

Drug Adherence and Strategies for Adherence Support

**Part B Module B1
Session 7**



Objectives

1. Understand the definition of adherence and the difference between adherence and compliance.
2. Describe the importance of good adherence and the consequences when adherence is poor.
3. Describe effective strategies and a standard procedure to promote adherence BEFORE and AFTER ARV is begun.



Difference Between Adherence and Compliance

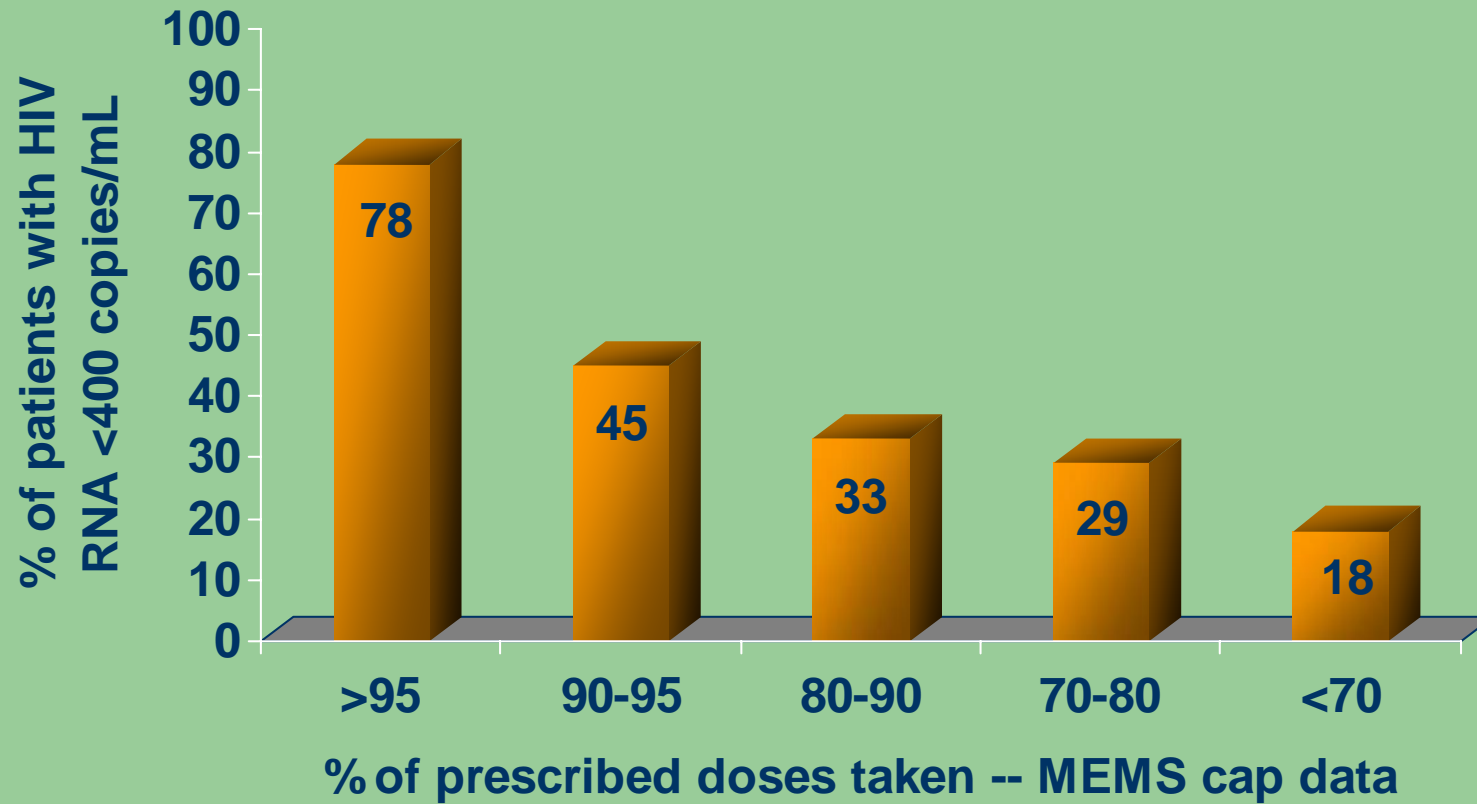
- Adherence is the term used to describe the patient's behavior of taking drugs correctly – in the right dose, with the right frequency, and at the correct time
- A critical aspect of adherence is the patient's involvement – it is a partnership between the patient and care providers in decision making and planning of care.
- Compliance means the patient does what he or she has been told to do by the doctor/pharmacist



Adherence

- One of the key determinants of treatment success
- Poor adherence leads to:
 - virologic failure
 - evolution of drug resistance
 - subsequent immunologic and clinical failure

Correlation Between Optimal Therapeutic Response at 3 Months and Adherence to Protease Inhibitor Therapy



Poor Adherence

- In terms of preserving treatment options, it is actually better to take none of your ARV than some of your ARV
 - With no ARV in your system, the virus that is the best at reproducing in your body is the virus with no mutations or change in its genetic code.
 - With a small amount of ARV in your system, there is not enough ARV to keep the virus from reproducing (as in the case of missed doses).
 - The virus that will do the best at reproducing in your body in this case is a virus with mutations or genetic code mistakes that actually enable it to reproduce in the presence of the ARV. That is how resistance happens.



