

## ADHERENCE ISSUES IN ADOLESCENTS AND YOUNG ADULTS WITH HIV

Elizabeth Secord

Wayne State University, USA

Adolescents and young adults with HIV have unique issues that impact their ability to adhere to treatment programs. Any hope of achieving “90, 90, 90” must take their barriers into account, as they are one of the most rapidly increasing populations in the HIV epidemic. Young MSM of colour account for approximately 70% of new HIV infections in the United States, and Detroit, Michigan is one of the most affected cities. We see approximately 50 newly infected youth each year and have developed several youth based adherence strategies to address barriers. Perinatally infected youth who have now reached young adult age often pose the most difficult adherence and resistance issues. This case-based workshop will give background and specific approaches for perinatally infected youth and for behaviourally infected youth, and address the differences between these two groups of youth. Home based interventions, face-time directly observed therapy, motivational interviewing based approaches, and multi-disciplinary team approaches will be explored and discussed. The workshop is designed to encourage discussion and an exchange of approaches and of experience. Rising rates of human immunodeficiency virus (HIV) infection among adolescents

and young adults underscore the importance of interventions for this population. While the morbidity and mortality of HIV has greatly decreased over the years, maintaining high rates of adherence is necessary to receive optimal medication effects. Few studies have developed interventions for adolescents and young adults and none have specifically been developed for sexual minority (lesbian, gay, and bisexual; LGB) youth. Guided by an evidence-based adult intervention and adolescent qualitative interviews, we developed a multicomponent, technology-enhanced, customizable adherence intervention for adolescents and young adults for use in a clinical setting. The two cases presented in this paper illustrate the use of the five-session positive strategies to enhance problem solving (Positive STEPS) intervention, based on cognitive-behavioral techniques and motivational interviewing. We present a perinatally infected heterosexual woman and a behaviorally infected gay man to demonstrate the unique challenges faced by these youth and showcase how the intervention can be customized. Future directions include varying the number of intervention sessions based on mode of HIV infection and incorporating booster sessions.