

**Antiretroviral Adherence Strategy
ACTION Sites Standard Operating Procedures (SOP)**

Introduction:

Anti-retroviral treatment (ART) for HIV is the only effective treatment for the virus that causes AIDS. The drugs are taken in a combination “cocktail” that can effectively control the virus, making HIV a manageable, chronic disease. However, in order for these drugs to be effective, the patient must take at least 95% of his or her medication as prescribed. Most patients will require a support system, including the care team, to manage the side effects, timing, and food requirements of ART as well as the challenges of living with HIV. This SOP will guide the adherence team through the patient treatment preparation and follow-up to best help the patient adhere to his or her treatment regimen.

Prior to treatment/treatment initiation:

Following the initial formalities of greeting, the adherence counselor ascertains the patient’s knowledge of HIV, ARVs, and the importance of adherence. The counselor goes through the basics of both HIV and ARVs and ensure patient’s understanding.

The adherence counselor will then evaluate the patient's readiness for ART by assessing the following:

- Patient’s knowledge of his or her ARVs (what they do, time to take, side effects, etc).
- Patient’s expectations regarding his or her disease and treatment.
- Patient’s understanding and expectations regarding ART adherence.
- Patient’s understanding of the responsibilities of the care team.

Between one and four adherence preparation and readiness visit(s) may be required before the patient is ready to start ARV treatment. The decision to start therapy should be based upon patient’s comfort level and agreement as well as the adherence counselor’s assessment.

A medication practice trial with co-trimoxazole should be used if patient and/or health care team indicates the need.

When the decision has been made to start the patient on treatment, the counselor will present the following adherence strategies (as available at each clinic) using the **ARV Adherence Strategy Workplan** form:

- *Daily observed therapy (DOT):* family member, friend, or HIV+ peer observes patient taking every dose of medication.
- *Weekly observed therapy (WOT):* family member, friend, or HIV+ peer observes patient taking medication once per week (may involve counting leftover pills in a weekly pillbox).
- *Treatment partner:* identified partner completes AIDS education and treatment preparation with patient in order to provide support to the patient.
- *Self-managed adherence:* for patients who are comfortable with disease and treatment regimen.

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Counselor and patient discuss the options and agree on a treatment plan. The patient signs the **ARV Adherence Strategy Workplan** form.

Counselor refers patient to a support group at this time and encourages patient to disclose to someone. If patient has decided on self-managed adherence, counselor encourages patient to identify a treatment partner. Patient returns to the counselor after two weeks for a follow-up visit (doctor may or may not see the patient on this follow-up visit).

Adherence forms and tools used during the initial visits:

- ARV Adherence Strategy Workplan (form)
- Educational modules (flipcharts)
- Medication calendar (as needed)
- Pillbox
- Informational brochures
- How to swallow medication instructions (as needed)

Patient flow for treatment readiness assessment:

