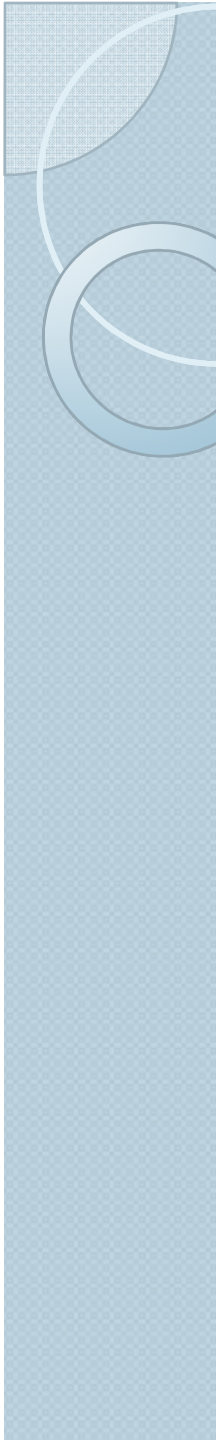




Adherence Counselling at the Link ART Centre

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

Individual

- 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

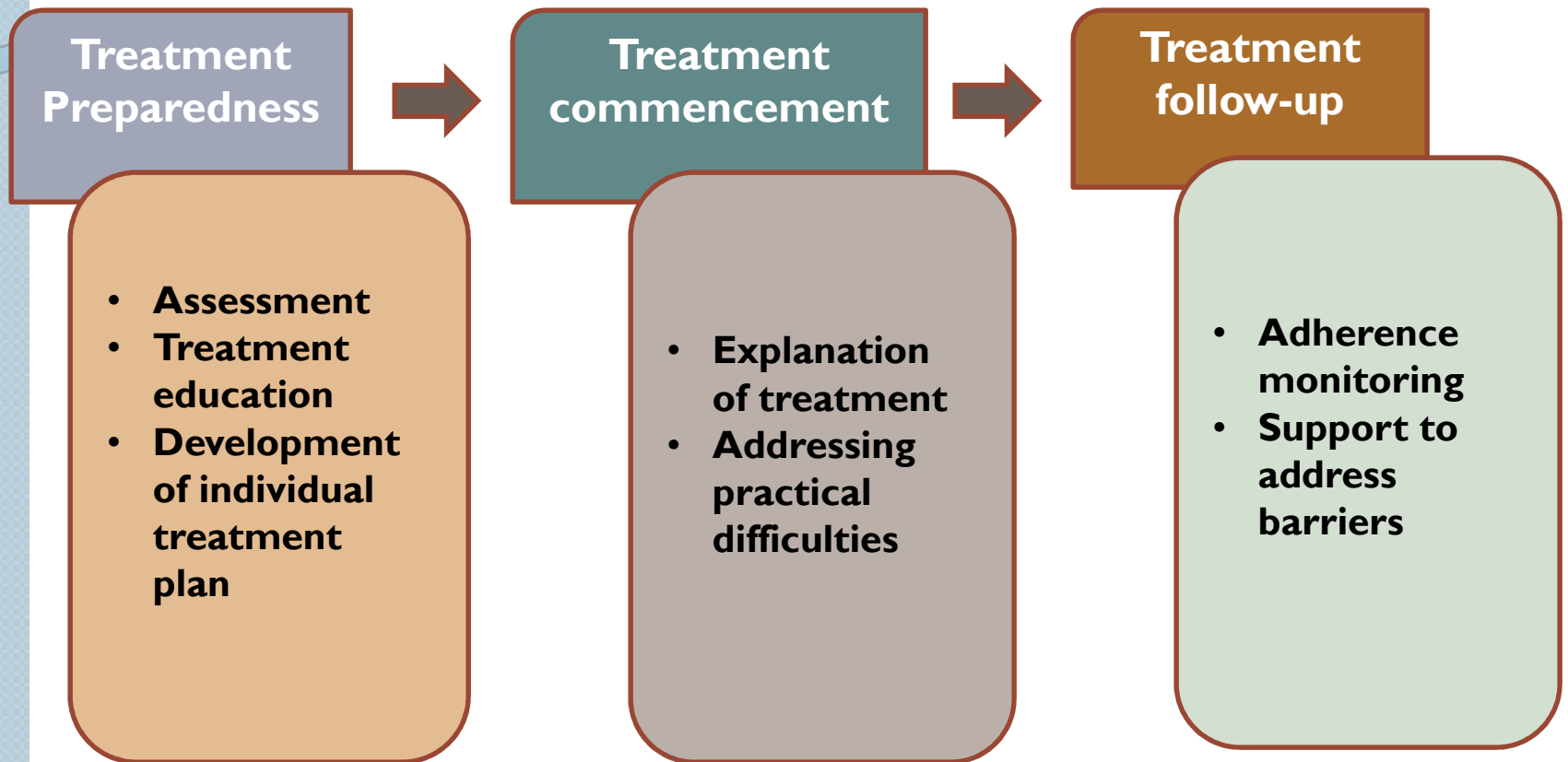
Why is counselling needed for adherence?

