Effect of different intervention programs on treatment adherence of HIV infected children (this study has been published in AIDS Care Jan. 2013).
Effect of different intervention programs on treatment adherence of HIV infected children (this study has been published in AidsCare Jan. 2013).
Topics:

- Short introduction.
- Adherence by hiv infected children.
- Study.
- Future plans.
- Atie van der Plas
- Pediatric hiv consultant
- Academic Medical Center
- Amsterdam
- The Netherlands
Treatment adherence

Treatment adherence is more difficult in children than in adults:

- suitable administration form.
- dosages change because increasing age means increasing weight.
- age stages (puberty).
- dependence on parents / carers.

A lot of studies on adherence about:

- adherence support through sms services
- peer groups
- social support
- education
- mems caps

ADULT STUDIES
Treatment adherence

Treatment adherence is more difficult in children than in adults:

- suitable administration form.
- dosages change because increasing age means increasing weight.
- age stages (puberty).
- dependence on parents / carers.
A lot of studies on adherence about:

- adherence support through sms services
- peer groups
- social support
- education
- mems caps

ADULT STUDIES
Treatment adherence program
pediatric HIV – AMC

1. The Failure Intervention Program (jan. 2004)

2. The Reward Program (jan. 2007)
Adherence
Rewarding protocol
Hiv infected children
Study:
The effects of different intervention programs on treatment adherence of HIV infected children.

- included 31 children.
- retrospective.
- 3 time periods
  * 2000-2004
  * 2004-2006
  * 2006-2009
- all vertical transmitted
- 87 % black
- 61 % female
- 39 % man
- 45 % single parent
- 16 % family care
- 13 % foster homes
- 3% adopted
- 16 % passed away
Baseline
December 2003

- DOT: 26 %
- Hospitalizations: 29 %
- Child Protection Services: 23 %
- Special school for children with a chronic illness: 26 %
- Once daily treatment regime: 0 %

January 2004-2006

- Failure Intervention Program: 61 %
- DOT: 23 %
- Hospitalization: 0 %
- Child Protection Services: 39 %
- Special school for children: 35 %
- Once daily treatment regime: 65 %
Baseline
December 2003

- DOT: 26%
- Hospitalizations: 29%
- Child Protection Services: 23%
- Special school for children with a chronic illness: 26%
- Once daily treatment regime: 0%
### January 2004-2006

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure Intervention Program</td>
<td>61 %</td>
</tr>
<tr>
<td>DOT</td>
<td>23 %</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>0 %</td>
</tr>
<tr>
<td>Child Protection Services</td>
<td>39 %</td>
</tr>
<tr>
<td>Special school for children</td>
<td>35 %</td>
</tr>
<tr>
<td>Once daily treatment regime</td>
<td>65 %</td>
</tr>
</tbody>
</table>
Januari 2007-December 2009

- Reward program 58 %
- Failure intervention program 23 %
- DOT 3 %
- Hospitalization 0 %
- Child Protection Service 19 %
- Special school 26 %
- Once daily regiment 81 %
Measurements

- HIV viral loads.
- CD4 counts.
- cART drug levels.
- Disclosure age.
- Responsibility for the medication.
Conclusion

- By adding The Failure Program and the Rewarding Program, there are almost no detectable children.
- It is possible by positive rewards to encourage compliance.
- Less intervention needed (Child Protect Service, hospitalizations and home care).
- Prolonged undetectable viral loads (up to 6 years).
Limitations

- small number of children in this study.
- the influence of age at adherence.
- therapy has become less intensive.
- social factors are important in explaining non-adherence.
- we can not establish whether the Reward Program itself promote adherence or because it is added to the failure intervention Program.

To read the article:
AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV
Volume 25, Issue 6, 2013
Future plans

- Collaboration with the other 3 HIV child-centers in The Netherlands
- Together we start the 'BRAVO' study (Boosting Adherence in HIV infected children by a reward: a different view on the treatment of HIV infected children) in January 2015.
- For a period of 3 years.
Thanks to:
- Annouschka Weijsenfeld
- Linda van der Knaap
- Eline Visser
- Nike Nauta
- Hannie de Jong
- Riet Albers
A lot of studies on adherence:
- adherence support through new services
- social support
- education
- shame cases

Conclusion:
- By adding The Failure Program and the summing up program, there are almost no detectable children.
- It is possible by positive rewards to encourage compliance.
- Less intervention needed (Child Protect Services, Hospitals, HSK and Home Care).
- Prolonged undetectable viral loads (up to 6 years).

Effect of different intervention programs on treatment adherence of HIV infected children (this study has been published in AidsCare Jan. 2013).
Baseline
December 2003

- DOT 26 %
- Hospitalizations 29 %
- Child Protection Services 23 %
- Special school for children with a chronic illness 26 %
- Once daily treatment regime 0 %

January 2004-2006

- Failure Intervention Program 61 %
- DOT 23 %
- Hospitalization 0 %
- Child Protection Services 39 %
- Special school for children 35 %
- Once daily treatment regime 65 %