

INTENSIFIED ADHERENCE COUNSELING

ITREMA STANDARD OPERATING PROCEDURE
FOR INTENSIFIED ADHERENCE COUNSELLING

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INTRODUCTION



- Adherence counselling is an important aspect of care for people living with HIV (PLHIV) receiving antiretroviral treatment (ART)
- The main goal is to provide ongoing health advice to PLHIV during treatment, to promote healthy living, and to support adherence to treatment
- Intensified adherence counselling informed by drug level testing, enables focussed adherence counselling to patients with a high viral load, based on objective adherence information from the drug level test, and tailored to the individual situation of the patient

GOAL OF INTENSIFIED DRUG LEVEL INFORMED ADHERENCE COUNSELING



- To tailor adherence counseling according to the drug level test result and to the specific situation of the patient
- To discriminate between patients with undetectable and detectable drug level, indicating whether the patients are adherent to treatment
 - For patients with undetectable drug level, the aim is to achieve viral resuppression on first-line therapy by giving feedback of the drug level result to the patient, identify underlying reasons for non-adherence and reinforcing adherence moving forward
 - For patients with detectable drug level, the aim is to give feedback of the drug level result to the patient and still explore whether any underlying causes for potential non-adherence can be found, while also performing drug resistance testing

PRIOR TO COUNSELING



Patient has elevated viral load



Patient returns for follow-up visit



Drug level testing is performed by drawing blood from the patient

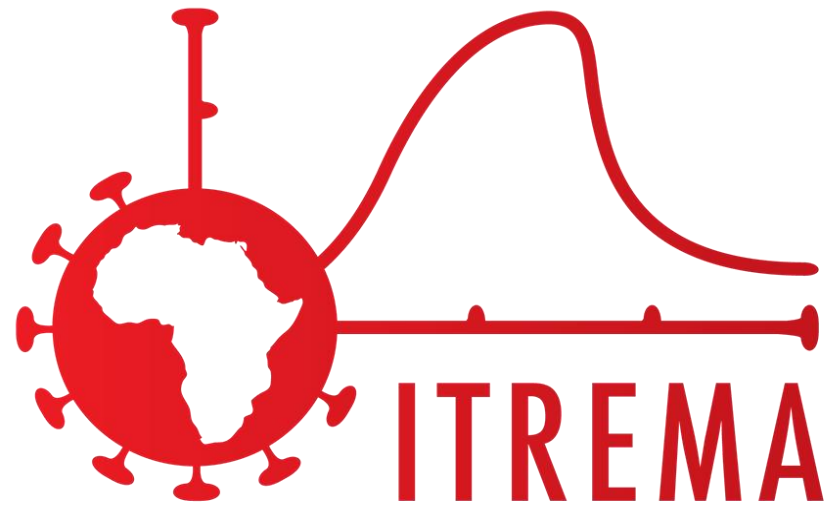


Result is generated within 30 minutes and feedback is given to the patient

INTERPRETATION OF DRUG LEVEL TEST



- There are two possible outcomes from the drug level test:
 - Drug level is detectable → patient is fully or partially adherent
 - Drug level is undetectable → patient has not been taking medication for at least several days
- These results should be interpreted by the healthcare worker, and can be translated to the patient (see next section)



INTENSIFIED ADHERENCE COUNSELING

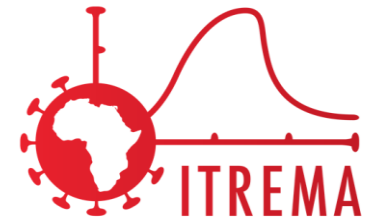
HOW TO PERFORM DRUG LEVEL INFORMED INTENSIFIED ADHERENCE COUNSELLING

STEP I - INTRODUCTION



- Every HIV infected person is unique and deals in a unique way with his disease
- In order to achieve a pleasant conversation:
 - Make sure to be open and supportive and non-judgemental
 - Listen carefully to every patient to find out how the patient experiences the disease
 - Make the patient feel supported and encourage the patient to tell about themselves and their adherence behaviour

STEP 2 – QUERY ADHERENCE



- Discuss patients perception about being HIV positive (finding out whether te patient accepts his/her HIV status),
 - “How do you feel about being HIV positive?” (denial/acceptance/acquiescence)

- Check whether the patient understands the reason for treatment, and the importance of virological suppression:
 - “In your words, what are these ARV’s for?”
 - “Do you know what a ‘viral load’ is?”

