

# ART INITIATION AND ADHERENCE COUNSELLING

- People have different perceptions, and the same simple instructions can mean different things to different people.
- It makes no difference how smart or literate someone is.
- What we have meant and what another person may have understood are often very different.

Many think that by giving instructions to a client on how to take ARVs, the client will adhere.

However there is a lot more to adherence than giving instructions. This is what adherence counselling is about

## Case Scenario:

You were diagnosed with HIV 6 years ago.  
At present you are healthy. You have had diarrhea from time to time .

Your CD4 count last month was 455. Counselor at the clinic has given you information about ART.

But you are worried about Side effect, you have seen some of your friends die after stating ART and some have problems. Also it will be difficult for you to attend the clinic once a month as you are working. You are scared you will not be able to take ART regularly and fear about resistance.

You are thinking: **“Should I take ARV or not?”**

**Starting ART is NOT an emergency.**

**The client must be assessed,  
properly prepared for, and  
committed to treatment.**

- 1. Pre-HIV Treatment Initiation
- 2. HIV Treatment Initiation
- 3. HIV Treatment Maintenance
- 4. Re-Motivation or Treatment Change

## **Pre-HIV Treatment Counselling has three main goals:**

- To assess the client's understanding of HIV treatment and adherence.
- To assess the client's commitment and readiness to take HIV treatment medication.
- To develop a personalised treatment plan, taking into account factors influencing adherence and the client's lifestyle

## ***The purpose of the first stage: (Pre ART counselling)***

- Educate client on HIV/AIDS and introduction to HIV treatment
  - Determine client's HIV treatment readiness
    - Establish full commitment to treatment
    - Prepare client for what treatment involves
  - Select and involve treatment supporter when possible.
- Develop a personalised treatment and adherence plan



# ***The purpose of the second stage is to (Initiation Counselling)***

- Tailor the HIV treatment regimen to the client
  - Discuss side effects
  - Develop a personalized adherence plan
- Problem solve about factors that may lower adherence.

***The purpose of the maintenance stage is to:***

(Adherence follow up M1 to M4)

- Review and adapt adherence plan.
- Discuss client's coping mechanisms and reinforce strengths
- Discuss on planning trips, dealing with substance abuse and communicating with treatment team.
- Education on viral load monitoring and support

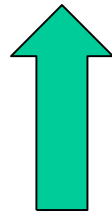
## ***The purpose of the fourth stage is to:***

***(Ongoing counselling M6 onwards/EAC)***

- Re-motivate the client on the same regimen, provide support, and make adjustments to the adherence plan.
- HIV treatment adjustment or change: develop new adherence plan, problem-solve factors that influence adherence

# Why is adherence to ART important?

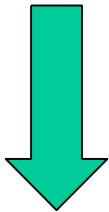
# Importance of Adherence



CD4



Viral Load



Opportunistic Infections

=

**Healthier and longer living HIV Positive Person**

# Adherence versus compliance

- Often used interchangeably but differ in meaning
- Compliance: Patients do what they are told, often blindly
- Adherence: Agreement, understanding the commitment, responsibility



# Adherence is dynamic.

## It changes in each client over time.

# Adherence includes:



- Quantity (right quantity)
- Times (at prescribed times every day)
- Instructions (e.g. with or without food)
- Attending clinic appointments

**95% of doses must be taken properly for optimal suppression of the virus.**



# Consequences of non-adherence

- Incomplete viral suppression
- Continued destruction of the immune system – CD4 cell counts
- Disease progression
- Emergence of resistant viral strains
- Limited future treatment options
- Higher costs to the individual and ARV programme

# Barriers to adherence

## **Break out groups (10 minutes!)**

- What are the barriers
  - Client barriers
  - Treatment-related barriers
  - Barriers within health care services
- What are the strategies? How best to deal with each barrier

# Factors that influence adherence

- Patient-related factors
  - Confidence in efficacy of treatment (through personal experience)
  - Disclosure, openness
  - Knowledge
  - Social support from family and friends
- Health care team
  - Trust in health staff
  - Lack of trust in health staff
  - Transfer of knowledge from staff to patient
- Therapy-related factors
  - Side effects (especially in asymptomatic pts)
  - Fitting the regimen into daily living

Long term adherence requires an on-going interaction between patients and service providers: **a moral contract**

- What clients are asked to do
  - Finding a treatment assistant (disclosure to at least 1 person)
  - Learning the names of the ARVs
  - Using the pillbox
  - Taking ARVs in the right quantity
  - Taking ARVs at the right time
  - Taking ARVs every day
  - Attending the clinic appointments in person and on time
  - Reporting non-adherence
  - Reporting adverse events and drug side effects
  - Seeking support as needed (such as through ART Adherence club sessions)

## Counsellors: adherence support topics

- General feeling / psycho-social
- Side effects screening
- Missed tablets - self-report
- Treatment assistant: is s/he helping?
- Disclosure to others among family and friends
- Knowledge of ART
- Perceptions of ART : is it helping?
- About your CD4 count
- “TB watch!”
- HIV transmission, prevention, you and your partner
- Plans for the future
  - Family
  - Work

# Adherence support from nurses

- Measuring adherence at every visit
  - “Are you having problems taking your pilisi?”
  - Missed tablets (asking patient for self-report)
  - Monitoring clinical progress (at every visit!)
    - Weight
    - CD4
    - OIs
- Supporting adherence
  - “Rational refills”
    - Do not give 2-month refills until > 6 months on ART
    - Ex: Do not give 2-month refills for “no-shows” or defaulters
  - Prescribing/encouraging attendance to clinic and support sessions
  - Ensure good communication and cross-referral between you and the lay counsellors
  - YOU participate in support sessions to address trends/problems

# General challenges for adherence in adults

1. Being away from home (mobility, temporary migration, spending time out of home)
2. Alcohol consumption
3. ARV Side effects
4. Pill fatigue
5. Lack of social support
6. Stress and depression / pessimism
7. Non-disclosure of HIV status
8. Poor self-esteem



## Challenges for adherence (children)

- Multiple caregivers with unclear roles
- Age (child and caregiver)
- Medication formulation (syrup vs pills)
- Social support to primary caregiver
- Coping ability of primary caregiver





# Thank you