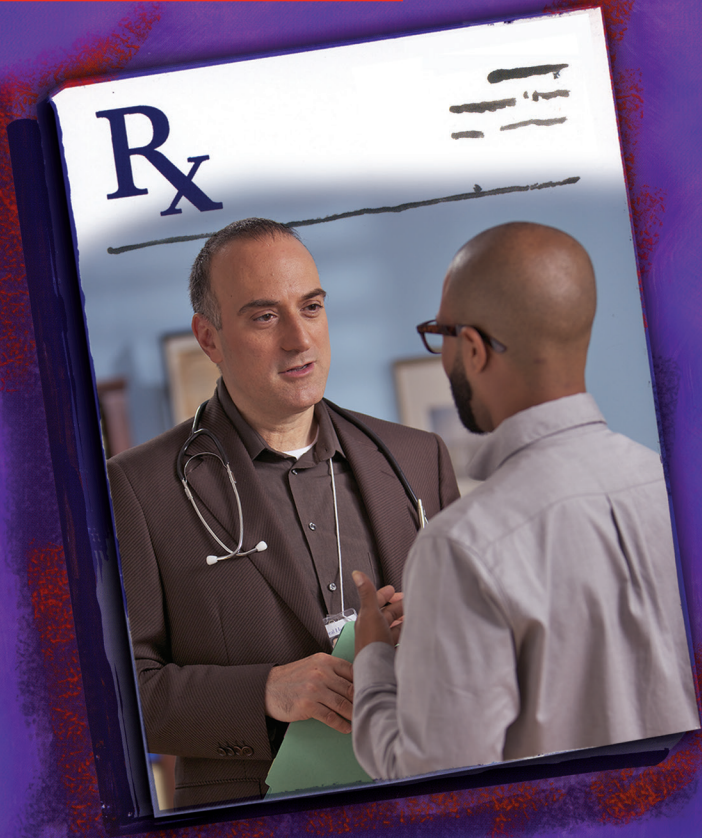


Small Talks ABOUT:



ART Adherence

How medical providers can positively impact
medication-taking behavior

PREVENTION
IS CARE
Care IS Prevention



Small Talks ABOUT ART Adherence

ADHERENCE TO ART:

Vital for Patients Living with HIV

For patients living with HIV, adherence to antiretroviral therapy (ART) is key to maximal and long-term reduction of viral load.¹ The difference between adherence and nonadherence—including inadequate or inconsistent adherence—has a profound effect on overall treatment.

Results of Sustained Adherence:¹

- Immunologic recovery is possible
- Long-term control of HIV infection can be achieved
- Antiretroviral agents remain durable
- Viral resistance (and subsequent virologic breakthrough) is minimized
- Viral transmission is reduced
- HIV-related morbidity and mortality are reduced

Consequences of Nonadherence:^{2,3}

- Virologic response may be inadequate
- CD4 cell counts remain low
- Risk of viral breakthrough and regimen failure doubles
- Development of drug-resistant HIV may be accelerated, increasing treatment failure
- Viral transmission is more likely
- HIV-related morbidity and mortality are increased

Trust: pivotal to provider-patient relationships

It is important that the patient be able to trust the medical provider. The patient will feel more comfortable sharing his or her thoughts if the provider:

- Listens carefully to the patient and pays attention to hesitations, inconsistencies, or strong emotions
- Speaks openly and honestly about differences in ideas; corrects the patient's misconceptions tactfully and allows time for questions if he or she doesn't fully understand
- Involves the patient in the development of the treatment plan.

Objectivity and a nonjudgmental attitude are important. Medical providers can make it clear that even if they do not share the patient's views, they respect them. Knowing and respecting the patient's views will improve the patient-provider relationship and make the patient more likely to be adherent.

SMALL TALKS HELP:

Identify Barriers to Adherence

Patients may have trouble adhering to ART for many reasons. Variables that are predictive of inconsistent ART adherence have been identified in the literature. These include individual patient beliefs and behaviors such as not accepting the HIV diagnosis or not wishing to take medications when “feeling well.”

