How well do we sell the adherence message?

Michelle Croston
RN, RHV
Bmed Sci (hons), BA Science (hons), Grad Dip Aesth Medicine. Professional  Docturate Student
Overview

• Overview of adherence in HIV care
• The nurses role in relation to adherence
• Existing research on adherence
• What interventions can be useful
• Experiences from practice
Is adherence a problem in your clinical practice?

Data from the UK suggests adherence to ART remains a substantial problem with those who accepted treatment, with over 30% having low adherence within 6 months of treatment initiation and with 13% failing to achieve virological suppression by 1 year follow up post treatment initiation.
Why is this a problem? Patient v’s Public health

- Low CD4 counts are associated with poorer outcomes on therapy
- Once ART is commenced, continuous tx is necessary to ensure efficacy and prevent emergence of viral resistance and exhaustion of tx options
- Public health perspective, a delay in achieving a detectable viral load increases the likelihood of onward transmission of a resistant virus
- There are cost implication as a result of second line treatments
- Increase demands on healthcare system due to opportunistic infections
All patients should be given the opportunity to be involved in making decisions about their treatment.

Treatment support should include, in-house, independent, community and peer support.

Good trusting relationship and good communications skills increase adherence.
- Focusing on assessing resistance for starting treatment – motivational interviewing style (WEMS)
- Screen for adherence problems
- Strategies based on Health Belief Model
- Practical approaches to support, medication training (MEMS), DOT, pill boxes
- Empowerment
• Look at predictors of non-adherence
• No gold standard tool for assessing adherence, a variety of approaches may be helpful to identify the problem
• Identify a variety of approaches to help - also provide a link to CDC’s good evidence medication adherence (research around adherence)
NICE guidance of medicines adherence

- Assessing readiness
- Patient involvement in decisions about medicine
  - Communication
  - Increasing patient involvement
  - Understanding the patient's knowledge, beliefs and concerns about medicines
  - Providing information
- Supporting adherence
  - Assessing adherence
  - Interventions to increase adherence
- Reviewing medicine
- Communication between healthcare professionals

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Determinants of adherence

What makes it easier to do?
Map of determinants of adherence

What theories can help explain non-adherence?

• Various social cognition models such as Health Belief Model (HBM), the Theory of Reasoned Action and (TRA) and the revised Theory of Planned Behavior (TPB) have been used to explain a variety of non-adherence behavior. For example, beliefs that failure to take treatment could result in adverse consequences and the person is personally susceptible to these effects tends to be associated with higher levels of adherence.
• Leventhal’s self regulatory model of illness (SRM)

Adherence will be more likely if the patient perceives the advice to take treatment makes ‘common-sense’ in the light of their experiences and their personal beliefs about adherence.
Perspectives on adherence and simplicity

- The top three most helpful predictors of adherence:
  - Pill count
  - Dosing frequency (qd, with pills taken at the same time each day)
  - Adverse events
Existing research

• In 2006 two meta analysis found some interventions improved ART adherence but effective sizes were typically low (odds ratio (OR)= 1.50 95% confidence interval (CI)1.16 to 1.94)
• Cognitive behavior therapy (CBT) Safren et al 2009 highlighted the effectiveness of CBT to non-adherence and depression for PLHV in their RCT.
• **Motivational Interviewing (MI)** is well cited as being effective when providing adherence support (Hill et al. 2012). Golin et al. 2006 RCT explores the use of MI in relation to adherence support.

• **Counseling and alarm advice** Griffiths et al. 2007 highlights the role of counselling and adherence support delivered by nurses/pharmacist showing a positive correlation as did Lester et al. 2010 RCT and Chung et al. 2011 exploratory research.

Hill, Seth and Kavookjian (2012) Motivational interviewing as a behavioral intervention to increase ART adherence in patients who are HIV positive. A systematic review of the literature. AIDS care, 24 (5) 583-592

Golin CE, Earp J et al 2 arm, randomised, controlled trial of a motivational interviewing based intervention to improve adherence to antiretroviral therapy (ART) among patients failing or initiating ART. J Acquir Immune Defic Syndr 2006 May, 1, 42-51


Chung, MH, Richardson, BA et al (2011) A randomised controlled trial comparing the effects of counselling and alarm device on HAART adherence and virologic outcome. Plos medicine, 3, e1000422
How well do we sell adherence as nurses?

