Adherence Counselling at the Link ART Centre

National AIDS Control Organisation
Activity

- Think back to a time when you fell sick and needed to take medicine for more than two days. What was your experience in remembering to take the medicine?
Session Objectives

- Describe the role of counselling in supporting a PLHIV’s adherence to ART
- Demonstrate ART adherence counselling with special focus on issues relevant to the Link ART Centre
- List methods to monitor and support a PLHIV’s adherence through counselling
Adherence

“Extent to which a person’s behaviour - the taking of medication and the following of a healthy lifestyle including a healthy diet and other activities - corresponds with the agreed recommendations of the health care providers”

(WHO, 2003)
Is Mr Jeevan adherent to ART?

- Mr Jeevan is on ART from last 4 months. He takes medicine everyday at 7 am and 10 pm. When he has to go early for work, he skips the breakfast.

How many people say Yes?
How many people say No?
Explain!
Consequences of poor adherence

- Incomplete viral suppression
- Further breakdown of immune system
- Faster disease progression
- Emergence of resistant viral strains
- Limited future treatment options
- Higher financial burden
Consequences of poor adherence

**Society**
- Presence of resistant virus
- Increasing prevalence of resistance
- Higher incidence of infections with resistant virus

**Individual**
- Incomplete viral suppression
- Further breakdown of immune system
- Faster disease progression
- Emergence of resistant viral strains
- Limited future treatment options
- Higher financial burden
Adherence counselling for ART

Why is counselling needed for adherence?

- Treatment is life long
- More than 95% adherence is important
- Adherence is a behaviour that can be learned
- The client
  - Should have knowledge regarding the treatment
  - May face many barriers for adherence
  - Needs support to achieve and sustain adherence
How can a counsellor help an individual on ART?

- Help the client to develop an understanding of treatment and its challenges
- Prepare the client to initiate treatment
- Help the client to develop good treatment-taking behaviour
- Provide the client ongoing support to adhere to treatment over the long-term
- Address any other significant problems
Adherence Counselling at Different Stages of ART

Treatment Preparedness
- Assessment
- Treatment education
- Development of individual treatment plan

Treatment commencement
- Explanation of treatment
- Addressing practical difficulties

Treatment follow-up
- Adherence monitoring
- Support to address barriers
Adherence monitoring

Adherence monitoring: Service provider assesses adherence for a particular time period

% Adherence

\[
\frac{\text{Number of pills given} - \text{number of pills balance}}{\text{Number of pills should have taken}} \times 100
\]
Activity: Adherence monitoring

- **Problem 1**
  Mrs Seema, 28 years, has come for follow-up visit on 30\textsuperscript{th} day. She has brought 6 pills with her. You have to calculate her adherence for the last month and inform the medical officer.

- **Problem 2**
  Mr Rana, a 60 year old client on ART for last 4 years has come for follow-up. He informs you that he forgot to take the drug bottle with him. You are asked to check his adherence.

*How will you assess adherence for the last month in the above cases?*
Methods of adherence monitoring

- Self report
- Visual Analogue Scale
- Pill count
Visual Analogue Scale

Visual Analogue Scale
(Note: Can be used for adherence to ARVs or emotions/pain for both adults and children)

NOT UPSET

MODERATELY UPSET

VERY UPSET

Pain / Emotion Scale
(Note: Can be used for both adults and children)
Pill Count Method

% Adherence

= \frac{\text{Number of pills given} - \text{number of pills balance}}{\text{Number of pills should have taken}} \times 100
Example of adherence calculation

A client returned to the centre on 30th day with 6 pills remaining in the pill bottle

- Day on which client returned to the centre: 30
- Number of pills given = 60
- Number of balance pills = 6
- Number of pills client should have taken = 30 x 2 = 60
- % Adherence

\[
\text{% Adherence} = \frac{\text{Number of pills given} - \text{number of balance pills}}{\text{Number of pills should have taken}} \times 100
\]

\[
= \frac{60 - 6}{60} \times 100 = 90 \%
\]

Also see case of Mr. Tanuj in your handout
Barriers to Adherence

- Difficulties in taking medicine
- Stigma and Discrimination
- Side-effects of drugs
- Provider's lack of knowledge
- Client's lack of understanding
- Provider's lack of understanding
- Limited faith in treatment
- Client's physical difficulties
- Provider's lack of skills
- Duration of Treatment

Adherence
Barriers to Adherence contd..

- Treatment related factors
- Factors related to Providers
- Environmental & Social factors
- Client related factors

Adherence
Addressing barriers: 5 As

Assess
- The problem
- Effects on individual and family
- Probable consequences

Assist
- In addressing the barrier
- Planning what, when and how to do

Advice
- Importance of adherence
- How to continue treatment in difficult situations

Arrange
- Necessary referrals (Medical, Psychologist, etc)
- Admission in Ward
- Follow-up sessions

Agree
- Treatment adherence plan
- Plan to address the barrier
Activity: Disputing Statements

“I don’t think I can take the medicine for my lifetime”

“I understand your concern. Can you tell me what will happen if you do not take it? Shall we try the ways to help you to take medicine?”

“I don’t want to come to the Link ART centre. Staff behave rudely”

• ...

“I don’t think ART can help me”

• ...

“I don’t know how to take the medicines”

• ...

