Annexure 3 *Enhanced Adherence Counselling*

Source: Differentiated Care Models Standard Operating Procedures 2023

ENHANCED ADHERENCE COUNSELLING SESSIONS

There are two sessions:
Session 1: Initial enhanced adherence counselling for patients struggling with adherence.
Session 2: Enhanced adherence counselling for persistent non-adherent patients (covered in DMOC SOP 2).

SESSION 1

Benefits of Viral Suppression:

- Undetectable VL means the virus is untransmittable to HIV negative partners
- CD4/immune function recovery
- Less chance of illness
- Reduced visits to clinic through access to MMD/RPC

1. Explain the purpose of your session, define terms:

- Determine possible reasons for abnormal assessment results.
- Assess and address any reported barriers to adherence and discuss effective strategies to overcome.
- Update or develop an adherence plan with the patient.

2. Education on the assessment result

- Assess patient for mental health using the Mental Health Assessment tool in Annexure II.
- Find out what treatment education the patient has received. Recap the benefits of VL suppression as outlined in the box above.
- Find out what the patient knows about the treatment they are taking and check the treatment regimen has been understood correctly i.e. when each medicine is taken.
- Explain in a supportive way that the most common reason for such result is a problem with taking medication correctly.
- Find out if the patient received education on the assessment to check adherence and effective treatment(VL/BP/HbA1c) and its meaning. If not, provide this information (see SOP 1: FTIC session 2).

3. Flexibility on treatment

- Clear any myths and misconceptions around taking treatment and explain that there is some flexibility.
- Emphasize the importance of patients choosing their own suitable time for taking medication as prescribed.
- Explain what to do with late or missed doses depending on the treatment.
- Explain what to do in case of alcohol use while on treatment. If patient cannot control their use of alcohol, they should make sure that they take their treatment anyway.
- Explain to patient that it is better not to use traditional medicines that could interfere with the treatment. If they take traditional medicine, they should make a plan with the clinician to still take their treatment.

4. Patient's experiences

Ask: What makes it difficult for you to take the treatment sometimes? Encourage the patient to be honest about personal issues that may affect their adherence and help them to address issues such as alcohol or other substance intake as they can lead to forgetting medication.

- Explain that medication should be taken even without food and what they can do if food insecurity is an issue. Inform and assist patient on how to access government support programmes, if necessary.
- Consider patient's religious and traditional beliefs that may contribute to non-adherence to treatment.

5. Identify strategies to ensure good adherence

Ask: What could help you to remember to take the treatment?

Discuss treatment reminders and adherence options including the advantages and disadvantages of each for the specific patient:

- Treatment buddy to remind the patient to take treatment
- Setting phone alarm
- Support by a family member
- Pill counts
- Marking a calendar or using a pill box
- Linking medication to meals times or other daily routine such a brushing teeth
- Storing medication somewhere accessible if unable to disclose to others in the home
- Carrying/keeping spare medication to take at work in case dosing at home was forgotten or client late returning home
- Modified Direct Observed Therapy such as treatment supporter (this is also applicable to children)

Ask: Who could support you to take the treatment every day?

Discuss sources of social support for the client. Emphasise the importance of support structures in coping and adherence such as family, friends, peer support groups, faith-based group and work-based support.

- Encourage sharing of feelings and emotions regarding the illness.
- Empower the patient in making a plan that is adapted to the barriers expressed. Be aware not to create dependency, but to find their own solutions, with the help of the healthcare worker or lay counsellor.

6. Inform the patient about pathway ahead

- Explain further assessments (tests) to check adherence and effective treatment as per disease specific guidelines (for HIV: a further viral load will be taken in 3 months, for hypertension: a BP will be taken at every visit for the next 3 months, for diabetes: a further HbA1c test will be done in 3 months)
- Explain that if the next assessment is normal, it will become easier to collect treatment. The patient can ask and the clinician should offer and enroll the patient into a simpler treatment supply collection system of their choice with longer treatment supply based on what is available at the facility (FAC-PUP/Adherence Club/EX-PUP).