Pre treatment
• Preparing patients for ARV’s
• Assessing acceptance of HIV
• Checking patients mood
• Passing on knowledge of HIV and treatment
• Preparing to manage side effects
• Assessing motivation/ Self efficacy
• Exploring Strategies to help patients remember treatment

Strategies during the treatment phase

- Discussing non-adherence
- Discussion solutions to the demands of ARV
- Discussing motivation to change
- Evaluating and assessing side effects
- Evaluating ambivalence
- Explaining lab results
- Changing treatment
- Discussing forgotten treatment
- Passing on knowledge
- Evaluating support
Strategies used in all phases of the patients journey

• Offering support
• Assessing for psychological distress
• Building relationships
• Providing ongoing education/support
• Onwards referral to services
Adherence support
Creating a trusting relationship

- Holistic assessment
- Cue based communication
- Motivational Interview
- Goal setting and negotiation
- Promotion of self efficacy and self care
- Development of decision making skills

- Assessing readiness to start treatment
- Education and empowerment
- Use of affirmation
- Side effect management
- Referrals – MDT approach essential
- Unconditional support
- Peer support

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Medication boxes
Alternative beliefs
National HIV Nurses Association

17th Annual Conference of the National HIV Nurses Association (NHIVNA)

18–19 June 2015
Royal Armouries, Leeds

preceded by
NHIVNA Pre-Conference Study Day
Wednesday 17 June
National HIV Nurses Association

The National HIV Nurses Association (NHIVNA) is the leading UK professional association representing nurses in HIV care. Founded in 1998, it is a well-established and highly respected organisation committed to providing excellence in the care of those living with and affected by HIV.

The Association aims to provide an academic and educational forum for the dissemination of original nursing research in the field of HIV/AIDS. In addition, NHIVNA aims to address the communication and support needs of these nurses to assist in the promotion of best practice in the care of people with HIV. The Charity’s objects are to advance education amongst members of the nursing profession about good nursing practices and to promote improved standards of nursing care of patients with HIV. In addition, NHIVNA supports research into the promotion of HIV nursing skills and aims to publish the results of such research for the benefit of the public.

The current membership of the Association is almost 350, located across the UK and Ireland. Membership benefits include subscription to the key journal *HIV Nursing*, the NHIVNA newsletter and free attendance at NHIVNA Study Days. For more details on the benefits of membership and how to join, please go to the Membership page.

Seeking members' views

NHIVNA values its members and seeks to empower them by three means: Research, Education and Support. The Association would be very grateful for members' views on how existing activities can be developed and enhanced. Please send your comments or suggestions to the Secretariat on nhivna@medscript.ltd.uk.
E-tutorials for nurses

HIVinsight is an online educational initiative for hospital and community nurses working toward Levels 2 and 3 of the National HIV Nursing Competencies. Developed by the National HIV Nursing Association (NHIVNA) and funded with an educational grant from Gilead Sciences Ltd, HIVinsight contains two sections of essential learning:

HIV Nursing: Key Principles

This section is suited to nurses working towards competency Level 2. Each module provides nurses with foundational knowledge and understanding relevant to different aspects of HIV care.

Module 1 - Understanding HIV
Module 2 - Caring for people with HIV
Module 3 - Antiretroviral therapy
Module 4 - Health promotion
Module 5 - HIV testing

HIV Nursing: Advanced Practice

This new section will include modules that support nurses working towards competency Level 3. The new advanced modules will provide the knowledge and understanding required to manage complexity within HIV care and help nurses to work more autonomously.

Module 1 - Managing complexity in antiretroviral therapy
Submit an article

- Original research
- Nursing innovations
- Audit
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on
HIV and Hepatitis
8–9 December 2014
Queen Elizabeth II Conference Centre
LONDON
The global challenge of HCV
Isabelle Andrieux-Meyer, Switzerland

The epidemiology of HIV and viral hepatitis in Europe
Amanda Mocroft, UK

Treatment of HCV in mono-infected patients
Jean-Michel Pawlotsky, France

Treatment of HCV in co-infected patients
Douglas Dieterich, USA

Extra hepatic manifestations of HCV: from immune- to inflammation-related manifestations
Patrice Cacoub, France

Nonalcoholic steatohepatitis (NASH)
Maud Lemoine, UK

Hepatocellular carcinoma
Nicholas Merchante, Spain

Liver transplantation in the HIV-infected population
Massimo Puoti, Italy

What’s new in hepatitis B/HIV co-infection?
Vincent Soriano, Spain

Hepatitis D in HIV
Heiner Wedemeyer, Germany

Will hepatitis B become a curable disease?
Patrick Kennedy, UK

Acute hepatitis C
Emma Page, UK

HIV/hepatitis in Europe: who, when and where
Caroline Sabin, UK
Lionel Piroth, France
Christoph Boesecke, Germany
Gloria Taliani, Italy
Juan Pineda, Spain

Debates:
Reinfections should not be retreated
Luis Mendao, Portugal
Rob James, UK

F2–F3 fibrosis: treat now or wait?
Jürgen Rockstroh, Germany
Mark Nelson, UK
Questions are guaranteed in life; Answers aren't.