



TREATMENT MAINTENANCE: COMMUNITY ADHERENCE SUPPORT



OBJECTIVES



1. Why is treatment maintenance important?
2. What tools and strategies can be used to help patient maintain good adherence?
3. Who can help with adherence maintenance?
4. How should they ascertain adherence?



WHY ADHERENCE MAINTENANCE IS IMPORTANT



Studies have shown that those who are **non-adherent** have a *poorer prognosis* than those who are **adherent**.



HOW TO ENSURE MEDICATION ADHERENCE?



- Assess patient readiness
- Address barriers to ARV adherence
- Prepare patient and his/her treatment partner
- Address adherence at EVERY visit
- Regularly review patient's adherence routine
- Use pill boxes, local cues, text messages



HOW TO ENSURE MEDICATION ADHERENCE?



- Be pro-active
- Use a combination of interventions
- **INDIVIDUALIZE** daily regimen to patient's life
- Prepare for potential side effects
- Confirm patient understands their disease and treatment
- Reassure patient that side effects can be managed and coped with correctly



CHOICE OF STRATEGY



- DOT – Daily Observed Therapy
- WOT – Weekly Observed Therapy
- TP – Treatment Partner
- SMA – Self-managed Adherence



ADHERENCE TOOLS



- Pill boxes
- Pagers
- Alarm clocks
- Diaries
- Droppers for infants
- Calendars
- Stickers
- Medication guides
- Reminder calls (buddy system)



Adherence Reminders: Pillboxes





TIPS TO REMEMBER TO TAKE ARV MEDICINES



- Write down **pill times** on a card and keep it with them
- Use a pill box
- Keep pills **close** to where patient will need to take next dose
- Find out daily activities and match adherence with **two particular daily activities** that are **12 hours apart**



Make Adherence a “Habit”



- Identify events/things done everyday that triggers them to take their medication:
 - morning/evening prayers
 - morning/evening radio programs
 - daily morning coffee/tea
 - brushing teeth
 - meals
 - other ROUTINE activities?
- BUT: must be a minimum of 12 hours in-between doses



DEVELOP CONCRETE PLANS REGARDING



- Timing of doses
- Relation to meals
- Daily schedules
- Side effect management



Fasting and ARV Adherence



- During Ramadan, it is acceptable to take ARVs at 5 am and 7pm. However, those specific times **MUST** be adhered to strictly and consistently during that period.
- A deviation greater than the above timeframe becomes dangerous since no effective drug dose will be in the body. This may lead a viral load increase and to drug resistance.



Fasting and ARV Adherence



- After Ramadan, one must return to the every 12 hourly schedule, strictly and consistently.
- To select the new time: from the old timeframe (4-6am or 6-8pm), select one time [say, 7am] and then add 12 hours from that time selection [7pm].
- The new time is 7am and 7pm.

QUESTIONING THE PATIENT

Not enough to ask, “Are you adherent?”

Ask instead:

- At what time did you take your two daily doses?
- Which ARV medications did you take for your morning (and evening) dose?
- How many pills for each dose?
- If you were delayed or late in taking your ARV medication, what did you do?



ADHERENCE MAINTENANCE



AFTER starting ARVs

- **Once treatment has started, continual adherence monitoring and support is vital**
- **BOTH involve**
 - Patient
 - Health care providers
 - Support network



ADHERENCE MONITORING



- Assess regularly
- When a patient is **not responding** to therapy, consider poor adherence, especially after first 4-6 weeks
 - immunologic and virologic factors
 - medication usage patterns

QUESTIONING THE PATIENT

Instead of accusing: “You did not take your ARV medications!”

Ask instead: *utilize open-ended questions*

- For example: “I see you are having difficulty being adherent, what can we do to help you be much more adherent?”
- “Adherence is difficult at times. How about using pillboxes / text messaging / an alarm to assist you with your medication taking?”



ADHERENCE MONITORING



At each visit

- Assess adherence
- Reinforce importance of adherence
- Review adherence tips
- Offer education and support: constant, consistent, tailored
- Provide encouragement



ADHERENCE MONITORING



Re-assess with the patient:

- Do you know why you are taking these ARV medications?
- What are the benefits for you to take ARV medications?