- Question the patient’s adherence by asking questions:
 - “At what time/times do you take your tablet/tablets” (this should be the first question)
 - “In the past 4 weeks how often have you missed a dose of your HIV medicines: every day, more than once a week, once a week, once every 2 weeks, once a month, never?”
 - “Have you missed more than one dose in a row?”
 - “What do you do when you find out that you’ve missed a dose?”

STEP 3 – FEEDBACK OF DRUG LEVEL RESULT



- Check if patients understands the concept of viral load

- Explain that at the last visit, the patient had a high viral load

- Explain detectable/undetectable drug level
 - A detectable drug level test result: “We see that you have ARV’s in your blood. We will measure whether the virus has learned how to reduce the effect of the ARV’s.”
 - An undetectable drug level test result: “We cannot find ARV’s in your blood. This means that you have not been taking ARV’s for the last few days. Did you expect this result? Do you agree with this result?”

STEP 4 – IN CASE OF DETECTABLE DRUG LEVEL



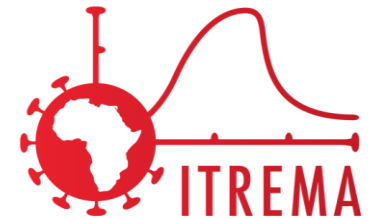
- It is important to understand that a detectable drug level does not indicate full adherence
- The high viral load at the previous visit still indicates a high likelihood of a lapse in adherence
- Using other measures, check to see whether the adherence is good

STEP 4 – IN CASE OF UNDETECTABLE DRUG LEVEL



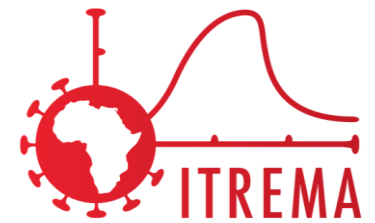
- An undetectable drug level indicates that the patient has not been taking treatment for at least the past several days
- Explain these results in a non-judgmental manner
- Get patient to agree that he/she is non-adherent

STEP 5 – CHECK CORRECT USE



- Repeat the initial ARV training using locally available training materials
- This training should be repeated to verify whether someone still remembers how and why to take ARV's correctly
- Stimulate patient to continue his/her their ARV's

STEP 6 – CAUSE OF NON-ADHERENCE



- It is important to identify the cause of non-adherence to inform adherence counselling
- Ask questions like
 - “Can you tell how you experience having to take ARV’s daily?”
 - “Do you experience difficulties in taking your treatment?”
 - “How do you feel physically after taking your treatment?”
 - “Is taking treatment confronting you with HIV? Is it difficult for you to accept living with HIV?”
 - “Do people around know about your treatment?”
 - “What were the reasons not taking your treatment?”
 - “Are you taking any other treatment? (such as herbal medication)”
 - “Did anyone tell or advise you to stop taking treatment”

STEP 6 (CONTINUED)

