique healthcare needs of aging populations with HIV. Addressing global disparities in HIV treatment and care remains a significant challenge. Many low- and middle-income countries continue to face barriers such as inadequate healthcare infrastructure, limited funding, and lack of access to essential medications and diagnostics. Bridging the gap requires continued investments in healthcare systems, increased funding for HIV programs, technology transfer, and strengthening local capacity for research, prevention, and treatment [5].

## Conclusion

The challenges in HIV treatment and care are multifaceted and require a comprehensive approach to address them effectively. Adherence to medication regimens is crucial for successful outcomes, but it remains a persistent challenge due to various factors. Strategies focusing on patient education, support, and simplification of treatment regimens can significantly improve adherence rates. Drug resistance is another significant challenge, necessitating ongoing monitoring, early detection of virologic failure, and access to alternative treatment options. Efforts should be made to ensure the availability of high-quality antiretroviral drugs and promote rational prescribing practices to minimize the development of drug resistance.

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## References

1. Merson MH, O'Malley J, Serwadda D, et al. The history and challenge of HIV prevention. *The Lancet*. 2008;372(9637):475-88.
2. Kelly JA, Otto-Salaj LL, Sikkema KJ, et al. Implications of HIV treatment advances for behavioral research on AIDS: protease inhibitors and new challenges in HIV secondary prevention. *Health Psychol*. 1998;17(4):310.
3. Eholié SP, Aoussi FE, Ouattara IS, et al. HIV treatment and care in resource-constrained environments: challenges for the next decade. *J Int AIDS Soc*. 2012;15(2):17334.
4. Rochat TJ, Bland R, Coovadia H, et al. Towards a family-centered approach to HIV treatment and care for HIV-exposed children, their mothers and their families in poorly resourced settings. *Future Virol*. 2011;6(6):687-96.
5. Meyers T, Moultrie H, Naidoo K, et al. Challenges to pediatric HIV care and treatment in South Africa. *J Infect Dis*. 2007;196:S474-81.