QUESTIONING THE PATIENT

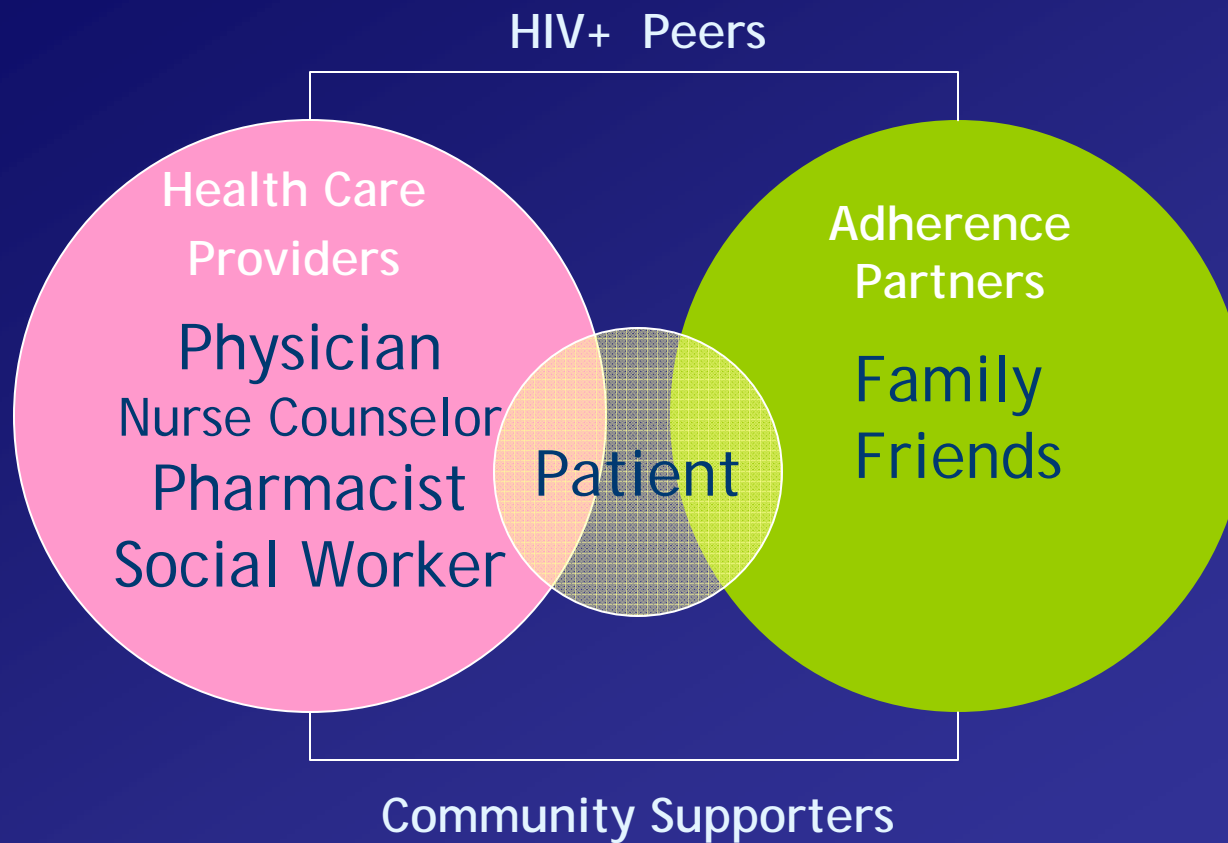
Not enough to ask: “Were you adherent?”

Ask instead:

- When on holiday, how was your adherence?
- When traveling on weekend, how was your adherence?
- When you had a change in your daily routine (child got sick or ill parent), how was your adherence?
- When you were fasting, how was your adherence?



ADHERENCE TEAM CARE NETWORK





Reasons for Non Adherence



The three most common themes for children and families found in one qualitative study were:

- Complexity of regimen
- Side effects
- Forgetting



Pugatch et al., 2002



ADHERENCE SUMMARY



ADHERENCE MUST BE

- **Ongoing:** every visit
- **Repetitive:** the same information
- **Revised:** meets changing needs of the patient
- **Multi-disciplinary:** doctors, nurses, pharmacists, counselors, community members, HIV+ peers
- **Community-based:** family or friend helps them *daily* at home
- **Innovative**

