



## **ACTION Checklist for Adherence Counseling**

Adherence to ARV is the cornerstone to successful therapy. The approach of the patient should help the patient effectively take themselves in charge while on therapy. Measurement of adherence is very subjective but for better chance of success, consultation with the patient should be conducted in a specific way.

### **Adherence Goal**

>95% = Excellent = *GOAL* → Means miss *only* 3 doses in 1 month for a BD regimen.

75-95% = Okay

50-75% = Fair

<50% = Poor

### **Be:**

- Sincere, accessible, available
- Caring, accepting
- Creative, have humor
- "Look, Listen, Learn"
- Provide factual information about HIV prevention, care, treatment
- Offer emotional and psychological support
- All information is confidential

\* Questions should be open-ended, non-judgmental and patient-centered.

\* Interventions should be aimed at working with the patient to find solutions to solve adherence problems.

### **Check:**

- Last clinic appointment (Is patient being adherent to their health care provider's appointments?)
- Any notes or concerns from other health care team members?

### **Bring:**

- Your ARV Medication Card (laminated, double-sided, photos of actual pills/tablets)
- Your ARV Treatment Goals / Adherence Patient Card
- Your contact information / ACTION business card
- ACTION Adherence Brochures [English, Hausa, Ibo, Yorba, Pidgin English versions]
- ACTION Medication Charts [Adult, Child version][weekly, bi-weekly, 4 weeks]
- ACTION Community Teaching Modules [various topics]
- Some pill boxes [AM/PM; 7 day; octagonal; one day]
- Some of the educational brochures [12 versions]



## Some Suggested Topics for Evaluation:

### 1.) Knowledge of HIV and AIDS

Q: What does the patient/client understand about HIV status?

A: Means that the patient is -

- HIV positive for life
- Immunity is compromised (low)
- Can infect other people with this virus
- Prone to opportunistic infections
- Can "live positively" --> through good nutrition, safer sex, exercise, seeking medical advice early

Q: Assess patient's/client's current knowledge of HIV

A: Provide information about:

- HIV is a viral infection without a cure
- HIV is a virus that destroys the immune system
- HIV is a virus which causes AIDS

### 2.) Mode of HIV Transmission

Q: Does patient/client understand how HIV is acquired?

A: HIV acquired through:

- Unprotected sex
- Infected blood
- Mother to child: breast feeding, in utero, delivery
- Needle sharing or razor blades for scarification
- Blood transfusions

### 3.) Knowledge of HIV/AIDS Medications

Q: Ask if patient has ever heard of HIV/AIDS treatment?

Q: Assess what the patient knows about HIV/AIDS treatment?

A: HIV/AIDS Treatment:

- Needs to be taken for life
- Suppresses virus
- Prolongs life but not cure
- Is a combination of different drugs/tablets
- Has some side effects

Q: Which ARV drugs taking?

Q: How is adherence fitting into their daily lifestyle?

Q: Which daily activities "anchor" their medication adherence?

Q: How many pills for each dose of each ARV drug?

Q: What time each day does the patient take their ARV drug?

- A: - Has to be taken at same time, same dose, and daily, as agreed.]  
- Can be with or without food depending on the medicine.]



- Q: Is the dosing correct?  
Q: Is the timing correct?  
Q: Is the dosing consistent (every 12 hourly)?

- Q: Where does the patient regularly store their ARV medications? (Should be stored below 25° C). For example, a clay pot in the ground is an option to keep meds cool.  
Q: During holidays or a change in routine, how is your medication taking?

#### 4.) Understanding of ARV Adherence

- Q: What do you understand by adherence?

- Q: Does patient understand the benefits for taking their tablets regularly and for life?  
- It prolongs and improves the quality of your life.  
- Options are limited if treatment if not taken properly; hence, drug resistance.  
- To avoid resistance by taking treatment at the same time and daily

- Q: Does patient understand the importance of follow up appointments and blood drawings?

- Q: Does the patient share their ARV medicines? With whom? Why?

- Q: Do they feel comfortable taking their medications in public? In front of family? Friends? (Probe for any stigma or discomfort with taking medications?)

- Q: How handling these feelings or hurtful/negative reactions from others?

- Q: If they forgot or missed a dose, what do they do?

- Q: What, if any, side effects are they having? Describe.

- Q: How is/are they managed?

- Q: Any trouble in getting their ARV medications refilled? Transportation? Cost?

#### 5.) Traditional Medicines

- Q: Are they taking any traditional or herbal medicines? Which ones? What for?

A: These can interfere with the effectiveness of ARVs – it's important to tell the patient's doctor/ nurses whenever taking other medicines besides ARVs.

#### 6.) Expectation of HIV/AIDS Treatment Outcomes

- Q: What do you expect to benefit from this treatment?

A: Improve my health and prolong my life.

#### 7.) Adherence Treatment Partner Identified

Discuss need for adherence treatment partner to provide continual support



Make sure the Treatment Partner is prepared to provide support for patient

Q: Do they have a Treatment Partner?

Q: Is that person helpful? How? How not?

#### 8.) Social Circumstances

Discuss

- Living arrangements – privacy?
- Whom are you living with?
- Is your caregiver staying with you?

#### 9.) Family Relationships & HIV Status Disclosure

- Does your family know your status?
- Are they assisting you with your care, treatment?
- Would you like them?
  
- If you have not told them your status, do you plan to? When? Or, why not?
- Do you need help to disclose your status?
  
- Do you know free HIV testing is available to your family members, partners, friends?
- Would you like to bring them into the clinic for testing or evaluation?

#### 9.) Nutritional Status and Fasting

- What do you understand by balanced diet?
- Are you able to eat healthy?

During the period of fasting as in 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.

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]. New time is 7am and 7pm.

#### 10.) Currently Employed

- Will you be able to come for you follow up appointments?
- Will you be able to come for your treatment once a month?
- Do you think your job will interfere with your medication schedule?

#### 11.) Taking Alcohol

- Do you take alcohol?
- How much and what type?



How do you think alcohol will interfere with taking treatment?  
What are the effects of alcohol in the body?

**Towards end of visit:**

- Summarize findings
- Tailor or adjust (within acceptable strategy with provider)
- Encourage, praise the patient / client for their adherence efforts / learning
- Remind them when their next doctor visit is scheduled / welcome them to the clinic for HIV testing

**When done with visit:**

- Summarize findings
- Share with other health care team members

**REMEMBER**

Never rush to treat; **adherence preparation is vital.** Always assess adherence behavior carefully. If you feel that the client is not ready to start ARV therapy, discuss this with client and their doctor, and book for another adherence session. Perhaps more information and counseling is required, or other issues need to be addressed before starting treatment.

In addition, **adherence follow-up is vital once the patient is on ARVs.**

- Make sure you see the patient at least once a month. Assess their lifestyle, disease status, family and community support systems.
- Check if the Treatment Partner is assisting the patient. Why or why not? Does the Treatment Partner need to be educated about the disease and medications also?
- Does the patient attend support groups or PLWHA meetings?
- Does the patient have side effects? Are they managed well? Let the health care team know if *any* side effects are present.

Ask the same question in different ways –

1. Are you adherent? How?
2. What do you do on weekend? Holidays?
3. How do you handle missed doses?
4. Are you adherent when you work? How?

**THANK YOU for your all efforts in counseling, assisting and educating our HIV/AIDS patient, their family and friends! We are glad you are part of our Team.**

**The ACTION Team**