

Adherence counseling and strategies to optimize adherence

Objectives



- Understand the meaning of adherence and the difference between adherence and compliance
- To introduce basic skills for adherence counseling
- To describe the importance of good adherence
- To describe effective strategies and the standard procedure to promote adherence BEFORE and AFTER ARV is started.

Definitions



- **Adherence:** The term used to describe the patient's behavior of taking drugs correctly - in the right dose, the right frequency and at the correct time.
 - A critical aspect of adherence is the patient's involvement - Partnership between the patient, their health care providers, and support systems
 - Patient involved in care-planning and decision-making
 - Interactive, collaborative, and can become a trusting relationship

Definitions...



- **Compliance:** Means the patient does what he or she has been told to do by the doctor/pharmacist
 - *do as I say
 - *It is an act of conforming, yielding or submitting to instructions etc
 - *Patient does not participate actively in the decision making process

Adherence counseling



- A helping relationship between a care provider and a client (patient) based on an understanding of the client's life situation and needs.

The main objectives are

1. Help patient develop an understanding of their treatment and its challenges
2. Prepare the patient to initiate treatment

Adherence counseling...



3. Provide ongoing support for clients to adhere to treatment over a long term
4. Help patients develop good treatment taking behavior
5. Help the patients in setting goals for their treatment

Adherence counseling ...



- Hinges on effective communication
- An ability to understand the client's life situation
 - * Psycho-social state
 - * Socio-economic disposition
 - * Support systems
 - * Treatment seeking behavior
 - * Treatment readiness
- Barriers to adherence

Attributes of good adherence counselor



- Ability to listen
- Non judgmental attitude
- Ability to provide scientific, accurate and complete information on HIV disease and antiretroviral treatment in an objective manner and as simple as possible

Attributes of good adherence counselor



- Ability to encourage patients to take decisions, make commitments to treatment
- Ability to develop a long term trusting relationship with patients
- Ability to solve problems
- Ability to link patients with other support systems