Please fill in the worksheet in your handouts
Activity: Let us count some pills

% Adherence

\[
\text{Number of pills given} - \text{number of pills balance} = \frac{\text{Number of pills should have taken}}{\text{Number of pills should have taken}} \times 100
\]
Activity

- **Demonstration:**
  Using the ‘5 As’ method

- **Role plays**
  Addressing Barriers to Adherence
Adherence Fatigue

- The state when the client gets bored with the routine of taking medicines, stops bothering about the disease and subsequently stops taking medicines.
Symptoms of Adherence

Fatigue

“I am no longer HIV positive. I want to do the test once again”

“It is not helping me. I am going to stop the medicine”

“I am tired of eating the tablets. How much a person can eat it?”

“Ummm..I forgot to take them.”
How the counsellor could address adherence fatigue

√ Reinforce the adherence messages
√ Explain about the life cycle of HIV and how ART suppresses it
√ Use case studies, experience-sharing, support group, interactive methods
√ Seek the help of caregivers
√ Directly Observed Treatment
Balloon Game

Courtesy: ART Centre, BMJ Medical College, Ahmedabad
Adherence counselling at the LAC

First Visit to LAC

Follow-up visits

Session prior to visit to Nodal ART Centre

Adherence Monitoring and Follow-up Counselling
Addressing shift-related concerns

Mr Bhushan has been receiving ART at the ART centre, 260 kms away from his home. Today is his first visit to your LAC. As it is an ANC day at your hospital, you have asked him to wait till you finish the group counselling session for ANC clients.

**Brainstorm:** What thoughts may be going through his mind?
Counselling during client’s first visit to LAC

- Rapport- building
- Addressing concerns related with shift to a new centre
- Adherence counselling
Counselling during the client’s first visit to the LAC

- Rapport Building
- Adherence counselling
- Nutrition & Diet Plan
- Side effects & OIs
- Positive prevention
### Counselling during follow-up visits

#### Adherence

1. Check whether the client has taken the morning tablet. Offer the tablet and water, if necessary and observe client consuming the medicine.
2. Review the client’s adherence to treatment
   - Number of doses missed since the last visit (Oral report)
   - Check whether the client has taken the drugs at the right time
3. Count the pills remaining in the bottle and assess and categorize adherence accordingly (<80%, 80-95% and >95%)
4. Check for the reasons for the adherence level below 95%
   - Assess client’s current understanding about treatment and importance of adherence
   - Check for signs of treatment fatigue
   - Discuss any problems or issues the client in taking the medicine
5. Check the ART counselling diary and review any past issues pending
6. Check whether the client has any plans for a change in his/her life in the coming month. Discuss how he/she will take medicine without interruption in the changed situation
7. Reinforce the need of adherence
8. Review the adherence strategy followed. If needed help the client to modify or change the same.
9. Check the client’s next month’s supply of medicine

#### OIs & Drug side effects

10. Check for signs and symptoms of OIs and drug side effects. Encourage the client to report any symptoms to the doctor
    - If minor, refer to the trained doctor at the LAC
    - If major, arrange for referral to nodal ART Centre
11. Assess current understanding of the client regarding side effects and OIs
12. If the client has any symptoms of serious OIs or side effects, arrange for referral to the doctor

#### STIs

13. Screen for STIs and refer for treatment, if necessary
14. Reinforce the need of safe sex and address barriers, if any

#### Nutrition and exercise

15. Assess the client’s understanding about nutritional requirements, if not done before
16. Check the weight and compare it with the previous 3 months measurements. If any serious weight loss has happened, bring it to the notice of the doctor
17. Check for any conditions requiring additional nutritional intake (pregnancy, OIs, side effects, etc)
18. Check the quality and quantity of food and water intake
19. Discuss the diet plan, nutrition, exercise and suggest any modification is required

#### Positive Prevention

(need not address on each visit)

20. Assess the sexual practices of the client
21. Discuss how the client can adopt safe sex practices in his/her life
22. Address issues concerned with condom use and provide condoms

#### Family Planning

(need not address on each visit)

23. Discuss family planning methods adopted by the client.
24. If needed offer family planning counselling for partner
25. Check with female client (who has a male partner) in reproductive age, whether she had any unprotected sexual intercourse in last few months
26. Check with the female client whether she suspects pregnancy. If yes, provide her with counselling for preventing transmission to the child

#### Positive living

27. Encourage the client to share recent events in his/her life. Ask if these had any effect on adherence and positive living
28. Discuss how treatment has affected other areas of his/her life
29. Review social and familial support at regular intervals. Refer to the other agencies, if required
Activity

Fish-bowl

- Adherence Counselling at the LAC using checklists
Activity

- **Triad Counselling Practice**: Adherence counselling at the LAC
Counselling during special situations

- Client’s adherence is less than 80%
- Client misses the monthly visit
- Client is LFU
- Client takes overdose
- Client attempts suicide
- Client goes for Sadhu’s, etc
Counselling MIS

- Contact

- Counsel on return
  - Identify the reason/s for not turning up
  - Analyze chances for MIS again & address
  - Re-emphasize the need of adherence
  - Discuss ways of improving adherence.
Counselling LFU

- Prevent LFU
  - Maintain good rapport
  - Be familiar with key incidences in client’s life
  - Use ORWs
  - Focus on MISSED

- If LFU- Trace
Counselling LFU

- On return of client to LAC
  - Identify the reason
  - Check for any complications due to missing of doses
  - Check for other treatment
  - Re-emphasize the need for complete adherence
  - Review adherence strategy and attitude towards the treatment
  - Refer to Nodal ART Centre
Optional Activity

Role Plays