

ADHERENCE COUNSELING FOR PHYSICIANS/CLINICIANS

GENERAL OVERVIEW

- Discussion points are to be interactive with the participant. After each and every point, make sure the patient understands the point, and has contributed to the discussion.
- After each point, have the participant summarize back what you have discussed.
- Non-judgmentality – while presenting the information, its important to do so in a nonjudgmental, open way.
- Remember – behavioral change involves increasing **information**, **motivation**, and **skills** – all three are important.
- Remember – many people will say they understand but really do not.

THE PHYSICIAN/CLINICIAN ADHERENCE COUNSELING INVOLVES 4 AREAS:

- 1. DISCUSSION OF THE IMPORTANCE OF GOOD DOCTOR-PATIENT COMMUNICATION**
- 2. EDUCATION ABOUT HIV MEDICATIONS**
- 3. INTRODUCTION OF PATIENT'S REGIMEN**
- 4. DISCUSSION OF SIDE EFFECTS**

1. COMMUNICATION ●

- HIV treatment only works when there is good doctor patient communication
- It is important for you to ask questions about your treatment and get all of your questions answered
- Throughout your treatment in this study – ask questions continually so that you are sure to know about the medicines, HIV, and other treatment issues.
- After everything we discuss, be sure to ask about what you do not understand.

2. EDUCATION ABOUT HIV MEDICATIONS AND ADHERENCE

Utilize any pictures, models, visual materials, or cartoons available to explain the importance of adherence from a biomedical perspective.

2a. Discussion – replication and resistance: ●

- **Replication** - The HIV virus copies itself very quickly.
- When it copies itself so quickly, the virus can **change forms**. This is called mutation.
- Sometimes, since it copies itself so quickly, it can change to a new form (a mutation) that would be **resistant** to the medications.
- The combination of the medicines you will be receiving can **slow or stop** the virus from copying itself.
- When adherence is poor, however, the virus can still copy itself.
- The fact that some medicine is still there (but not enough to stop the virus from copying itself completely) increases the chances that the copies that survive can be ones that would be resistant to the medicines.
- Because of this, even though taking medicines and adhering to the regimen is the best solution, **poor adherence can actually lead to the virus being resistant to the medications you are taking**.
- **Repetition** – have the participant explain this back to you after you explain it.
- **What questions do you have so far?**
- **Please explain back to me why it is important to take all of your medicines as much as possible?**

2b Discussion – 95 to 100% adherence is optimal ●

- Discussion: studies have shown that **95% to 100%** adherence gives you the best chance of having an undetectable viral load.
- Discussion of **meaning of undetectable viral load**: This means that you still have virus in your blood stream, it just means that there is so little that typical machines do not detect it – but ultra sensitive machines still can).
- **What questions do you have so far?**

3. INTRODUCTION OF MEDICATION REGIMEN ●

- Show patient example each pill and say its name.
- Describe what each pill does.
- Discuss timing of each pill and any food restrictions.
- Discuss of schedule – (e.g. twice a day versus every twelve hours).
- Help them make an initial plan as to when they can take pills (e.g. with breakfast and right after dinner).
- **What questions do you have about your regimen?**
- Explain that the adherence counselor will also go over this again in more detail.

4. SIDE EFFECTS.

- Discussion of **what particular** side effects may occur with the regimen the person is taking (e.g. diarrhea, nausea, headaches, peripheral neuropathy, other adverse effects.)
- Discussion that sometimes side effects are worse at the beginning but slowly get better after being on the regimen for some time.
- Discussion of how side effects sometimes get in the way of adherence.
- Discussion about how after a while, your HIV might get better after taking medications, but that the side effects may make you feel worse – so this **might make you want to stop** taking the medicines.
- Discussion of **possible remedies** for side effects (adjunctive medications, relaxation/yoga, etc.).
- Encourage patient to speak with the counselor and / or the study doctor about any side effects that come up and a possible plan for them if they do (before deciding not to take medicines because of the side effects).
- **What questions do you have about side effects?**

5. WHAT QUESTIONS DO YOU NOW HAVE ANY QUESTIONS ABOUT ANYTHING WE HAVE DISCUSSED – COMMUNICATION WITH ME, YOUR REGIMEN, OR WHY ADHERENCE IS IMPORTANT,