Adherence



Is
one of the key determinants of
treatment success

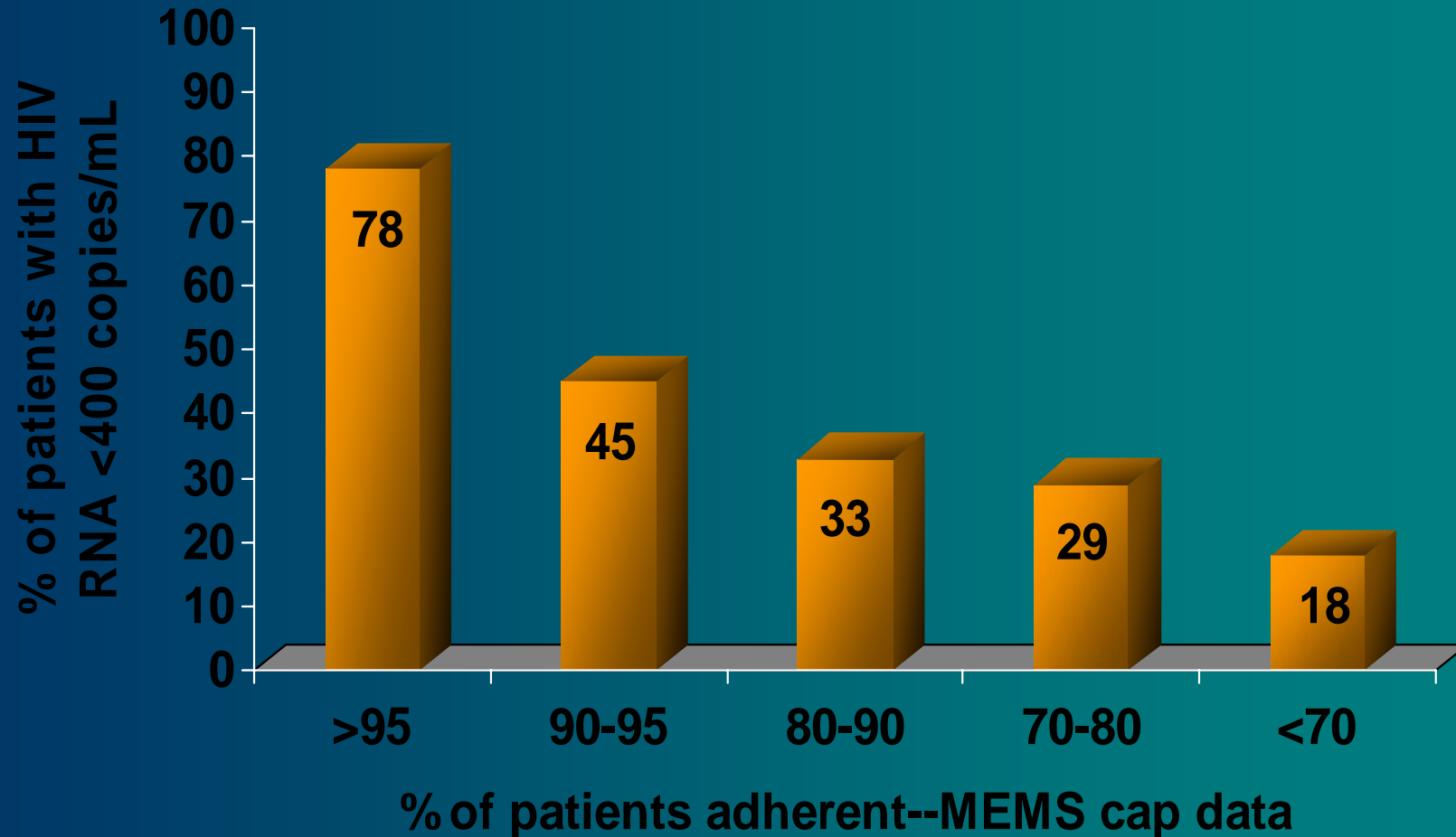
POOR ADHERENCE



Leads to:

- Inadequate viral suppression
 - *Greater probability of transmission
- Subsequent immunologic, clinical failure
 - *Susceptibility to OI
- Disease progression
 - *HIV-related mortality
- Increased health care costs
- Emergence of drug resistance
- Limits future treatment options

Correlation Between Optimal Therapeutic Response and Adherence to Protease Inhibitor Therapy