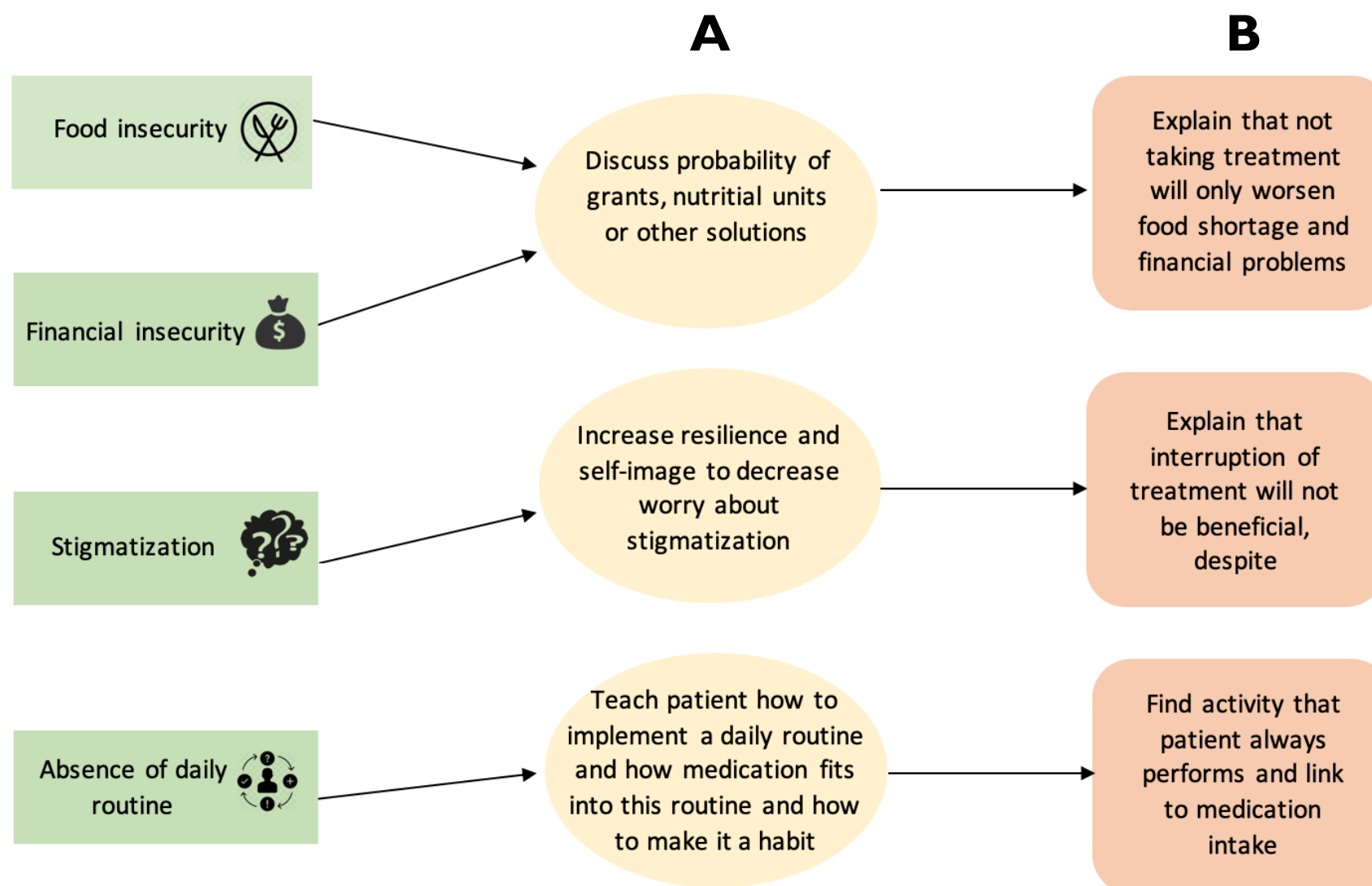


Possible causes of non-adherence can be characterised into several categories

1. Socio-economic causes
 1. Food insecurity
 2. Financial insecurity (insufficient funds)
 3. Stigmatization
 4. Absence of daily routine
2. Medication and health related causes
 1. Side effects
 2. Physical disease
 3. Mental disease (depression)
 4. Addiction (alcohol, drugs)
3. Causes related to patient perception
 1. Denial of HIV positive status
 2. Refusing to accept HIV-positive status
 3. Misunderstandings regarding the use of ARVs
 4. Feeling healthy
 5. False beliefs about ARVs
 6. Doubting effects of ARVs