Factors Affecting Adherence

Patient-related factors

- Patient readiness/commitment
- Forgetfulness
- Too many people involved in the care
- Stigma
- Illness
- Travel away from home
- Holidays
- Lifestyle
- Depression
- Cultural
- Socioeconomic, food availability
- Treatment partners
- Ability to access (cost of meds and travel)
- Others?

- **Provider-related factors**
 - Provider readiness - knowledge, skills
 - Counseling
 - Patient education
 - Medication alerts, e.g., charts, diaries, etc.
 - Adherence team
 - Provider support
 - Drug availability (consistent drug supply)
 - Others?

- **Regimen/Drug-related factors**

- Pill burden
- Frequency
- Side effects
- Food restrictions
- Drug interactions
- Storage
- Others?

- Can you think of other factors in your setting?



Starting ART Is Rarely An Emergency

- ART should not be started on first clinic visit
 - ART is rarely an absolute emergency
 - OI treatment may be an emergency, however
 - Treatment adherence counseling and patient education is necessary to maximize adherence BEFORE ARV is begun.
 - This may take several visits before starting ARV
 - May consider trial of co-trimoxazole first to measure adherence, if desired

- Once treatment has started, continued monitoring and support for adherence is necessary

Key Adherence Interventions BEFORE Starting ARV (usually takes several sessions)

- Education that addresses the patient's individual learning needs and includes the importance of adherence to ARV and the consequences of poor adherence
- Assessment of patient readiness for ARV therapy
- Identification of the types of support that will optimize the patient's adherence to therapy

Patient Education

(best carried out over several sessions)

- Assess patient's knowledge of HIV/AIDS and educate about HIV/AIDS
- Discuss ARV and the ARV Program
 - Goals of therapy; ARV is NOT a cure
 - Importance of adherence
 - Potential side effects and how to manage
 - Discuss follow-up schedule and importance
- Discuss risk reduction to avoid transmitting to others or being re-infected by others
- Discuss specific medication regimen
 - Name, dose, specific dosing requirements of each medicine
- Caution patient about giving the ARV medication to others (the medicines are intended for only him/her)

Assessment of Patient Readiness

- Explore potential barriers to adherence:
 - Personal: failure to disclose status; literacy
 - Environmental (e.g., transportation)
 - Social support
 - Health-related
 - Mental Health
 - Substance use (alcohol, illicit drugs)
 - Nutritional
 - Financial
- Explore adherence support strategies that might work for him/her.

Support to Optimize Adherence

- Make referrals to address any major barriers identified (for example: financial, mental health, substance abuse) and discuss possible delay of ARV initiation with physician.
- Discuss the role of social support in ARV adherence and identify possible sources of social support for the patient.
 - participation in support group or
 - “treatment partner” who knows patient’s status and will participate in counseling, follow-up visits, and supporting patient or
 - home visits by outreach staff.

Support to Optimize Adherence (continued)

- Help the patient to incorporate the ARV regimen in their lifestyle.
 - “Cue” ARV dosing to regular daily events such as breakfast and dinner.
 - Prepare for potential adherence problems such as holidays, travel, visits to/from family and friends
- Help patient decide upon possible adherence reminders or support strategies.
 - Pill box
 - Pill diary or calendar
 - Directly observed therapy

Key Adherence Intervention Strategies After ARV is Begun

- Focus on adherence at EVERY visit (try and schedule first FU adherence counseling 2-3 days after ARV is started)
- Ask specifically about side effects
- Assess medication adherence
- Develop strategies to manage any difficulties with adherence
- Reinforce education
 - Proper dosing and importance of adherence, risk reduction for transmission, sharing ARV with others

Key Adherence Intervention Strategies After ARV is Begun (continued)

- Provide support and encouragement
- Notify medical officer concerning adherence difficulties. Discuss with care team and adjust plan of care.

Assessing Adherence With Patients

- Patient self-report on interview is the most practical.
 - If you start with medication identification and review, it provides a way to also assess patient knowledge of dosing requirements.
 - Caution: Patients may want to please you or the doctor and may not give accurate information.
 - Important to be non-judgmental and make patient comfortable. (“Many people have problems as it is hard to take medicines every day, what problems have you had?”).
 - Exploring problems first may make patient feel more comfortable before asking about missed doses.
 - Focusing on the last 3 days of doses may provide more reliable information (“Did you miss any doses yesterday, how about the day before...?”)

Assessing Adherence With Patients (continued)

- Pill counts
 - Caution: Patients may “dump” pills before the visit.
 - Labor intensive for staff
- Checking pharmacy dispensing records
 - Can be done during non-clinic time by staff
 - Very useful – if the patient received a 30 day supply of medicine and did not refill it for 45 days, they obviously could not be taking all doses prescribed.
 - Caution: Just because the medicine was dispensed from the pharmacy does not mean the patient took it.
- Always discuss adherence assessment data indicating adherence problems with the patient in a non-judgmental and supportive manner.



Adherence Summary

- Initiate ART only after adherence counseling has been performed and patient is ready. Provide adherence counseling at every follow-up visit.
- Determine potential barriers with the patient and plan strategies to overcome them
- Identify social support strategies and adherence reminders with the patient.
- Involve patient in decision-making regarding ARV and adherence support
- ***Emphasize that excellent adherence is the most important factor for successful ART***