- 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



Adherence monitoring

Important
slide

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

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

Activity: Adherence monitoring

- **Problem 1**

Mrs Seema, 28 years, has come for follow-up visit on 30th 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

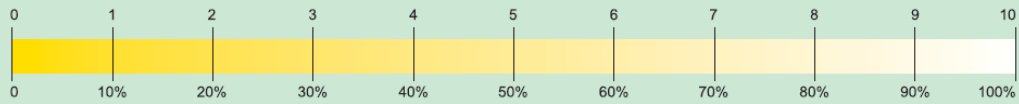


Visual Analogue Scale

Important
slide

VISUAL ANALOGUE SCALE

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



NOT UPSET



MODERATELY UPSET



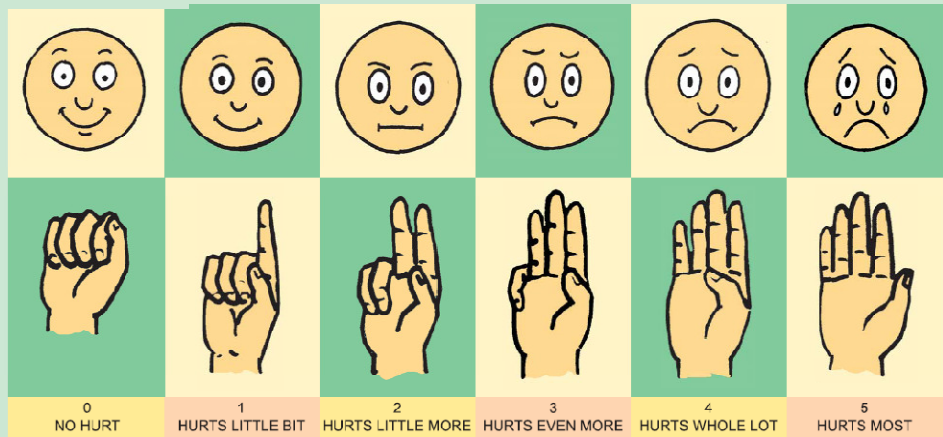
VERY UPSET



Supported by WHO India

PAIN / EMOTION SCALE

Note: Can be used for both adults and children



Supported by WHO India

Pill Count Method

Important
slide

% 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

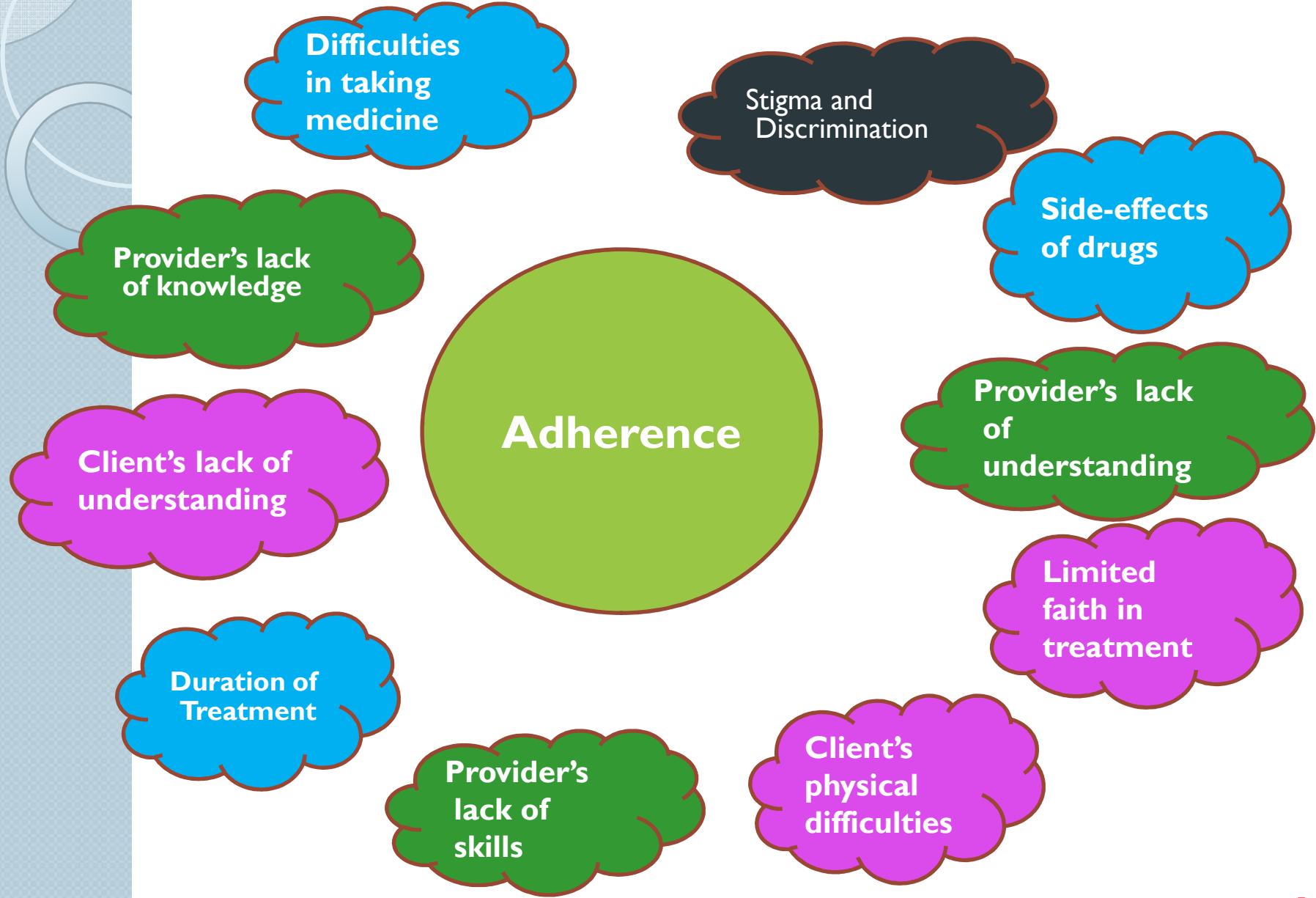
$$= \frac{\text{Number of pills given} - \text{number of balance pills}}{\text{Number of pills should have taken}} \times 100$$

