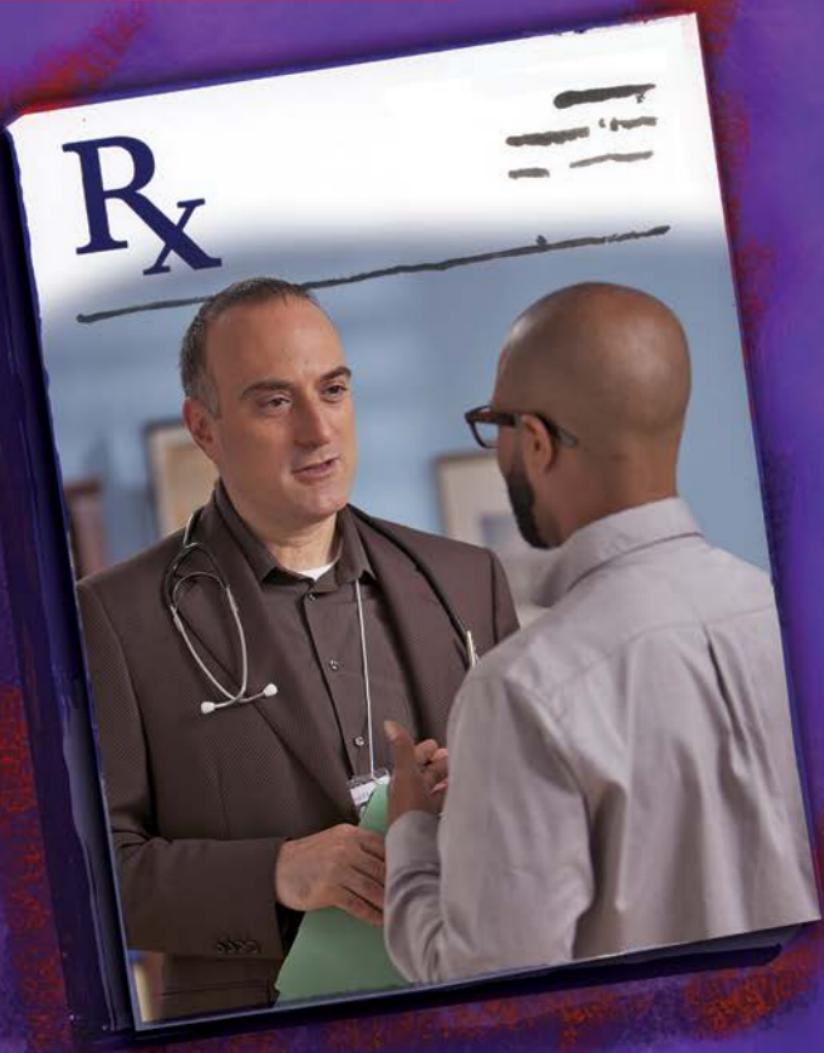


**Small Talks** ABOUT



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# ***ART Adherence***

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**How health care providers can positively impact medication-taking behavior**

PREVENTION  
IS CARE  
*Care IS Prevention*



# Small Talks ABOUT ART Adherence

## ADHERENCE TO ART:

### **Vital for Patients Living With HIV**

Sustained ART adherence is needed to consistently suppress viral load, maintain high CD4 cell counts, prevent AIDS, prolong survival, and reduce risk of HIV transmission.<sup>1-3</sup> Compared with nonadherence or inconsistent adherence, sustained ART adherence has profound effects on overall health and prevention of transmission.<sup>1-3</sup>

<b>Results of Sustained Adherence:<sup>1,3-5</sup></b>	<b>Consequences of Nonadherence:<sup>1,3-5</sup></b>
<ul style="list-style-type: none"><li>• Immunologic recovery is possible.</li></ul>	<ul style="list-style-type: none"><li>• Virologic response may be inadequate.</li></ul>
<ul style="list-style-type: none"><li>• Long-term control of HIV infection can be achieved.</li></ul>	<ul style="list-style-type: none"><li>• CD4 cell counts remain low.</li></ul>
<ul style="list-style-type: none"><li>• Antiretroviral agents remain durable.</li></ul>	<ul style="list-style-type: none"><li>• Risk of viral breakthrough and regimen failure doubles.</li></ul>
<ul style="list-style-type: none"><li>• Viral resistance (and subsequent virologic breakthrough) is minimized.</li></ul>	<ul style="list-style-type: none"><li>• Development of drug-resistant HIV may be accelerated, increasing treatment failure.</li></ul>
<ul style="list-style-type: none"><li>• Risk of HIV transmission is reduced.</li></ul>	<ul style="list-style-type: none"><li>• Risk of HIV transmission is increased.</li></ul>
<ul style="list-style-type: none"><li>• HIV-related morbidity and mortality are reduced.</li></ul>	<ul style="list-style-type: none"><li>• HIV-related morbidity and mortality are increased.</li></ul>

