Managing the Client on ART

Monitoring on ART

Remember to check adherence at every clinical follow-up visit, in a non-judgemental way. Ask open ended questions e.g. “Is there anything that makes it difficult for you to take your treatment?” See also the 'Adherence' section of the ***"ABCDE assessment of an Elevated Viral Load"***

Providing quality care at the follow-up visit is essential to promote adherence, achieve and sustain viral suppression, minimise side-effects and toxicities, and promote quality of life. A client on ART should be monitored to:

1. Determine clinical response to ART
2. Determine the virological and immunological response to ART
3. Detect and manage any side-effects and toxicities

1. Determine clinical response to ART

The following components should be included in the **clinical assessment:**

Weight (adults)
An assessment of trends in weight in adults

Growth and neurodevelopment (children)
An assessment of trends in weight, height, head circumference, and neurodevelopment

Remember to increase the ART dosage as weight increases!

Screen for TB (see below *)
and other OIs:
to diagnose and provide treatment;
to adjust ART regimen if required;
to provide a package of care for AHD if required;
to determine if TB preventive therapy is required

WHO clinical staging
to determine response to ART, and CPT eligibility

Screen for pregnancy and ask if planning to conceive as outlined in the table for ***"Baseline Clinical Evaluation"***

2. Determine the virological and immunological response to ART

Viral load should be measured to timeously detect problems with adherence or treatment failure

Remember, any elevated VL > 50 c/mL is a medical emergency!

Assess and manage according to the algorithm ***"VL Monitoring for Clients on TLD"***

The CD4 count monitors susceptibility to opportunistic infections, identifies clients with advanced HIV disease and informs eligibility for OI prophylaxis.

Monitor routinely after 10 months/DCs on ART (aligned with VL).
Thereafter, stop CD4 monitoring unless:

- CD4 still ≤ 200 cells/mm^3: repeat every 6 months until CD4 > 200
- VL ≥ 1000 c/mL: repeat CD4 every 6 months until VL < 1000 c/mL
- A clinical indication arises, such as a new WHO Stage 3 or 4 condition in a previously well client

Repeat CD4 for clients returning > 90 days after missing a scheduled appointment (see ***"re-engagement algorithm"***)

3. Detect and manage any side-effects and toxicities

Side-effects and ART toxicities can affect adherence and endanger the client’s health:

Drug side-effects
Ask about side-effects at each visit (e.g. sleep or gastrointestinal disturbances)

TDF-induced nephrotoxicity
If on TDF, do creatinine and eGFR* at months 3 and 10 (aligned with VL monitoring schedule) Thereafter, repeat every 12 months
See also ***"Assessing Renal Function"***

Dyslipidaemia
If on a PI-based regimen, do total cholesterol and triglycerides (TGs) at month 3
If above acceptable range, do fasting cholesterol and TGs and if still above acceptable range, obtain expert advice

Anaemia and neutropaenia
If on AZT, do a full blood count and differential white cell count at months 1 and 3
Thereafter, repeat if clinically indicated

* Screening for TB at follow-up Visists

At every routine follow-up visit: • Do a TB symptom screen. If symptomatic, do a MTB/Rif Ultra (Xpert)	At every 12-monthly clinical review on ART (aligned with 12-monthly VL) • Routine MTB/Rif Ultra (Xpert)(regardless of TB symptoms)	For symptomatic PLHIV admitted to hospital [in addition to the MTB/Rif Ultra (Xpert)] • Do a U-LAM test	For symptomatic PLHIV seen in an outpatient setting [in addition to the MTB/Rif Ultra (Xpert)] • Do a U-LAM test if: - CD4 count <200 within the last 6 months, or - advanced HIV disease, or - current serious illness.

For more information on the package of care for AHD and the management of specific OIs, please refer to the ***Consolidated ART guideline***

When monitoring on ART, also integrate monitoring for other chronic conditions (HPT, DM, and mental health) and routinely offer reliable contraception and cervical cancer screening to female clients.