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**ART Adherence
Barriers and Facilitating
Factors
Among PLHIVs in Cambodia**

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Rationale for Focus on ART Adherence

- Adherence to treatment regimens is closely connected to survival among PLHIV on ART.
- ART adherence ranks second among factors which predict progression to AIDS and death.
- Rate of adherence need to be close to 100% to Achieve Optimal Viral Suppression.
- Lack of adherence to some degree is common in all groups of patients.
- Lack of adherence can lead to drug resistance

Objectives of Assessment

Obtain qualitative data to support development of approaches toward promoting long term adherence among BoH clients aimed at:

- Identifying barriers to optimal ART adherence.
- Identifying factors which contribute to good ART adherence.
- Identifying strategies to support good ART adherence, particularly long-term adherence.

Assessment Setting

Bridges of Hope established by Maryknoll SoH in 2004 to support the growing number of PLHIVs on ARTs (505) to reintegration into society focuses on:

- Employment and income
- ART Adherence
- Family Support and Social Inclusion
- Quality of Life

Through:

- Home visits
- Individual and group counseling
- Tailored assistance
- Vocational Training
- Job Assistance

Assessment Method

Four focus group discussions with 45 PLHIV:

- Two groups: PLHIV on ART for two or more years:
 - Male group: 10 PLHIVs, Mean age: 39
 - Female group: 12 PLHIVs, Mean age: 35.6
- Two groups: PLHIV on ART for six month up to two years:
 - Male group: 12 PLHIVs, Mean age: 36.9
 - Female group: 11 PLHIVs, Mean age: 31.4

PLHIVs Responses on Treatment efficacy

- Not taking ART correctly leads to only negative effects: resistance to medicine, decrease in CD 4, increase of OIs, & general poor health
- Taking ART correctly have a positive impact on the health: increase in CD4, prevention and reduction of OIs, better health, longer life, can care for children.
- Taking ART correctly, the treatment will be more effective: feel stronger, less side effects, better appetite, less symptomatic illness, e.g diarrhea, dizziness, & pain.
- One PLHIV summed it up: “Before my health was very bad... Now I take ART on time and I can work, have hope for the future and can forget the past”.

Side effects of ART & Adherence

1. Common upon initiation of or soon after starting treatment but usually pass after time or through some variation in treatment regimen.
2. Perception of inability to tolerate ARTs due to lack of understanding of side effects or misconception of long term effects, e.g. "blindness" can be a barrier.
3. Side effects described at the time of the FG:
 - Most short-term adherers no side effects to ART.
 - Many long-term adherers reported many side effects such as nausea, stomach pain, lipodistrophy...

Conclusion: PLHIVs agree benefits out way costs. However frequent & diverse side effects can be a barrier & need need to be addressed.

Reasons for Late Dosing

- PLHIVs understood that taking medicine late could negatively affect treatment efficacy.
- Taking ART early or 5-10 minutes late was relatively common practice.
- Short-term adherers: Never late, easy to do
- Long-term adherers
 - Being busy with work: house, children, can't take break at work (Women more than men)
 - Forgot, fatigue, fell asleep
 - Not know the time, not having food or water
 - Not wanting to taking ARV in public,

Reasons for Missing doses

1. None of the short-term adherers reported.
2. The majority of long-term adherers did not miss:
 - Confusion – thinking they took already
 - Going outside of the house and forgetting to bring the ART.
 - No money or time to get their medication refilled.
 - Employer not allow enough time to get her follow-up.
 - Poor understanding of some PLHIV of the harmful results of missing doses due to poor counseling and treatment by providers

Reasons for Stopping treatment

1. Only one PLHIV reported stopping ART or taking a 'treatment break'.
2. Reasons given why PLHIVs might stop ARTs:
(PLHIVs taking ART 2 + years more vocal & men taking ART 2 + years considered stopping more than others)
 - Being unhappy with one's life
 - Losing the will to live (stigma, family issues)
 - Belief of some PLHIVs that it is ok to stop when one's health improves & re-starting when get ill.
 - Belief that health providers would stop ARTs if side effects or when CD4 over 1000
 - Lack of funds for transport, meds & basic needs
 - Poor treatment by health providers
 - Drugs and alcohol abuse
 - Migration

Comfort with taking ARTs in front of others

1. Depends on individual circumstance : how open about status, how worried about others finding out.
 - Take with families openly
 - Hid in public – some took with them and went somewhere private to take the medicine.
 - Women more open than men
2. Coping strategies:
 - Taking medication only at home
 - Hiding tablets or camouflaging in small plastic bag.
 - Keeping the drug out of sight of others or taking ART very quickly.
 - Tell people the meds are for something else

Treatment supporters

1. All took primary responsibility by themselves
2. Assistance from family or others was reported as helpful especially when they were ill.
3. Method helpful to take meds and on time.
 - Clocks, watches, phones
 - Reminders from family members
 - Organizing meds for one week at a time
 - Organizing meds to take if going out
 - Pill boxes, calendars, appointment cards
 - Good counseling at appointments

Barriers to Optimal ART Adherence

- Misconceptions: ART treatment cannot be tolerated, long term treatment causes blindness. OK to stop when healthy and start when ill. Health Providers will stop if side effects or when CD4 high.
- Adverse side effects:
- Being busy with work, housework or childcare.
- Forgetfulness and absentmindedness.
- Discomfort with taking ART in front of other people or in public.

Barriers (Cont)

- Not having treatment aids like an alarm, watch or clock.
- Falling asleep or oversleeping.
- Poverty
- Alcohol, drug use or gambling.
- Illness and inability to tolerate ART.
- Poor attitudes of health workers, long waiting times and inadequate counseling.
- Migration.
- Depression,
- Becoming bored with treatment
- Losing faith in the efficacy of ART .

Contributing Factors to Good ART adherence

- Good knowledge of ART and belief in efficacy of treatment
- Having support of immediate family and close friends/neighbors
- Utilizing tools and approaches
- Disclosing one's HIV status
- Employing coping strategies and being prepared
- Regular consultations with physicians, drug counselors/social workers and community-based treatment supporters

Recommended Strategies

- Continue to build the capacity of community-based peer treatment supporters to provide long-term adherence support.
- Move beyond providing basic information on ART to address misconceptions, psychosocial issues and how to cope with long-term side effects.
- Continue to encourage disclosure and involvement of family in managing ART.

Strategies (Cont)

- Help PLHIV clients to develop coping strategies for taking ART outside of the home and deal with stigma.
- Ensure all clients have basic tools to facilitate optimal adherence.
- Continue to integrate adherence support with livelihoods assistance to PLHIV

Aukoun chran!
Thank you!