## A TRUSTING PROVIDER-PATIENT RELATIONSHIP:



### ***Key to ART Adherence Today and Tomorrow***

Establishing trust and creating a supportive and nonjudgmental atmosphere that encourages honesty and facilitates patient questions is pivotal to successful ART. Your patient will feel more comfortable sharing his or her thoughts if you:

- Listen carefully to the patient and pay attention to hesitations, inconsistencies, or strong emotions.
- Speak openly and honestly about differences in ideas.
- Correct the patient's misconceptions tactfully and allow time for questions if he or she doesn't fully understand.
- Involve the patient in treatment decisions.

Objectivity and a nonjudgmental attitude are important. Health care providers can make it clear that even if they do not share patients' views, they respect them. Knowing and respecting patients' views will improve the patient-provider relationship and make the patient more likely to be adherent.



## **Strategies for Success**

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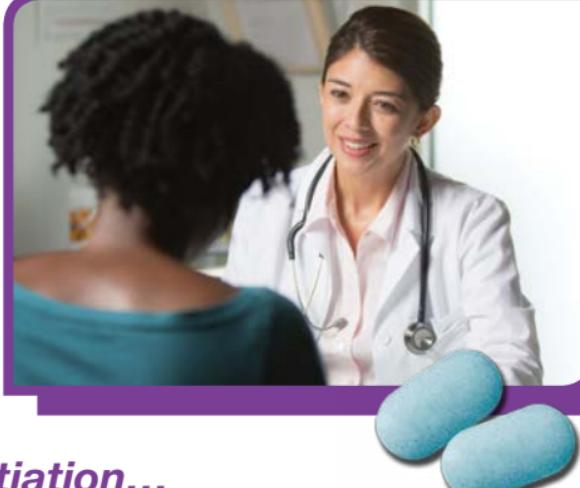
Every HIV-infected patient entering care should understand the effect ART has on improving CD4 count, reducing viral load, and preventing HIV transmission. ART is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are.<sup>2</sup>

### ***Before patients begin ART...***

Evaluate patient readiness prior to ART initiation to help identify predictors of suboptimal adherence.<sup>5,6</sup>

*Patients starting ART should be willing and able to commit to treatment and understand the benefits and risks of therapy and the importance of adherence.*

Patients may choose to postpone therapy, and providers may elect to defer therapy on the basis of clinical and/or psychosocial factors.<sup>3</sup>



## ***At ART initiation...***

Open communication can help providers stress the benefits of good, long-term adherence to the prescribed ART regimen and the potential negative consequences of nonadherence (e.g., health problems, drug resistance, and risk of transmission to others).<sup>3,6</sup>

One way that health care providers can enhance communication is to ask several open-ended questions—questions that cannot be answered with a simple yes or no.

Open-ended questions are designed to help the medical provider better understand the patient's views. They may also give the provider some idea of the patient's ability to adhere to a treatment regimen.

### ***Here are some examples of questions probing ART readiness:***

“What have you heard about HIV medicines?”

“What are the most important results you hope to get from treatment?”

“What are your concerns about HIV medicines?”



## ***Small Talks Help Identify Barriers to Adherence<sup>3-5</sup>***

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Patients may have trouble adhering to ART for many reasons:

- ***Patient beliefs and behaviors***, such as not taking their medications when they "feel well."
- ***Cognitive barriers***, such as lack of organizational skills and comprehension level.
- ***Treatment competence*** or the overall ability to adhere to a potentially complicated and long-term regimen.
- ***Comorbid conditions***, such as diabetes; dyslipidemia; hypertension; and viral hepatitis, that may further complicate the treatment plan design and the ability of the patient to adhere to the plan.
- ***Regimen-related barriers***, including fear of treatment, fear of treatment-related side effects, and confusion about doses.
- ***Psychosocial barriers***, such as mental health issues (depression, perceived low quality of life), drug or alcohol abuse, negative attitudes or beliefs about HIV disease, and lack of social support.
- ***Structural barriers***, such as lack of transportation, housing, child care, or insurance covering ART and long-term HIV care.



## ***Small Talks Can Help You Identify Teachable Moments***

Health care providers can work with patients to address issues uncovered during brief conversations.

On the next page, you'll find examples of ways to turn barriers into teachable moments.



## ***Addressing Barriers to Adherence as They Arise Will Help Patients Live Longer, Healthier Lives***

### ***Here Are Some Ideas:<sup>2-5</sup>***

#### ***Patient beliefs and behaviors***

- Explain the importance of consistent ART adherence even when the viral load is undetectable.