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

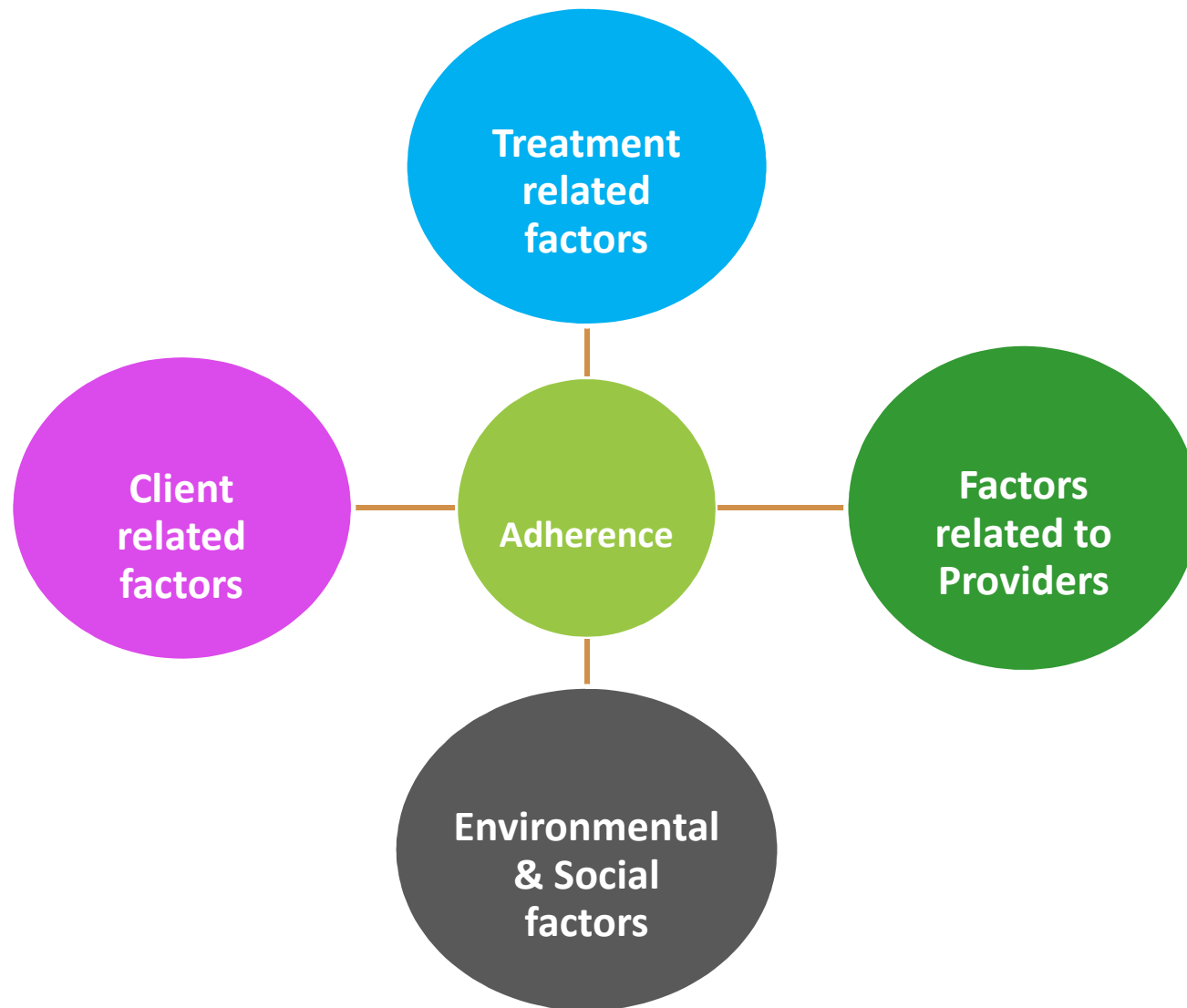
Also see case of Mr. Tanuj in your handout

Important slide

Barriers to Adherence



Barriers to Adherence contd..



