

Supporting Adherence to HIV Antiretroviral Therapy (ART)

Red flags

- * HIV viral load detectable when previously undetectable
- * Mismatch between frequency of repeat prescription requests and expected use
- * Patient not attending scheduled appointments
- * Changes in life events i.e. bereavement, depression, job loss, loss of partner

Assessing adherence (every consult)

Adherence is more than just taking the medication. It involves taking the medication as prescribed e.g. with food and roughly same time each day. By normalising the difficulty most people have in taking medications daily and long term allows the patient space to be honest with their GP without fear of judgement or criticism.

1. Initial questioning (open ended):

- "How are you going with your treatment?"
- "It can be difficult remembering to take medication every day. How many doses have you missed in the:
 - last month and/or,
 - last week and/or
 - last 3 days?"
- "Of those doses missed in the last month/week, how many were on weekends or days off?"

2. Establish reasons why doses were missed: Prompt and discuss:

These may include;

- Forgot
- Felt depressed
- Confused how to take medication
- Difficulty paying for medication
- Slept through dose
- Didn't have medication available
- Ran out of pills
- Difficulty taking medication in public
- Travelling
- Partying and drug use.

Also consider exploring other reasons like memory problems, depression, and early dementia

3. Record adherence in notes: Follow-up as needed.

A USEFUL MONITORING INSTRUMENT

Adapted from a chart developed by GlaxoSmithKline. This table can be used to show patients their level of adherence in relation to the numbers of doses missed in the past month.

MEDICATION SCORE		
DOSES MISSED in the LAST MONTH	ONCE DAILY DOSAGE	TWICE DAILY DOSAGE
0	100%	100%
1	96%	98%
2	93%	96%
3	89%	95%
4	86%	93%

Note: based on a 4-week month
Studies have shown that adherence levels below 95% risk causing treatment failure through the development of resistance.^{1,2}

Supporting adherence and encouraging engagement

- Engage with **support services**: Use available multi-disciplinary teams, community teams, non-government organisations.
- Promote a **flexible service** i.e. encourage 'drop-in' within defined times and implement **recall systems** for those who do not attend appointments.
- Follow-up** patients via phone calls or SMS if the patient agrees.
- Educate Patients**: About possible situations that may derail adherence including significant life-events, changes in routine and positive events like meeting a partner planned holiday and party weekend.
- Cost**: Highlight 'bulk-billed' where indicated and remember every script written incurs a cost to the patient.
- Contact Details**: CHECK AT EVERY VISIT including mobiles, emails, home address.

REFERENCES

1 Koblin, AB & Sheth, NU 2011, 'Levels of Adherence Required for Virologic Suppression Among Newer Antiretroviral Medications', *The Annals of Pharmacotherapy*, vol. 45, no. 3, pp. 372-379.

2 Paterson, DL 2000, 'Adherence to protease inhibitor therapy and outcomes in patients with HIV infection' *Annals of Internal Medicine*, vol. 133, pp. 21-30.

Referral pathway

Positive Life: provides information, advocacy, referral and advice on issues relevant to people with HIV Ph. 1800 245 677

Pozhet: provides support, information, events and referrals for heterosexual people with HIV in NSW Ph. 1800 812 404

NSW Sexual Health Infolink: provides specialist clinical support and assists in identifying referral pathways for you and your patients Ph. 1800 451 624

Bobby Goldsmith Foundation: provides emotional and financial support to people living with HIV Ph. (02) 9283 8666

ACON: provides peer based support for your patient Ph. (02) 6622 1555