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What adherence interventions work

Michelle Croston
University of Nottingham



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What adherence interventions work: Towards the 4th 90

**Dr Michelle Croston
Associate Professor of Nursing
University of Nottingham**



Disclosures

In relation to this presentation I declare no conflicts of interest

Michelle Croston has previously received honorariums from Gilead Sciences, ViiV Healthcare, AbbVie and Galapagos



- Brief explanation of what we mean by the 4th 90 and how this fits with the concept of adherence
- Explore what the current evidence and research base when it comes to providing adherence support .
- Bring it all together with some reflections from clinical practice



What do we mean by the 4th 90 ?

Good health-related quality of life for People Living with HIV requires attention to:

- Comorbidities
- Self-perceived quality of life



90%

Diagnosed



90%

On treatment



90%

**Virally
suppressed**



90%

**Good health-
related-quality of
life**

Adapted from: UNAIDS. 90-90-90: an ambitious treatment target to help end the AIDS epidemic, 2014.
Available at http://unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf. Accessed on 25 April 2016

Lazarus JV et al. BMC Med. 2016;14:94.



Predictors and correlates of adherence to treatment for chronic HIV infection a meta-analysis

- Pub med search for English papers published between 1996-2020. reference list of relevant articles were also searched (hand search). Studies were included if they explored predictors of adherence.
- 207 studies were include: The following predictors/ correlates were most strongly associated with adherence
 - ✓ Self-efficacy
 - ✓ Current substance use
 - ✓ Concerns about treatment
 - ✓ Beliefs about the necessity/utility of treatment
 - ✓ Trust/Satisfaction with the HIV care provider
 - ✓ Depressive symptoms
 - ✓ HIV stigma
 - ✓ Social support
 - ✓ Pill burden,
- Adherence enhancing interventions should target psychological factors (self-efficacy, concerns about the future etc). The findings also suggest that simplification of regimes may have albeit small significant effect



BMJ Open Overview of systematic reviews on strategies to improve treatment initiation, adherence to antiretroviral therapy and retention in care for people living with HIV: part 1

Lawrence Mbuagbaw^{1,2,3}, Anisa Hajizadeh,¹ Annie Wang,¹ Dominik Mertz,^{1,4} Daeria O Lawson^{1,5}, Marek Smieja,^{1,4} Anita C Benoit,^{6,7} Elizabeth Alvarez^{1,8}, Lisa Puchalski Ritchie,^{9,10,11} Beth Rachlis,¹² Carmen Logie,^{6,13} Winston Husbands,¹⁴ Shari Margolese,¹⁵ Babalwa Zani,¹⁶ Lehana Thabane^{1,2,17,18,19}

BMJ Open: first published as 10.1136/bmjopen-2019-034793

BMJ Open Overview of systematic reviews on strategies to improve treatment

Table 1 Categorisation of intervention types in the systematic reviews

Intervention category	Types
Behavioural and educational	Medication-assisted therapy, mindfulness-based stress reduction, motivational interviewing, psychotherapy, relaxation
Digital	Digital technology-based interventions such as alarms, electronic pillboxes and pagers, mobile device text messages and voice messages, computer-based or internet-based interventions, online support communities and electronic medication packaging
Mixed	Combinations of any of the listed categories
Economic	Food assistance, cash incentives, performance-based financing, household economic strengthening
Health system	Point-of-care services, decentralised services, less frequent visits
Medication modification	Single tablet regimens, fixed dose combinations, rapid medication initiation, observed therapy
Peer or community based	Homebased care, community-based services including the use of community health workers, lay health workers, treatment buddies, field officers, peer educators, volunteers and counsellors
Pharmacy based	Changes to standard pharmacy service delivery, pharmacist delivered interventions
Task-shifting	Service delivery by non-doctor staff, nurse-led interventions

Key messages

- Out of 2420 records 98 systematic reviews met the criteria (2006-2018) – cornerstone of care.
- Interventions across the care continuum are mostly focused on adherence and not address vulnerable populations.
- The literature is rife with interventions that may not be effective or translated into clinical practice .
- Knowledge gap with regards to what groups would benefit from what interventions .



REVIEW

Integrative literature review of evidence-based guidelines on antiretroviral therapy adherence among adult persons living with HIV

Joana Agyeman-Yeboah ✉, Esmeralda Jennifer Ricks, Margaret Williams, Portia Janine Jordan, Wilma Ten Ham-Baloyi

First published: 11 April 2022 | <https://doi.org/10.1111/jan.15245>

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Summary

- The review aimed to summarise recommendation available from guidelines that addressed adherence(N-16) .
- The findings revealed two themes monitoring adherence interventions and interventions to promote adherence,(education and counselling. adherence tools, service delivery and ARV strategies).

Key Messages

- Identified the complex nature of adherence and contributing factors that lead to challenges with adherence.
- Limited evidence based guidelines with regards to what works in the context of specific populations.

Strategies to improve adherence

- Create trusting relationships
- Create safe environments
- Assess readiness to start treatment
- Use of affirmations to promote self-efficacy
- Develop Decision Making Skills
- Provide education
- Peer support
- Motivational Interviewing
- Cognitive Behavior Therapy
- Shared Decision Making
- Compassion Focused Approaches
- Trauma informed care





When you really listen to another person from their point of view, and reflect back to them that understanding, it's like giving them emotional oxygen.

— Stephen Covey —

AZ QUOTES

PHOTO: TIM PEARSON/GETTY IMAGES



So how can I apply all this in a time limited consultation?

- Partnership working
- Find out what the person already knows –fill in the gaps /find out what they want to know
- Work on the persons goals – what matters to you v's what's the matter with you
- Flexible- your agenda v's the other person's agenda
- Open transparent communication

‘People are generally better persuaded by the reasons which they have themselves discovered than by those which have come to minds of other’

Pascal, 17th Century



Summary

- Adherence is important – improving someone's adherence can have a huge impact on their clinical outcome, more than any other improvement in medical treatment. HIV care is no longer about prolonging life with HIV but ensuring quality of life.
- Although medication regimes can be viewed as being 'easier' to adhere to, many patients still have difficulties achieving and sustaining virological suppression. Different factors need to be taken into consideration when exploring adherence.
- Strategies are available to help people living with HIV- these need to be tailor made to specific persons needs and experiences.
- Support improves adherence – optimal adherence can help contribute to the maintenance of health and quality of life.



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Questions

michelle.croston@nottingham.ac.uk