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

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



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

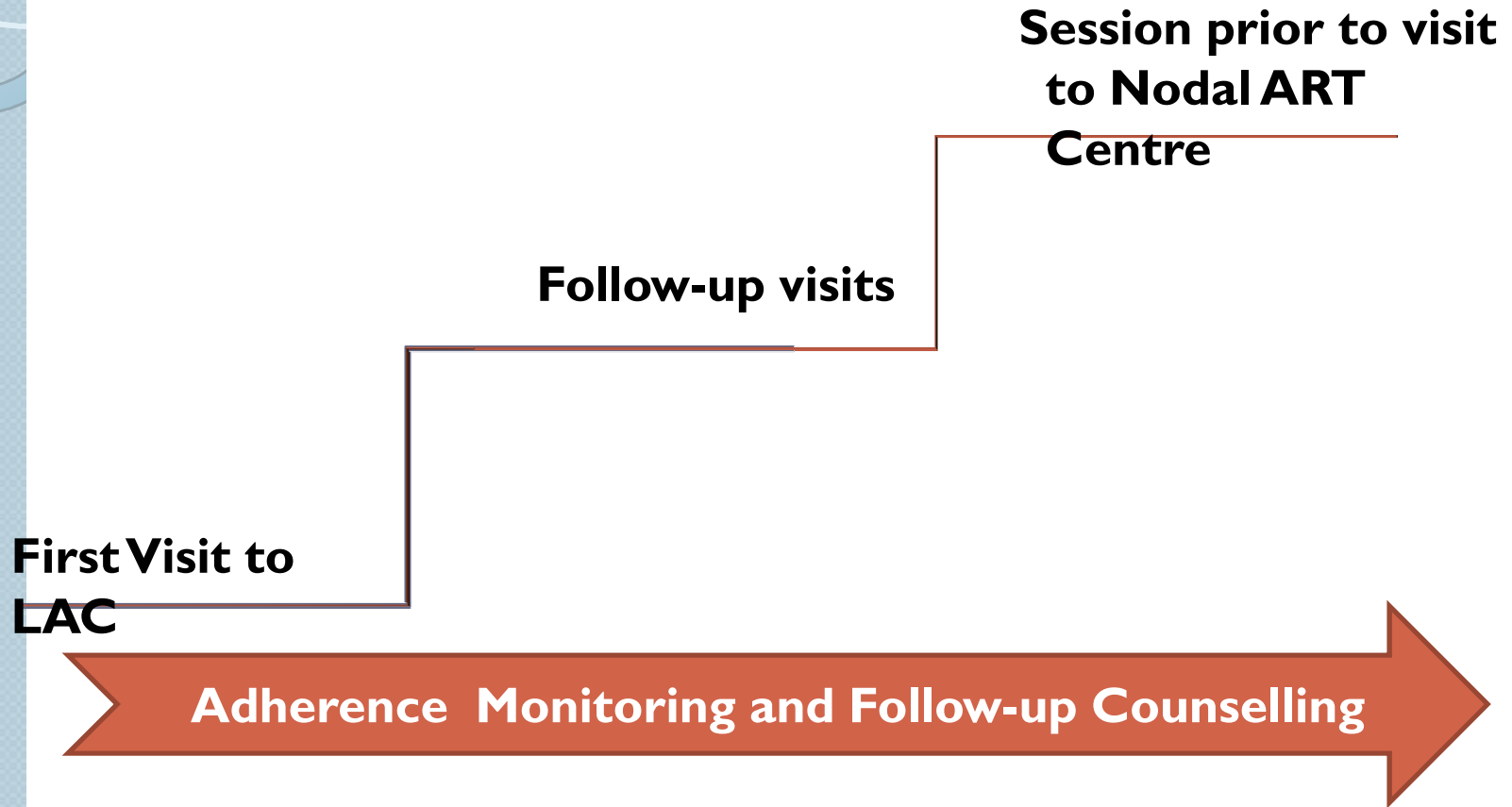
- ✓ Reinforce the adherence messages
- ✓ Explain about the life cycle of HIV and how ART suppresses it
- ✓ Use case studies, experience-sharing, support group, interactive methods
- ✓ Seek the help of caregivers
- ✓ Directly Observed Treatment

Balloon Game



Courtesy: ART Centre, BMJ Medical College, Ahmedabad

Adherence counselling at the LAC



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

Rapport Building

- 1 Introduce the whole LAC team to the client
- 2 Explain the LAC procedures - consulting with MO, adherence monitoring, drug distribution and counselling
- 3 Explain the differences between ART Centre and LAC
 - At the nodal ART centre, there is an MO dedicated to the ART Centre, while at the LAC a client has to consult the doctor within the General OPD.
 - Medicine is distributed by the ART pharmacist in the ART Centre, while the general pharmacist or staff nurse dispenses medicine at the LAC

Adherence counselling

- 4 Gather information regarding the occupation, residence and health cards
- 5 Extend support for the client and assure that confidential in the LAC
- 6 Address any concern regarding the LAC
 - Inform that he/she can consult the ART centre once in 6 months and in case of any health issues

Nutrition & Diet Plan

- 7 Provide counselling
 - 8 Review the client's understanding regarding ART and adherence strategies used by the client
 - 9 Reinforce the need of continued adherence
 - 10 Ensure that he/she has drugs for one month
 - 11 Check the client's understanding about side effects and advise to report to the centre, if any occurs
 - 12 Check the client's understanding about OIs and review the history of past OIs
- Nutrition and diet plan (You may delay this to the next visit also)

