Adherence in HIV & TB:

What can we learn from other diseases?

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What do we mean by Adherence?

Adherence is a collaborative process that facilitates the acceptance and integration of a certain therapeutic regimen in the daily life of the people being treated, presupposing their participation in the decisions about the treatment.

## Difference aspects about HIV and TB that can influence adherence

<table>
<thead>
<tr>
<th>HIV</th>
<th>TB</th>
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<td>Antiretroviral is a life-long treatment (No cure so far)</td>
<td>Long-term treatment. Once TB treatment is completed (most cases 6 m – Drug susceptible TB), it is stopped (Curable)</td>
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<td>Most recent regimes are only 1 daily pill (not taking into account other medication – CTX), same time</td>
<td>Several daily pills</td>
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<td>Regimen is easier to take, no DOT</td>
<td>Regimen a bit more complex, DOT is implemented in most cases</td>
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<td>• Become drug resistant</td>
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<td>• Adherence is required for treatment to work</td>
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<td>• Stigma and discrimination</td>
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Lets start to think about Vivax Malaria

• Curable if treatment is completed
• Treatment – daily pills
• Duration – 3 (treatment) + 14 days (relapse prevention)
• Adherence - Can build resistance and Adherence required
• Social Impact – Depends on context (disease perception)
The Five Dimensions of Adherence

WHO (2003)

Adherence to Long-term Therapies: Evidence for Action

Adherence Barriers

Table 2
Factors Influencing Medication Adherence\textsuperscript{24,25}

- Drug-Related Factors
  - Multiple daily doses
  - Complex medication regimen
  - Long duration of treatment
  - Medication palatability
  - Adverse effects associated with medications
  - Medication costs or accessibility

- Illness-Related Factors
  - Cognitive impairments
  - Hopelessness in depression
  - Preferring the perceived “highs” of mania
  - Psychosis interfering with reasoning
  - Substance abuse or dependence

- Patient-Related Factors
  - Denial of illness
  - Illness-related beliefs
  - Attitudes regarding treatment importance and efficacy
  - Stigma of taking medications

- Physician-Related Factors
  - Inadequate provision of information for the patient
  - Suboptimal dosing
  - Discontinuation of treatment prematurely
  - Inadequate follow-up of patient’s response to treatment
  - Beliefs regarding treatment efficacy

- Patient-Physician-Relationship-Related Factors
  - Poor therapeutic alliance
  - Opposition to treatment as a means of expressing disapproval and anger
  - Perceived need for ensuring doctor’s continued interest and involvement

- Social or Environmental Factors
  - Lack of a supportive network
  - Homelessness
  - Limited financial resources
  - Inaccessibility of treatment resources or clinical follow-up
  - Perceptions of others (e.g., family) of importance and efficacy of treatment
  - Perception that treatment adherence modifies one’s social support network

Through individual counseling (patient-centered approach) we work WITH clients and family members to find the best treatment plan according to the client’s daily routine and activities.

- Take the medication right before or after you go to CHURCH, SCHOOL or another daily activity.
- Set the ALARM CLOCK or CELL PHONE at the time you take the medication.
- Ask your nurse or counsellor to use a PILL BOX. A small box where you organise daily doses of the medication.
- Take the medication right before or after your favourite RADIO or TV SHOW.
Which strategy best fits the client’s needs?

- **Patient centered approach**
  - Educational
  - Behavioural
  - Emotional / Psychological
  - Socio – Economic - Cultural

- **Support Groups**

- **Incentives:**
  - Transport reimbursement & Nutritional Support
  - Easy access to treatment (Comm ART Groups)
  - DOT

- **Easy access to treatment**

- **Individual and group**
  - HIV & TB education

- **Health promotion & IEC materials**

- **Individual Psychological support**

- **Home visits & Defaulters tracing**

- **Occupational Therapy**

- **M-heath (SMS)**

- **Treatment supporters Counseling and training**

- **TB group health talks and discussions**

- **Individual and family Counseling**

- **DOT**
Recommendations for vivax malaria

• Need for Research on Practice
• Create a Psychosocial Support package
• Training of Health providers on patient-centered skills
• Training of treatment and peer supporters (community involvement and lay cadres)

QUESTIONS & COMMENTS?