Other barriers to look for include:

- **Cognitive factors**, such as lack of organizational skills and comprehension level
- **Treatment competence and regimen-related barriers**, or the overall inability to adhere to a potentially complicated and long-term regimen. This includes fear of treatment of the side effects and confusion about does.
- **Comorbid conditions**, such as depression, addiction, or co-infections/STDs as well as other chronic conditions including diabetes, high blood pressure, and heart disease, as these may further complicate the treatment plan
- **Psychosocial barriers**, such as lack of social support
- **Structural barriers**, such as lack of transportation, housing or insurance issues, or child care needs

Addressing different barriers as they arise will ultimately help patients live longer, healthier lives by encouraging consistent ART adherence. Here are some ideas.

When the patient demonstrates:

Improve adherence by:

- | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cognitive barriers | <ul style="list-style-type: none">• Encouraging pill sorting and use of dosing devices such as weekly pill boxes• Using a feedback strategy (such as “tell me what you just heard”) to help patients avoid confusion about new medications and/or changed regimen |
| Treatment competence issues | <ul style="list-style-type: none">• Involving the patient in decision-making, including selection of the ART regimen• Explaining that treatment is much safer today, and regularly evaluate and manage side effects |
| Regimen-related barriers | <ul style="list-style-type: none">• Modifying the treatment regimen, with consideration for the patient’s lifestyle:<ul style="list-style-type: none">– Link pill-taking to daily activities– Reduce pill burden or dose frequency– Reducing dietary restrictions• Encouraging patients to recruit friends and/or family members to help with adherence• Regularly reviewing overall treatment plan and simplifying total regimen if possible• Linking to resources such as support groups, alcohol/drug treatment or mental health services |
| Comorbid conditions | <ul style="list-style-type: none">• Regularly reviewing overall treatment plan and simplifying total regimen if possible• Linking to resources such as support groups, alcohol/drug treatment, or mental health services |
| Psychosocial barriers | <ul style="list-style-type: none">• Letting the patient know about any support resources available (eg, peer-to-peer groups, adherence counselors, case managers) |
| Structural barriers | <ul style="list-style-type: none">• When possible, referring the patient to case management and wraparound services such as appointment accompaniment and child care |

Strategies for Success

Every HIV-infected patient entering care should understand the effect ART has on CD4 count, viral load, and HIV transmission prevention. ART should be initiated as soon as possible according to current guidelines.³

Before patients begin ART...

Evaluating patient readiness prior to ART initiation can help identify predictors of suboptimal adherence.^{3,4}

Providers may want to test a patient's readiness to begin ART by:

- Prescribing a complex regimen of vitamins and nutritionals (or even placebo tablets) for a few weeks as a “practice run” and then determining how well the patient was able to adhere to this regimen⁵
- Prescribing an antibiotic regimen for patients who are immunologically at risk of acquiring an opportunistic infection and then determining how well the patient was able to adhere to this regimen⁵

At ART initiation...

Establishing trusting, open communication is important at ART initiation. One way that medical providers can enhance communication is to ask several open-ended questions...ones that cannot be answered with a simple “yes” or “no.”

Open-ended questions are designed to help the medical provider better understand the patient’s views. They may also give the provider some idea of the patient’s ability to adhere to a treatment regimen.

Consider these open-ended questions to start the conversation:

- “What have you heard about HIV medicines?”
- “What are the most important results you hope to get from treatment?”
- “What are your concerns about HIV medicines?”

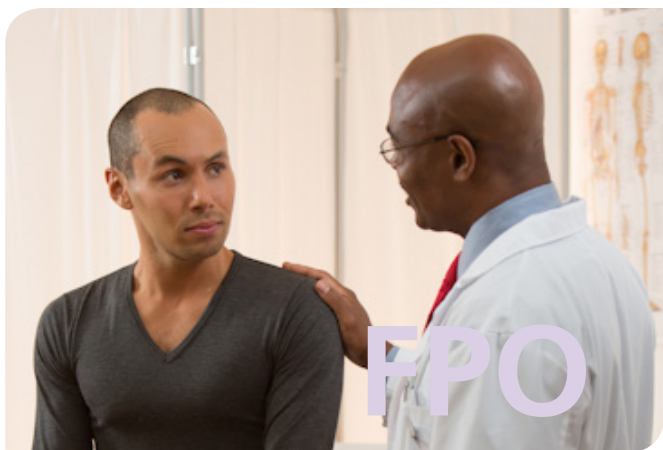
SMALL TALKS HELP:

Patients Adhere to Treatment Throughout the Course of ART

Adherence to ART over the long term can be challenging, even for the most motivated patients. Brief discussions about ART adherence at every follow-up visit can help improve your patients' success.⁵

Through open discussion, providers and patients can problem-solve barriers, identify strategies, and set behavioral goals to improve adherence.