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.	<input type="checkbox"/>
2	Review the client's adherence to treatment <ul style="list-style-type: none"> Number of doses missed since the last visit (Oral report) Check whether the client has taken the drugs at the right time 	<input type="checkbox"/>
3	Count the pills remaining in the bottle and assess and categorize adherence accordingly (<80%, 80-95% and >95 %)	<input type="checkbox"/>
4	Check for the reasons for the adherence level below 95% <ul style="list-style-type: none"> 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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Check the ART counselling diary and review any past issues pending	<input type="checkbox"/>
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	<input type="checkbox"/>
7	Reinforce the need of adherence	<input type="checkbox"/>
8	Review the adherence strategy followed. If needed help the client to modify or change the same.	<input type="checkbox"/>
9	Check the client's next month's supply of medicine	<input type="checkbox"/>
OIs and Side effects		
10	Check for signs and symptoms of OIs and drug side effects. Encourage the client to report any symptoms to the doctor <ul style="list-style-type: none"> If minor, refer to the trained doctor at the LAC If major, arrange for referral to nodal ART Centre 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Assess current understanding of the client regarding side effects and OIs	<input type="checkbox"/>
12	If the client has any symptoms of serious OIs or side effects, arrange for referral to the doctor.	<input type="checkbox"/>
STIs		
13	Screen for STIs and refer for treatment, if necessary	<input type="checkbox"/>
14	Reinforce the need of safe sex and address barriers, if any	<input type="checkbox"/>
Nutrition and exercise		
15	Assess the client's understanding about nutritional requirements, if not done before	<input type="checkbox"/>
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	<input type="checkbox"/>
17	Check for any conditions requiring additional nutritional intake (pregnancy, OIs, side effects , etc)	<input type="checkbox"/>
18	Check the quality and quantity of food and water intake	<input type="checkbox"/>
19	Discuss the diet plan, nutrition, exercise and suggest if any modification is required	<input type="checkbox"/>
Positive Prevention (Need not address on each visit)		
20	Assess the sexual practices of the client	<input type="checkbox"/>
21	Discuss how the client can adopt safe sex practices in his/her life	<input type="checkbox"/>
22	Address issues concerned with condom use and provide condoms	<input type="checkbox"/>
Family Planning (Need not address on each visit)		
23	Discuss family planning methods adopted by the client.	<input type="checkbox"/>
24	If needed offer family planning counselling for partner	<input type="checkbox"/>
25	Check with female client (who has a male partner) in reproductive age, whether she had any unprotected sexual intercourse in last few months	<input type="checkbox"/>
26	Check with the female client whether she suspects pregnancy. If yes, provide her with counselling for preventing transmission to the child	<input type="checkbox"/>
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	<input type="checkbox"/>
28	Discuss how treatment has affected other areas of his/her life	<input type="checkbox"/>
29	Review social and familial support at regular intervals. Refer to the other agencies, if required	<input type="checkbox"/>

Adherence

OIs & Drug side effects

STIs

Nutrition & exercise

Positive prevention

Family planning

Positive living



Activity

Fish-bowl

- Adherence Counselling at the LAC using checklists



Activity

- **Triad Counselling Practice :**
Adherence counselling at the LAC



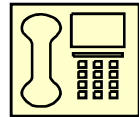
Counselling during special situations

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

Counselling MIS

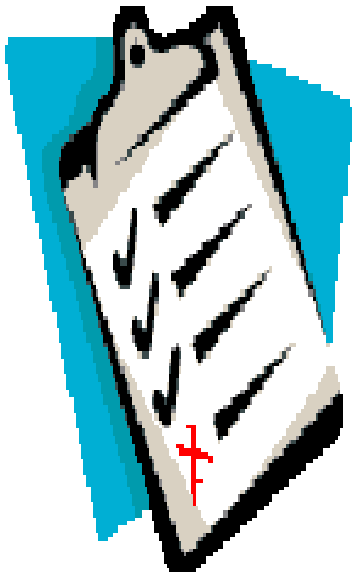


- **Contact**

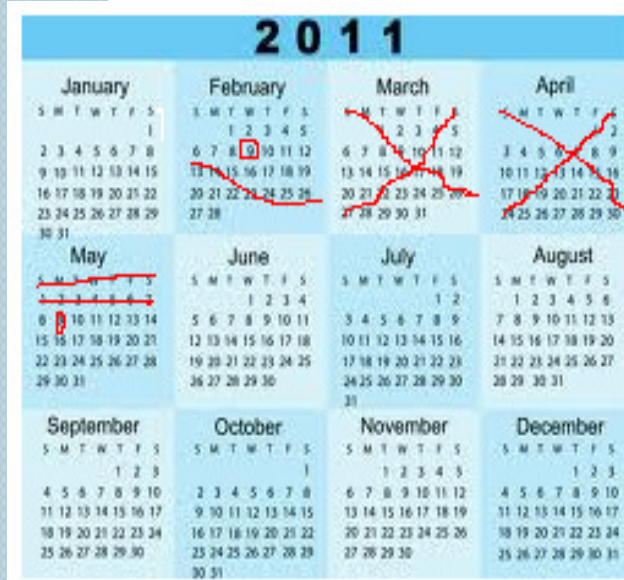


- **Counsel on return**

- 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

