Adherence to ART:
Why is it so important?
Learning Objectives

By the end of this session, participants should be able to:

- Define adherence
- Explain the importance of adherence in ART therapy
- Explain the consequences of poor adherence.
- Explain factors that influence adherence
- List the barriers to adherence and give options on how to address them with patients.
- Discuss how to measure patient adherence
Introduction

- Poor adherence is the most frequent cause of treatment failure and the subsequent development of resistant strains of HIV

- There are many factors involved in ARV success; However, adherence is the single most important factor

- There are multiple factors that influence adherence and they change over time
Adherence is difficult but there are effective strategies that can significantly maximize adherence.

Counselors play an essential role in the promotion of successful adherence.
What Is Adherence?

‘When a patient’s behaviour matches the health advise they are given'

It means taking drugs:

- at the right time
  - in the right dose
  - in the right way
Adherence:

- Adherence indicates that all are working together to make behaviour change and to improve health.

- The patient and the care provider are participating in and understanding the plan of care and treatment.
Compliance:

- The term “compliance” indicates that the patient follows medical instructions in taking their medication as exactly prescribed.

- In that case the patient is acting in accordance to command, i.e. nurse tells the patient what to do and s/he must do it without question.
The objectives of adherence counselling:

- Prepare the patient to initiate and continue treatment.
- Provide ongoing support for clients to adhere to treatment over the long term.
- Help clients develop good treatment taking behavior.
Importance of Adherence in ART

- In the absence of sufficient levels of drugs, the virus rapidly multiplies…a little bit of drug is NOT better than no drug.

- Once the viral load has increased and mutations have occurred, resistance to the prescribed drugs can occur. Once resistance develops, the drugs stop working.
Consequences of Poor Adherence

- Incomplete viral suppression
- Continued destruction of the immune system
- Disease progression
- Emergence of viral resistance
- Need to change drug regimen
- Limited future to treatment
- Higher cost to the individual and the ARV program
Factors that enhance adherence

Assessing patient readiness and starting only when appropriate:

- Before starting ARV therapy, patients should work closely with their healthcare provider to assess whether or not they are ready to begin treatment.
Factors that Enhance adherence (contd.)

Use a treatment plan that best fits into the patient's life:

- Walk through the daily schedule of the patient and together find the best times to take the medications. Make plans for situations when a daily schedule is altered, e.g. travel, weekends.
Factors that enhance adherence (contd.)

An educated patient:

- Discuss the importance of adherence, how it impacts the treatment of HIV/AIDS, and what can happen as a result of poor adherence with a patient.
Factors that enhance adherence (contd.)

Prepare patient for side effects:

- If a patient knows what to expect and knows how to deal with expected side effects they are more likely to adhere to their prescribed therapy.
Supportive relationships:

- Research has shown that patients who have a trusting relationship and feel supported by their healthcare provider, have greater adherence to ARV therapy.
- Support by family, friends, and HIV community support groups also improves adherence.
Exercise

Adherence Barriers

Small group discussion (4-6 people)

1. Think about patients you know that had difficulties to adhere to their treatment. What made patients being unable to adhere to their treatment?

2. Can you group certain barriers together that make part of a same "family"?
Barriers to adherence

Disease Characteristics:

- Feeling well
- Too ill to take medications
- Taking other medication
- Drug interaction
Barriers to adherence (contd.)

Treatment Characteristics:

- Physical difficulties—swallowing pills
- Regimen complexity
- Side effects
- Interference with daily life (duration of treatment—commitment is lifelong)
- Dietary restrictions
- Expenses related to care. (time spent, travel)
Patient Characteristics:

- No understanding of the purpose of therapy (lack of treatment literacy)
- No belief in treatment efficacy
- Lack of knowledge/false beliefs about HIV
- Cultural or religious beliefs (fasting, mourning, etc.)
- Disclosure issues (lack of social support, stigma)
Barriers to Adherence (patient characteristics contd.)

- Lack of self esteem, depression or other mental illness.
- Substance abuse issues
- Competing priorities—work, family, and food access.
- Forgetting to take their pills or their date of appointment - 'Human error'.
Barriers to Adherence (contd.)

Clinician or Institution Issues:
- Lack of confidentiality
- Difficulty accessing health centre
- Insufficient time
- No appropriate education provided
- Language & communication barriers
- Negative/judgmental attitude of health care workers
Adherence strategies

Organizing medication:

- Divide medication into labeled bags of drugs or pill boxes to help organize dosage and schedule.
- Streamline regimens to minimize the number of pills and doses per day.
- Draw up a medication schedule using words or pictures.
Adherence strategies (contd.)

Remembering to take medication:

- Incorporate into the daily routine: take medication at the same time every day, associate with another daily activity (meals, tooth-brushing, bedtime, etc…)
- Plan ahead - carry extra doses when traveling far from home.
Adherence strategies (contd.)

Anticipating and managing side effects:

- Advise patient on typical side effects of his or her regimen.
- Explain that side effects may decrease as body adjusts.
- Advise when to self manage and when to report.
Adherence strategies (contd.)

Disclosure:

- Counseling to support disclosure. Can do role plays, offer to see the partner with the patient, etc.
- Identify other people (i.e. friends, members of PLWHA group) who patient can disclose to first if disclosure to spouse/family seems to difficult
The assessment of an individual’s adherence to ART by health care workers is often inaccurate. Health care workers should spend more time supporting adherence than trying to assess it. The best way to support adherence is to focus on the needs of the person taking ARVs.
Measuring adherence (contd.)

Biological Markers:

- Decrease in viral load implies good adherence.
- However, in some patients viral load may remain high even with good adherence.
Measuring adherence (contd.)

**Pill Count:**
- Providers count remaining pills during clinic visits.

**Problems:**
- Patients know how many pills they are supposed to have and can dump pills prior to visit.
- Can promote a sense of distrust between patient and provider.
Measuring adherence (contd.)

Self-Report:

- If not mentioned by the patient, ask about missing pills (various periods of recall of missing pills at 1, 3 and 7 days)
- Approach the patient in a matter of fact and non-judgmental way (emphasize to the patient that any answer will not have an adverse impact)
Measuring adherence (contd.)

Calculations:

- Can be based on returned pills or on self report.
- Can be time consuming, and again, patients learn how many pills they are supposed to bring back.
Measuring adherence (contd.)

Morisky Medication Adherence Scale:

1. Are you careless at times about your medications?
2. When you feel better, do you sometimes stop taking your medicines?
3. Do you ever forget to take your medications?
Measuring adherence (contd.)

Morisky Medication Adherence Scale:

4. Sometimes if you feel worse when you take your medicines, do you stop taking them?
   - No to all questions: good adherence
   - Yes to one or more questions: adherence should be improved
Self-Report:

**Advantage:**
- Easy to do in our clinic setting.

**Disadvantage:**
- Tends to overestimate adherence.
Conclusion

Adherence works best when:

- Relationship between patient and health care provider is based on trust.
- Patient has adequate support.
- There is a multidisciplinary health care team and client centered approach.
- And remember:
Adherence is a process not an event!