

COUNSELING INDIVIDUALS FOR HIV MEDICATION ADHERENCE

**ACTG 5175
HPTN 052**

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**GENERAL COUNSELING
STRATEGIES FOR HEALTH
RELATED BEHAVIORAL CHANGE**

Education alone does not result in behavioral change

1. Education

2. Motivation Enhancement (benefits and barriers)

3. Skills

Applies to many areas including substance use, safe sex counseling, mental health interventions, prevention interventions)

General Principals of Health Related Counseling

- Nonjudgmentality
- Motivational interviewing – help patient resolve any ambivalence about changing
- Collaborative approach
- Normalize difficulties, anxieties, confusions
- Repetition, practice, discussion, skills

General Estimates of Adherence

- General estimates of adherence for medications for chronic medical conditions is only 50%
- This is definitely not enough for HIV

95% to 100% Adherence has the best chance of viral suppression

Paterson et al (2000)

N = 99 patients with HIV

MEMs Cap Study:

- Over 95% adherence = 78% of patients with an undetectable viral load
- 80-94.9% adherence = 49% undetectable
- < 80% adherence = 20% undetectable

Less than optimal adherence can lead to medication resistance

- HIV replicates quickly – and can mutate
- Full treatment with proper adherence and combination therapy can stop HIV from replicating.
- Poor adherence = some of the virus can still replicate
- Because medicines are there, the mutations that survive are more likely to be those that are resistant to medications

Public Health Implications of Non-adherence

- Increased plasma HIV RNA has been associated with increased sexual transmission of HIV in a drug-naïve population (Quinn, 2000)
- Sentinel surveillance in western countries suggests that there are an increasing number of new infections of individuals with drug resistance (Little et al., 1999)

Structure of Adherence Counseling

Treatment team approach – Clinician and counselor participate in collaborative adherence counseling:

- 1) Clinician (Doctor) - overview
- 2) Counselor – more extensive adherence counseling.

Structure of Adherence Counseling: 4 Clinician Tasks

1. Clinician-patient communication
2. Education about HIV medications
3. Introduction of patient's regimen
4. Discussion of side-effects

Clinician Task 1: Communication

- HIV treatment works only when there is good doctor patient communications
- Importance of patient feeling comfortable asking questions
- Setting the stage for him or her to be able to feel comfortable and having an collaborative approach

Clinician Task 1: Communication

- Many people will say they understand but will not.
- Many people who do understand, will later forget what has been discussed.

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Clinician Task 2: Education about HIV Medications and Adherence

- Replication and resistance – explanation of how poor adherence can lead to resistant virus
- 95% to 100% adherence gives the best chance of having an undetectable viral load
- Undetectable does not mean no virus is there
- “What are your questions?” What is the most confusing part?

Clinician Task 3: Introduction to Regimen

- Use any visual materials, pictures, and examples of pills and bottles
- Describe each pill and what it does
- Discuss timing of doses (two times a day versus every twelve hours) and any food restrictions
- Make a plan about when the patient will take pills (e.g. with breakfast and dinner?)

Clinician Task 3: Introduction to Regimen

- What questions do you have about your regimen?

Clinician Task 4: Side Effects

- Discussion of what particular side effects may occur and their pattern.
- Discussion of side effects and adherence
- Possible remedies of side effects – now versus as the patient is on the regimen later
- Encouragement of this to be a continued dialogue
- What questions do you have?

**ADHERENCE COUNSELING
TASKS FOR ADHERENCE
COUNSELORS**

Gather Materials BEFORE the visit

- Reduces having to have the patient wait
- Decreases pressure on the counselor
- Helps assist with the flow of the visit
- Familiarize self with the patient's regimen and potential side effects

Checklist points

1. Rapport building discussion points

- How long with HIV?
- Reasons for joining the study.
- Reasons for taking medicines
- Set the stage for repetition and having the patient repeat back what is said.

Checklist points: Definition of adherence

- The degree to which a person sticks to the regimen as prescribed
- Collaborative between provider and patient
- Important for patient to take an active role in treatment
- Adherence versus “Compliance” – compliance = yielding, acquiescing; “Adherence” = shared decisions

Checklist points

3. Education about HIV Medicines and Adherence

3a: Replication and resistance

3b: 95-100% adherence optimal

3c: Sharing of medicines

3d. Review

Checklist points

4. Side Effects

- Side effects are expected – especially at the beginning
- They do not mean the medicines are toxic or not working
- Side effects tend to be worse at the beginning and more manageable over time

Checklist points

5. Communication with doctor and team about pill taking
 - It is normal to need to ask questions and not understand at first – HIV treatment can be complicated
 - It is also normal for questions to come up later
 - It is also normal to later forget what we discuss now.

Checklist points

6. Introduction of ART regimen

- Use visual tools
- Give visual “prescription” for patient to take home
- Discuss timing of each dose and number of pills for each

Checklist points

7. Concrete daily schedule and sorting
 - Sort pills
 - Tie pill taking to other behaviors that can occur at the same time (e.g. meals)

Checklist points

8. Reminder strategies

- Involvement of partner or helper?
- Overt reminders – timer, watch, stickers, other
- Storage of pills

Checklist points

9. Family, community, social support, and privacy

- Who can help you
- Who knows about your HIV?
- Who do you want to keep it private from?
- How will storage affect privacy issues?

Checklist points

10. Additional potential barriers

- May be different for different people
- Examples may include: travel, different schedule on different days (weekends, Sundays), life problems, lack of stable housing, work, substance use, other commitments, etc.
- Attempt to make plan and back up plan for the different potential barriers.

Checklist points

11. Handling of slips

- No one is perfect

Checklist points

12. Getting to appointments

- Plan and back up plan for transportation to clinic
- Plan for child care and other commitments or barriers to keeping appointments

Checklist points

13. Review

- Patient should repeat back his or her regimen
- Patient should have schedule with visual cues
- Patient should take written and visual materials
- Contact information
- List of strategies
- Questions for provider
- Follow up appointment