For example, the ART schedule may need to be adapted to a patient's lifestyle by linking pill-taking to activities that serve as cues to remember. Or a side effect that needs attention may be uncovered.⁵



Consider these open-ended questions to start the conversation:

- “How has it been going taking your medicines?”
- “What seems to get in the way of taking your medicines?”
- “What was going on when you missed that dose you told me about?”

Remember, needs may change over time.

Medical providers should explain to the patient that some people have trouble staying on the medication schedule and help patients find ways to identify and deal with potential adherence problems.

Persons living with HIV are more likely to be adherent if they help make the decisions and choose solutions rather than being told what to do.

In general, patients may be more likely to follow the treatment plan if they are partners in their treatment plan and understand the benefits of treatment.

In Summary, Small Talks Work

- The ultimate goals of adherence to ART are viral suppression, prevention of viral resistance, maintaining overall health, and preventing HIV transmission.
- Inconsistent or suboptimal adherence to ART may lead to poor clinical and health outcomes including:
 - Increased morbidity and mortality
 - Increased risk of viral transmission
 - Viral resistance.
- The provider-patient relationship can improve adherence to ART.
 - Regular clinical evaluation at each follow-up visit includes brief discussions that elicit and address barriers to adherence.



- Effective communication techniques include:
 - Using simple, nonmedical terms
 - Using the appropriate language level
 - Limiting the amount of information provided at one time
 - Discussing the most important topics first and last
 - Repeating important information
 - Listening to feedback and questions from the patients
 - Using concrete examples
 - Making the interaction with the patient a positive experience

Brief discussions with patients at every office visit can help improve treatment competence, adherence, and treatment success.

References

1. CDC. Effect of antiretroviral therapy on risk of sexual transmission of HIV infection and superinfection. September 2009. 2. Atkinson MJ, Petrozzino JJ. An evidence-based review of treatment-related determinants of patients' nonadherence to HIV medications. *AIDS Patient care STDS*. 2009;23:903-914. 3. 3. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Last updated February 12, 2013; Source: <http://aidsinfo.nih.gov/guidelines>. Accessed October 31, 2013. 4. Thompson MA, Aberg JA, Hoy JF, et al. Antiretroviral treatment of adult HIV infection. 2012 Recommendations of the International Antiviral Society—USA Panel. *JAMA*. 2012;308:387-402. 5. Hardy WD. The ART of ART adherence. *HIV Specialist*. 2012;4:30-32.

Inside

Helping Patients Adhere to ART

Adherence to ART is a long-term endeavor crucial to the health of people living with HIV. This brochure provides:

- Evidence of the importance of ART adherence
- Conversation starters to discover modifiable barriers to ART adherence
- Proven strategies to reduce barriers to ART adherence thereby improving the overall care of HIV.

Additional materials available in this kit

To help encourage brief discussions about barriers to and strategies for ART adherence, the following materials are also included in this kit:



- **New Patient Screener**—helps you get to know your patient prior to ART initiation.



- **"Every Pill Counts" Wall Poster**—helps foster open communications.



- **Action Plan**—helps you and your patient at each visit to identify and address variables affecting consistent adherence to ART.



- **"Every Pill Counts" Brochure**—reinforces your health messages after patients leave their appointments.



- **Patient Record Form**—serves as a guide to and documents your conversation and helps you identify patients at risk for nonadherence.

Additional materials available online

- **HIV Myths and Misconceptions**—a patient brochure available in English or Spanish.
- **HIV Resources for Providers who Deliver Care to People Living with HIV**—a brochure for providers containing a comprehensive selection of available resources.

<http://www.cdc.gov/actagainstaids/pic/>



PREVENTION
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