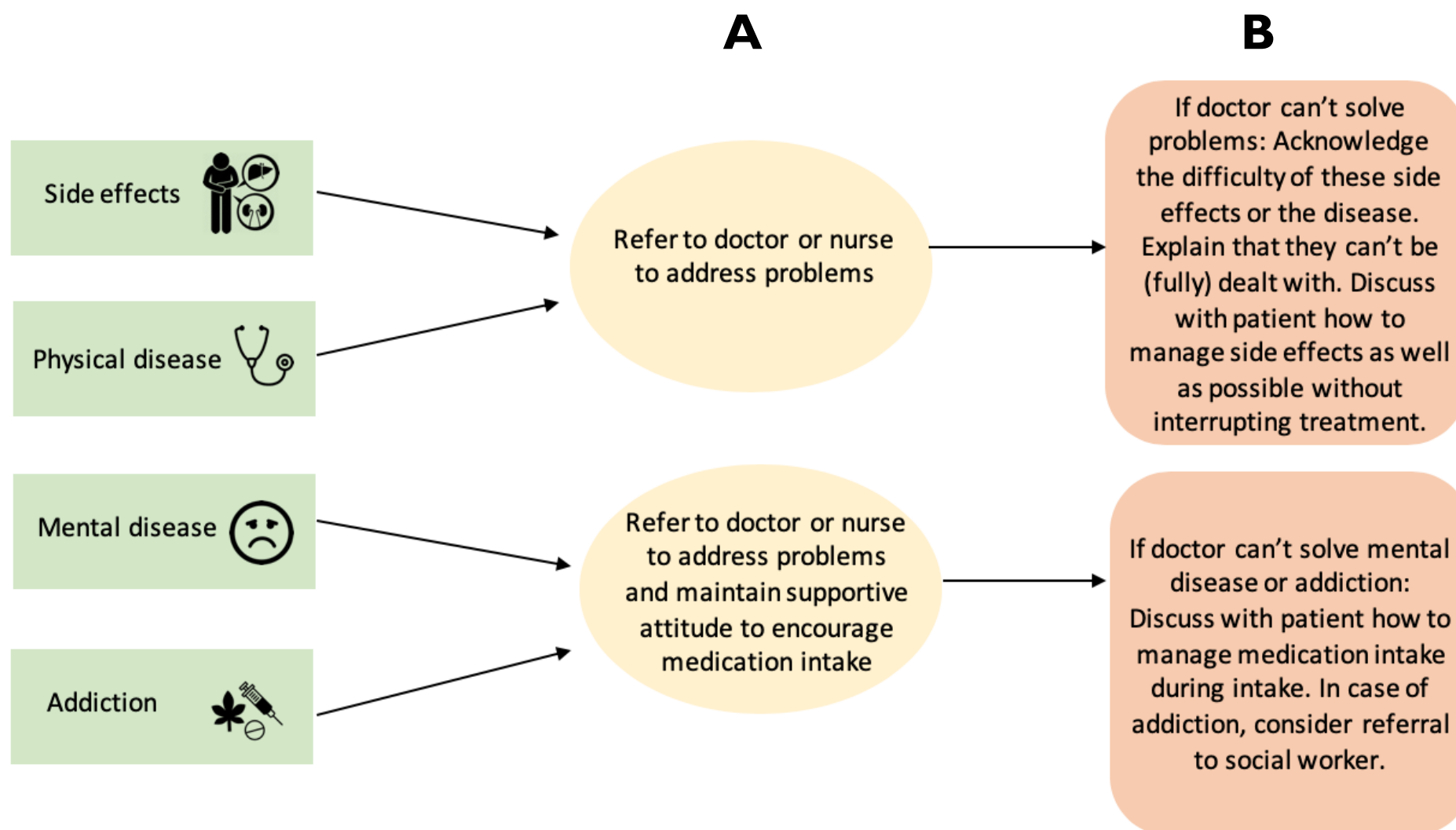
STEP 7 – SOCIO-ECONOMIC CAUSES

Improving therapy adherence can be achieved by (A) Solving the cause or (B) Circumventing the cause. The appropriate option depends on the type of cause and circumstances of the patient.