#### ***Cognitive barriers***

- Offer advice about and tools for adherence, such as weekly pill boxes, dose reminder alarms, and linking dosing to daily events/activities.
- Use a feedback strategy (such as “tell me what you just heard”) to help patients avoid confusion about new medicines and/or changed regimen.

#### ***Treatment competence issues***

- Involve patients in decision making, including selection of the ART regimen if options exist.
- Ensure patients understand the treatment plan, including drug regimen, dosing schedule, and dietary restrictions.
- Prepare patients for situations or changes in routine that could trigger nonadherence or short-term interruption, such as side effects, illicit drug use, or running out of HIV medicines.

## **Comorbid conditions**

- Regularly review total treatment plan, and simplify regimen if possible with consideration for patients' lifestyles and comorbidities.
- Anticipate (and plan to manage) possible drug-drug interactions.

## **Regimen-related barriers**

- Offer ART regimens that are highly effective; prescribe once daily or other simple regimens that reduce pill burden, dosing frequency, and dietary restrictions as much as possible.
- Explain that treatment has improved and is better tolerated today.
- Prepare patients for the possibility of ART side effects and regularly evaluate and manage side effects should they arise.
- Encourage patients to recruit friends and/or family members to help with adherence.

## **Psychosocial barriers**

- Offer referrals to and/or information about mental health, substance abuse, and other support resources (e.g., psychologists, addiction specialists, support groups, adherence counselors, case managers).
- Remind patients not to share their ART with anyone.

## **Structural barriers**

- When possible, refer patients to case management and wraparound services for help with issues such as lack of transportation, housing, child care, and access to insurance.



## ***Small Talks During Every Office Visit Help Patients Adhere to ART***

Adherence to ART over the long term can be challenging, even for the most motivated patients. Brief discussions about ART adherence at every follow-up visit can help improve patient success.<sup>6</sup>

Through open discussion, providers and patients can uncover barriers, identify strategies, and set behavioral goals to improve adherence.

### ***Here are some examples of questions probing ongoing adherence:***

“How has it been going taking your medicines?”

“What seems to get in the way of taking your medicines?”

“What was going on when you missed that dose you told me about?”

Adherence can be monitored using self-report, pharmacy refill data, pill counts, electronic medication device data, and biologic measures such as blood drug concentrations and HIV viral load. Adherence-related tools can be used to complement education and counseling.

## ***Other communication techniques to consider:<sup>3,6</sup>***

- Use simple, nonmedical terms.
- Use the appropriate language level.
- Limit the amount of information provided at one time.
- Discuss the most important topics first and last.
- Repeat important information.
- Give important information to the patient in writing.
- Listen to feedback and questions from patients.
- Use concrete examples.
- Make patient interactions positive experiences.

## ***Remember, needs may change over time***

Long-term maintenance of a treatment plan can be difficult for some patients. Health care providers can use brief discussions to help patients find ways to identify and deal with potential adherence problems.

Persons living with HIV are more likely to be adherent if they help make the decisions and understand the benefits of treatment.

## ***Brief discussions with patients at every office visit can help improve treatment adherence and treatment success.***



### **References**

1. CDC. Effect of antiretroviral therapy on risk of sexual transmission of HIV infection and superinfection. September 2009.
2. Thompson MA, Aberg JA, Hoy JF, et al. Antiretroviral treatment of adult HIV infection. 2012 Recommendations of the International Antiviral Society—USA Panel. *JAMA*. 2012; 308:387–402.
3. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf> Accessed June 21, 2014.
4. Atkinson MJ, Petrozzino JJ. An evidence-based review of treatment-related determinants of patients' nonadherence to HIV medications. *AIDS Patient Care STDS*. 2009;23:903-914.
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6. Hardy WD. The ART of ART adherence. *HIV Specialist*. 2012;4:30-32.

# Resources

## Additional Prevention IS Care materials

Patient education materials designed to foster communication about barriers to and strategies for ART adherence are also available.

Access these, along with a variety of educational and informational materials for HIV providers and their patients, at:



**[cdc.gov/actagainstaids/  
campaigns/pic](http://cdc.gov/actagainstaids/campaigns/pic)**

## An online resource for patients

CDC offers a comprehensive website, *HIV Treatment Works*, designed to provide reliable information to patients at all stages of HIV infection.

Focusing on getting in care, staying in care, and living well, your patients will also find insightful videos of real people sharing how they live well with HIV.



**[cdc.gov/hivtreatmentworks](http://cdc.gov/hivtreatmentworks)**

## Other resources to consider

- General information

**1-800-CDC-INFO (232-4636)**

- US Public Health Services HIV-related treatment guidelines

**[aidsinfo.nih.gov/guidelines](http://aidsinfo.nih.gov/guidelines)**

- SAMHSA mental health, alcohol, or drug use services

**1-800-662-4357**

