An Orientation to the MAPS Problem-Solving Counseling Intervention to Promote ART Adherence

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Outline

• Adherence and Problem Solving
• Delivery of MAPS
• Case Examples for Discussion
Introduction

• Antiretroviral therapy is life-saving
  – Needs to be continuous/lifelong

• “Drugs don’t work in people who don’t take them”-Koop
  – Non-adherence is normal behavior
  – Perfect adherence is unrealistic
Fluidity of Adherence Barriers

• Barriers not universal
  – Depend on setting
  – Depend on person

• Multiple barriers per individual

• Different barriers for:
  – Different doses
  – Different time-periods
Risk Factors (I)

- Active substance abuse
  - Not past use
- Regimen Characteristics
  - Frequency of dosing
  - # of pills
  - Adverse drug effects (perceived or actual)
Risk Factors (II)

- Psychobehavioral factors
  - Depression
  - Lack of social support
  - Stigma/lack of disclosure of status
  - Low health literacy
  - Chaotic lifestyle/competing demands
It appears you have Medication Forgetfulness Disorder, which, as you can imagine, is untreatable.
Defining the Problem
Brainstorm
Decision re: Plan
Implement Plan
Assessment and Modification
Problem Solving Therapy vs. Treatment

• Therapy requires training
  – Many sessions
  – Patients need motivation
  – Added burden of homework

• Treatment
  – Goal is just solving problems
  – Problem solver is part of team
Outline

• Adherence and Problem Solving
• Delivery of MAPS
• Case Examples for Discussion
Conceptual Framework

Adherence and Implementation Feedback

Clinician → Interventionist → Patient

**Tools:** medical information, facilitating routines, memory aids, social supports enhancement, mental health resources, toxicity management
Delivery of Intervention

• Initial visit
  – Duration 60-90 min

• 3 monthly follow-up visits with adherence feedback
  – Duration 45-60 min

• Weekly phone calls for 3 mo
  – Duration 5-20 min

• Monthly refill calls for 1 yr
  – Duration 1-5 min
Administer Baseline Screening

• **Assessment of adherence barriers**
  – Knowledge of regimen
  – Knowledge of desirable adherence
  – Plans if doses missed (if available)
  – Depression (CESD)
  – Substance Use (AUDIT, ASSIST)
Map Out Typical Day

• Need ‘zeitgebers’
  – Time posts in daily life
  – Suggested list: wake time, ablutions, meals, TV shows, bedtime

• Query separately about w/e

• Use as potential tether for reminders
Getting Started

• Rapport building key
  – Admit adherence is difficult

• Identify barriers
  – Review screening results
  – Ask open-ended question
    » Acknowledge there are issues that only they know about
    » “What do you think might get in the way of taking your meds?”
Medication Nuts and Bolts

- Names, doses, restrictions
- Expected & feared side effects
- Plans for missed doses
- Explain meaning of adherence
  - Desired amount
  - Give concrete details (missing more than 2 doses a month means <95%)
  - No safe amount of misses
  - May still have success if missing
Generating Other Barrier List

• If unable to generate list, do **not** brainstorm for barriers

• Offer potential list if needed
  – Side effects of Medication
  – Forget to take meds
  – Busy schedule
  – Too many pills to take at different times
  – Embarrassed to take meds
  – Afraid someone will find out I am taking HIV meds
Step-1: Merge Barrier Lists

- Combine those identified by screening and by patient
- Acknowledge shared agenda
Step 2 - Brainstorm

• Generate list of solutions for each barrier
  – What would your best friend / hero do?
  – What would you tell me to do?
  – What would a child do?
  – What would the craziest person you know do?
Step 3-Select Solution for Each

• Joint input by patient and interventionist
  – Listen to their reasoning for picks
  – Give advice to what’s practical

• Don’t go overboard!
  – Limit # of barriers to 4-5 to be practical
  – Pick one or two solutions for each

• Set them up for success
  – Do what’s doable to build confidence
Step 4: Implementation

- Discuss plans for implementing chosen solutions
- Give encouragement
- Give practical advice for implementation
Step 5 - Monitoring & Feedback

- Assess for implementation
- Assess for appeal
- Assess for adherence success
  - Use objective measures (e.g., MEMS in MAPS trial, Pharmacy refill in real world)
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November 2011
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Subsequent Visits: Iterate Steps

- Assess what works & continue
- Assess what doesn’t
  - Go back to list
  - If needed, go back to brainstorming
- If new issues arise
  - Restart process for new barrier
Questions about principles and process?
Outline

• Adherence and Problem Solving
• Delivery of MAPS
• Case Examples
Patient 1

- 42 yo female
- Experienced
  - 2 prior regimens
  - Failure due to non-adherence
- Regular weekday schedule
- Weekend acknowledged misses
  - Why might weekends be hard?
Patient 1 Resolution

• Identified churchgoing as disruptive to routine
  – Did not suggest change religion 😊
  – Changed time of AM dose
  – Approached provider who she feared would not allow it
Patient 2

• 20 yo MSM
  – Recently dx’d
• No disclosure
• What problems does this create?
• What solutions can you offer?
Patient 2 Resolution

• Utilize interventionist as social support
  – Someone to talk to

• Hiding of meds
  – “Cover story” - HTN, DM
  – Timing of taking to avoid others
Your chance to present tough cases!
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Resources

• MAPS paper

• MAPS manual URL
  http://www.med.upenn.edu/cceeb/maps-form.shtml