INTRODUCTION

Human Immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). Three hundred and eighty eight thousand, eight hundred and sixty four (388,864) new infections occurred in year 2011 and records show 217,148 AIDS related deaths. With an estimated population of 162,265,000, Nigeria is the most populated country in sub-Saharan Africa, a region which carries the globe’s heaviest burden of HIV/AIDS. The magnitude of the HIV pandemic places a huge burden on the health system of countries. It is against this background that community home-based care (CHBC) has gained centre stage. CHBC is care that takes place at a patient’s residence in the community to supplement or replace institutional care. Home Based Care (HBC) is defined as provision of comprehensive services, including health and social services by formal and informal caregivers in the home. HBC includes physical, psychosocial palliative and spiritual care. It extends from health facilities to the home and vice versa. The objectives of this study were to determine the effects of home based care on drug adherence, development of opportunistic infection, and on the development of HIV related depression.

METHODOLOGY

This was a randomised controlled study among PLWHA in a tertiary institution offering HIV care and service. Sample size was calculated using the formula for calculating sample size for estimating difference between proportions. One hundred and forty eight patients were selected using simple random method and randomised into intervention and control groups by balloting, each group having 74 participants. The study included patients who live within the state, have been on antiretroviral drugs for at most one year, and excluded those who have ever received home visits. The intervention group received home based care with normal clinic visits using a care giver, and trained community based treatment supporters (CBTS) supervised by the author. The control group only attended monthly clinic visits. A questionnaire was used to collect information on adherence, presence of opportunistic infection and symptoms of depression from the study group. After a study period of 6 months, both groups were compared statistically with respect to adherence level, prevalence of opportunistic infection and mean depression score.

RESULTS
The mean ages of the study groups were 35.45±9.47 (intervention) and 37.24±10.8 (control). They were not significantly different. The intervention group was made up of males(37.8%) and females(62.2%) while the control group was made up of males(48.6%) and females(51.4%). The proportion of patients that had good adherence (> 95% ) after 6 months were 98.6% (intervention), and 100.0% (control) groups. The difference between the two proportions was not significant (z= -0.01, p = 0.98). The proportion of those who had opportunistic infection during the last month of the study was 0% in intervention group while it was 5.6% in control group. The difference however was not statistically significant [(CI = -1.11, 12.22) $\chi^2 = 2.4$, p = 0.12]. After six months, the intervention group had mean depression score of zero while it was $3.21\pm4.6.3$ in the control group, the difference being highly statistically significant (t = 5.96, p = 0.000).

**CONCLUSION**

The study concludes that home based care using facility based health team can enhance antiretroviral drug adherence, reduce opportunistic infections and significantly reduce depressive symptoms among PLWHA.