medicine levels of drug

24 hours

medicine level in your body

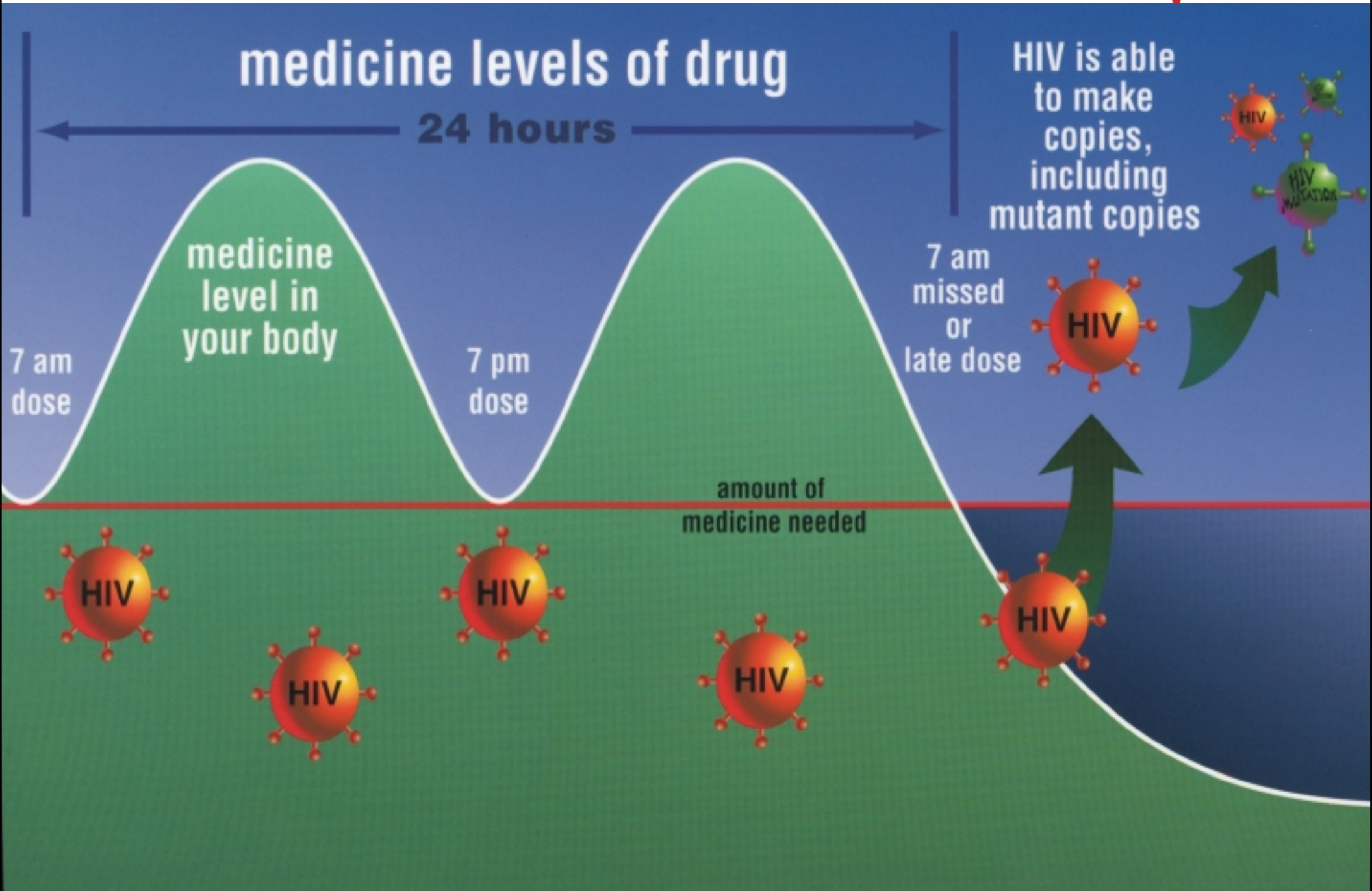
7 am dose

7 pm dose

7 am missed or late dose

amount of medicine needed

HIV is able to make copies, including mutant copies



FACTORS AFFECTING ADHERENCE



Treatment Experience
Trust
Communication Skills

**H.C.
Provider**

Virus

Meds

Patient

Viral Load

Resistance

Latent HIV Reservoirs

Potency
Pharmacokinetics
Tolerability
Side Effects
Convenience
Resistance

Access to Care
Treatment Readiness
Access to Medications
Disease Stage
Life Style

FACTORS AFFECTING ADHERENCE



- Provider-Related Factors
 - Treatment Experience / Clinical Knowledge
 - Communication Skills
 - Trust and Confidence
 - Cultural and Behavioral Sensitivity
 - Assumptions of Adherence Capacity
 - Patient Education and Counseling Offered
 - Adherence Team Support

FACTORS AFFECTING ADHERENCE



- ARV Regimen-Related Factors

- Convenience and Fit

- * Pill burden
 - * Frequency
 - * Food restrictions
 - * Storage requirements

- Side Effects

- Drug interactions

- Existing co-morbidities

- Potency



FACTORS AFFECTING ADHERENCE



- Patient-related Factors
 - HIV/AIDS knowledge
 - Readiness and commitment
 - Cultural beliefs
 - Stigma and societal acceptance
 - Stage of illness
 - Travel away from home; busy; holidays
 - Lifestyle
 - Depression, psychological issues
 - Social network
 - Cost

OTHER ADHERENCE BARRIERS



- Stigma
 - Important, but not a barrier to Tx (Botswana)
- Side Effects
 - 51% noted SE, but not a barrier to Tx (Botswana)
 - 52%; most well-tolerated, manageable (Senegal)
- Sharing of ARV Medications
 - Regimen not tailored to one sharing
 - Regimen not effective for either
 - Both become at risk for drug resistance

WHO WILL BE ADHERENT?



- Willingness and ability to start therapy
- Belief in effectiveness of ART
- Attends clinic regularly
- Social support system
- Accessible, knowledgeable, committed team
- Tailor regimen: low pill burden, convenient dosing
- Use of medication reminders

WHO WILL BE ADHERENT?

(cont'd)



- Age, race, sex, socio-economic status, education, past history of drug or alcohol use are NOT reliable predictors of poor adherence
- Active drug or alcohol use, unstable housing, mental illness, and major life crises ARE predictors of poor adherence

HOW TO TACKLE THE CHALLENGE of ADHERENCE?



- Multi-faceted approach
 - Pro-active patients
 - Address barriers to care and adherence
 - Tailor medication regimen
 - Teach and refresh why / how to be adherent
 - Trust, long-term support
 - Support systems - both clinical and community
 - Multi-disciplinary, creative team

SUMMARY THOUGHTS



- Starting ART is rarely an emergency.
- For optimal treatment options + effectiveness:
 - Patient education, readiness, and barriers addressed **BEFORE** starting ARVs
 - better to take no ARVs than take some of your ARVs
- When the patient is completely adherent:
 - **ARV medications do work**
 - **Can lead to better and longer lives**