treating hiv & aids: a training toolkit

preparing the patient for treatment
Preparing for treatment

- Initial patient assessment
  - barriers to treatment
- Adherence
- Side effects
- Follow-up
First assessment of the patient

- What is the home environment? Are there social structures or family members to support them emotionally and in practical ways?

- Who can the patient tell about their HIV diagnosis? Support from at least one family member is likely to improve a person’s ability to take medication correctly.

- Is the patient employed? What is the patient’s financial situation and will he or she be able to afford the costs associated with diagnosis and treatment (including transport, time away from work, child care etc.)?

- Does the patient face any particular problems because of gender, social position, sexual behaviour, injecting drug use, stigma or discrimination?
Exercise: first assessment of the patient:

- Who should be involved in the first assessment of the patient? Why?
- Draw a map of all the factors that could affect the patient’s ability to take treatment correctly
Exercise: Our own experience of taking medicines

1. Describe your own experience of taking a course of medicines to your partner.

2. How easy was it to find information about the medicine?

3. How easy was it to follow the instructions on how to take the medicine?

4. What made it easy or hard to take the medicine?

5. Please respect requests for confidentiality.
Exercice: practice taking ARVs

■ See handout
Adherence: issues for those on therapy

- People must understand that treatment is a long-term commitment. It cannot be stopped and started.
- People must understand that treatment must not be stopped if they start to feel better.
- Mental health: People who are depressed, isolated may have difficulties.
- Health beliefs: If people believe drugs are doing harm, they are more likely to miss them.
- A suitable regimen: If the drugs are inconvenient to take, they will not be taken.
- Information: If the patient does not understand when, why, how, the drugs will not be taken properly.
- Side-effects: The patient may stop taking the drugs if the side effects cannot be controlled.
Practice first.

Learning from the experience of others will help patients take medication.

So will support from family, friends. Disclosure to another person who will help in taking treatment is important.

Develop a routine - take pills at the same times each day.

Seek help quickly if problems occur in taking pills.
Don’t make assumptions about patient adherence – ask questions and discuss solutions.

BEFORE TREATMENT:
- Do you know that the medicines must be taken for the rest of your life? Your life depends on taking them every day at the right times.
- If you stop, you will become ill (not immediately, but after months or years).
- Do you know that you should not share these medicines with family or friends?
- Have you told anyone that you are HIV-positive? Telling someone else who can help you take your medicines every day will help you.
- Check the patient’s clinic attendance – ask about reasons for missed appointments.
- How far do you have to travel to the clinic, and do you think you can keep regular appointments here?
Don’t make assumptions about patient adherence – ask questions and discuss solutions.

AFTER TREATMENT STARTS:

- Ask questions in a respectful and non-judgmental way. Ask in a way that makes it easier for patients to be truthful:
  - “Many patients have trouble taking their medications. What trouble are you having?”
  - “Can you tell me when and how you take each pill?”
  - “When is it most difficult for you to take the pills?”
  - “It is sometimes difficult to take the pills every day and on time. How many have you missed in the last 4 days (insert agreed time period)?”

- Ask about stigma related to taking the pills.
- Count pills.
- How many pills forgotten yesterday, last 3 days, last month?
Possible reasons for poor adherence

- **Most common reason: ‘I forgot’**
  - Always try to discover the reason for forgetting
  - If several doses missed, is there a pattern?

- **Other possible reasons:**
  - Difficulties in taking pills around others
  - Misunderstanding about how to take pills (revise)
  - Scheduling problems – work, travel, family events
  - Ran out of pills
  - Depressed
  - Excess alcohol use

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Discussion

■ How do we respond to each of the common reasons for missing doses?

■ How can we help patients with future pill taking?
  ■ Check for any new symptoms

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Exercise: Solving adherence problems

- Review the common problems in taking medications
- Identify solutions for each problem
- Who is best placed to help with each solution?
Exercise:

- how do we prepare people for treatment and what do we need?
  - Draw up a calendar of things that need to happen to prepare a patient for treatment and what should happen to support that patient in the first few months of treatment
  - Who will do each of those jobs? Try to identify people in your clinic, NGOs and others who can help.
Exercise: Adherence counselling exercise

See handout
Side-effects (1)

- All drugs have unwanted side effects – most are very minor
- Often difficult to predict who will experience side effects, and how much of a problem they will be for an individual
- Two types
  - Allergic
    - eg rash (nevirapine), hypersensitivity (abacavir)
  - Direct effect of drug
    - eg nerve damage (stavudine), anaemia (AZT)
Side-effects (2)

■ Initial short-term side-effects:
  ■ Most occur in the first months of treatment
  ■ Consider treatment with anti-nausea, anti-diarrhoea, headache medication: be prepared.
  ■ Suspected allergic reaction to nevirapine or abacavir? Alert treatment centre.
  ■ Dose escalation of nevirapine – dose will increase after 14 days if no severe rash or liver toxicity
  ■ Side effects are common cause of missed doses.

■ Longer-term side-effects of ART not well understood:
  ■ Lipodystrophy.
  ■ Metabolic abnormalities.
  ■ Lactic acidosis and mitochondrial toxicity.
Exercise: Preparing patients for early side effects

1. Identify the likely side effects of the first-line combination to be used locally

2. Discuss in small groups the best ways of preparing patients for these side effects
Follow-up

What needs to happen at each clinic visit?

- Identify main concerns of patient at that visit
- Check adherence
- Check if any pills are left
- Weigh the patient
- Check for any new symptoms
- Check for any side effects
- Discuss sexual activity and reinforce prevention messages
- Record all information
Questions

1. Why do we check adherence and what questions do we ask?
2. Why do we weigh patients?
3. Why do we check for side effects and symptoms?
4. Why do we talk to patients about sexual activity and prevention?
5. Why is important to record information at each visit?