STEP 7 – MEDICATION AND HEALTH CAUSES

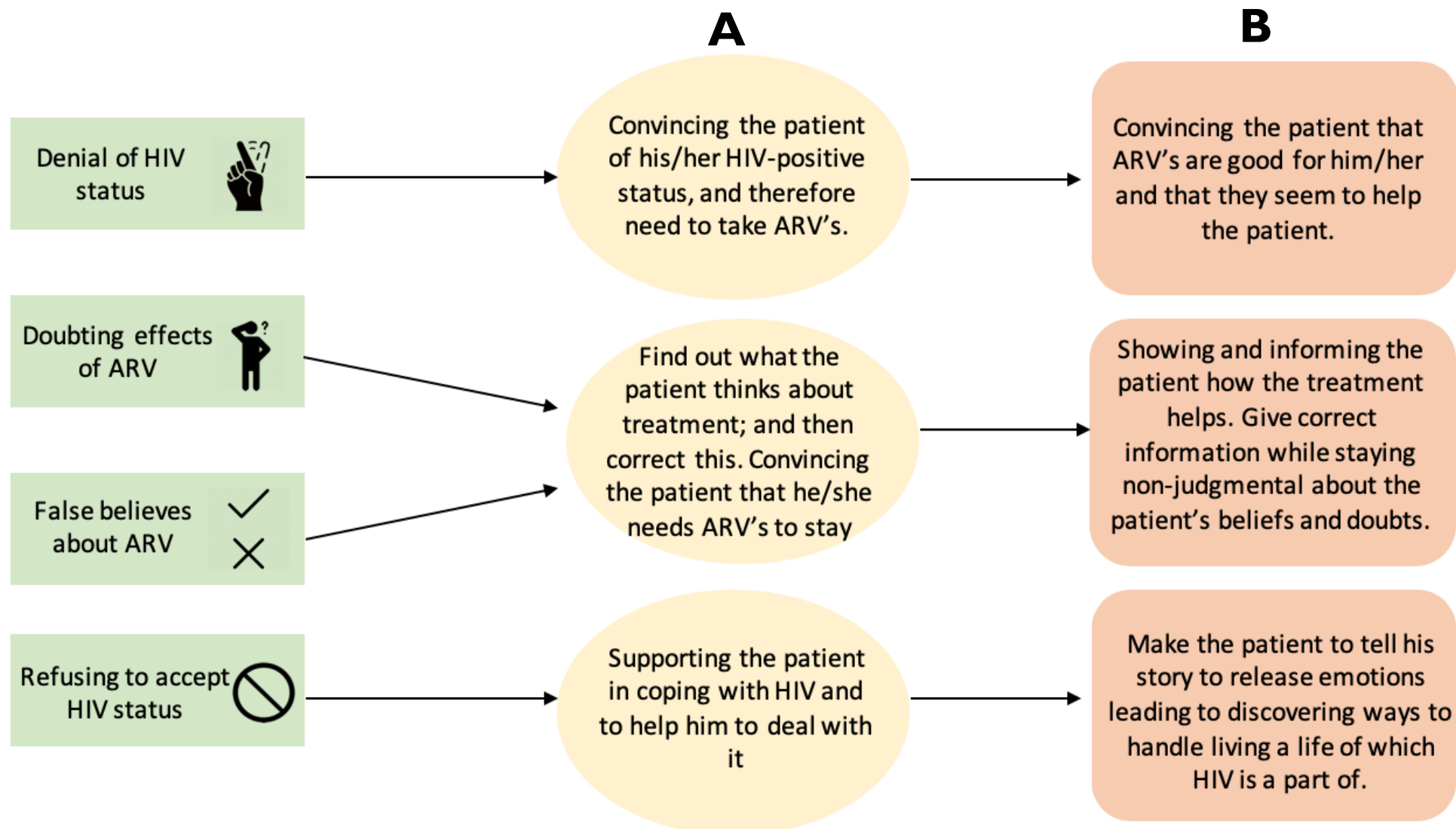
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STEP 7 – PATIENT PERCEPTION RELATED CAUSES (I)



Improving therapy adherence can be achieved by (A) Solving the cause or (B) Circumventing the cause. The appropriate option depends on the type of cause and circumstances of the patient.



STEP 7 – PATIENT PERCEPTION RELATED CAUSES (2)



Improving therapy adherence can be achieved by (A) Solving the cause or (B) Circumventing the cause. The appropriate option depends on the type of cause and circumstances of the patient.

A

B

