

Pediatric ART 4: Preparing for HAART Success

Unit 11

Paediatric Antiretroviral Therapy Workshop
Institute for Human Virology-Nigeria ACTION

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Goals

- Assess potential for adherence to HAART
- Appreciate the importance of preparation for HAART success including:
 - Education of family on need for adherence
 - Working with family to train them how to achieve adherence

8 Steps to HAART success

1. **Identify** child for whom benefits outweigh risks (and local guidelines permit therapy)
2. **Assess** prior adherence, all potential adherence barriers
3. **Implement** solutions to adherence barriers
4. **Educate** family and child about HIV & HAART
5. **Select** treatment that is **potent, durable, convenient, non-toxic, well-tolerated, and sustainable**
6. **Train** family and child on dosing and schedule
7. **Monitor** response and adherence
8. **Respond** promptly to problems

Medical assessment for HAART

- Is diagnosis of HIV confirmed? (Note for child < 18 months, only seropositivity needs to be confirmed if CD4 <20%)
- Does child meet national and local guidelines for HAART?
- Complete history and physical, including immunization history and neurologic exam
- Assess TB status: CXR, smear & culture as indicated, note PPD >5 mm diagnostic, but negative PPD does not rule out TB

Medical assessment for HAART (2)

- Labs: Complete blood count; CD4; urea or creatinine, liver enzymes
- Has adherence assessment been completed and all issues addressed?
- Is family trained and ready to start?
- Is medication supply sustainable?

Assessing adherence potential: psychosocial

- Where does child live?
- Who is in family and who lives at home?
- Who knows the diagnosis?
- What is their attitude to disease and treatment?
- Who will be responsible for dosing?
- What is family's routine schedule and how does it vary?
- Can they be educated and trained?
- Does child have a developmentally-appropriate understanding of illness and treatment?
- Will the child cooperate?

Assessing adherence potential: logistics

- How will drugs be obtained and paid for?
- Where will drugs be stored?
- How will drugs be measured?
- How will dosing be scheduled relative to meals, school, work, sleep?
- How will family remember to give medications?

Completing adherence assessment

- *ASK* family if they want and are ready to start treatment
- *ASK* if they have any questions or concerns
- *ASK* specific questions to assess their understanding

Educating the family about HAART

- Benefits and risks including side effects and drug interactions
- HIV **will** become resistant and the medication **will** stop working unless all medications taken correctly
- Regular follow up is essential
- **Communicate** any potential problems or questions **immediately**- we are here to help!
- If adherence cannot be maintained, better to stop therapy

Training for HAART success 1

- **Show** family each medication and dosage
- Describe dosing techniques and tricks
 - Ex: Dispense syringe with color-coded tape to indicate amount to give
- Pill train child >3 years of age if needed
- Ask family & child to:
 - Name medications
 - Give dosing times and restrictions (e.g. meals)
 - Demonstrate dosing (*Never give an NNRTI such as nevirapine or efavirenz unless starting full HAART*)

Training for HAART success 2

- Ask
 - What should you do if child refuses medication?
 - What should you do if you run out of a medication?
 - When should you contact us?
- Give written or diagrammed schedule
- Use pill boxes, other aids as needed
- Encourage questions
- Give written contact information and follow up appointment

When *not* to start HAART

- When adherence potential and barriers not assessed
- When major adherence barriers remain
- When family not motivated and ready
- When stable drug supply not assured
- When other medical problems create risk: E.g. active, untreated TB or acute PCP

Aids to adherence

- Crushable pills or opened capsules generally preferred over liquids
- Color-coded diagrams of when to take each medication
- For liquids, provide syringe for each medication with colored tape indicating volume to be dispensed, matched to colored-tape marked bottle
- Weekly pill boxes can be helpful, but may expose medication to too much humidity

Integrating adherence across program

- Adherence education and support is the job of all team members
 - Counselors
 - Nurses
 - Physicians
 - Pharmacists
 - Community workers
- All should be trained in adherence support at take responsibility for it- it is not just the job of the adherence counselor!
- Team members need to communicate with each other- especially with prescribing physician- whenever there is a concern about adherence.