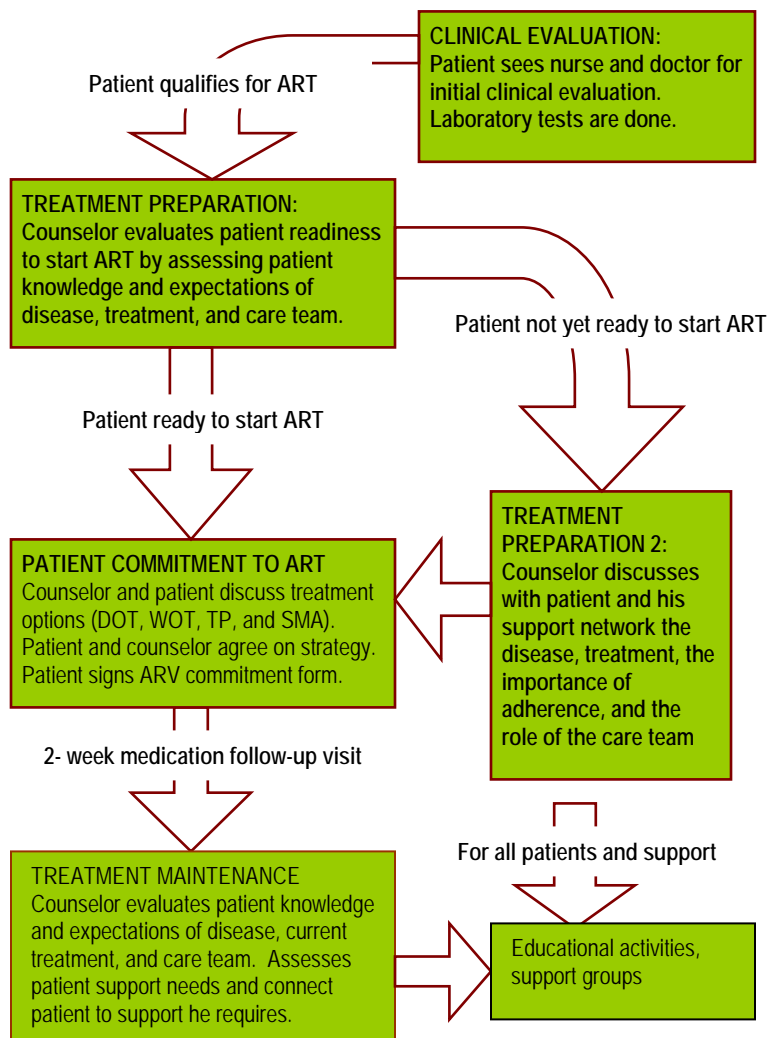


Figure 1. Adherence procedures

Treatment maintenance:

At each follow-up visit, the physician and adherence team member will measure adherence and address the potential barriers to adherence using the **ARV Adherence Assessment form**. Adherence counselor should see *all* patients receiving treatment at *every* visit prior to the distribution of monthly drugs by the pharmacist. Adherence counseling visit should take place after the doctor's evaluation but before the pharmacy visit.

The doctor, pharmacist and adherence team member will assess in each patient:

- Knowledge of HIV
- Knowledge of ARVs he or she is currently taking.
- Method of taking ARVs (when taken, how many, how stored, etc).
- Experience of side effects
- Expectations regarding the disease and its treatment.
- Understanding of the responsibilities of the care team.
- Need for adherence education or positive living support.
- Knowledge and experience of side effects.
- Need for pillbox.

Patient assesses patient's adherence over the course of the month by probing the patient using the **Adherence checklist**. If patient is found to be non-adherent, counselor will assess barriers and, with the care team, work with the patient to address the barriers and improve adherence.

At each visit, adherence counselor educates patient about HIV, ARVs, and stresses the importance of adherence after identifying knowledge gaps. Counselor also provides psycho-social support when needed, and refers patient to applicable social services (Social Work department, etc). Counselor asks if any side effects have been experienced and encourages patient to alert the doctor to any side effects. Counselor provides basic nutrition education where indicated or may refer patient to more intense nutrition counseling, if necessary and available. Counselor continues to encourage patient to attend a support group and identify or utilize treatment partner. Patient may also see the treatment support specialist for peer counseling.

Educational activities (e.g. classes in HIV basics, adherence basics, etc) and support group activities (i.e. for adherence or PLWHAs) are available to the patient on days to be determined by each site.

The ACTION Project Adherence team also will offer regular targeted lectures, training sessions, and discussions about living and dealing with adherence and HIV/AIDS.

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Adherence forms and tools used during maintenance visits:

Medication Assessment (form)
Adherence checklist
Educational modules (flipcharts)
Informational brochures
Medication calendars (as needed)
Pillboxes

Follow-up for missed visits:

TBD

If a patient misses his or her visit by a week or more, the adherence counselor should take note of the missed appointment for follow-up and alert the head nurse or physician of the missed visit.

Treatment Support Specialists:

When a patient has finished speaking to the adherence counselor, the patient should be referred to a treatment support specialist. The TSS will spend 20-30 minutes in a patient-directed counseling session, answering patient's questions and offering advice on how to take medications, disclosure support, and any other psycho-social support the patient requires.

Treatment Support Specialists can also act as an escort to the patient, taking him or her to the laboratory or the pharmacy if they are not directly attached to the clinic.