Overview of available resources, literature and material in SA

Rebecca Pursell
MPH student, Wits

Trends in the literature

- Literature which looks at adherence has attempted to identify factors associated with high levels of adherence to ART and mechanisms to increase adherence
- Most studies conducted in the USA, initial South African research is drawn from MSF in Khayelitsha
- Definition needs to include those who have dropped out of treatment in the period of study and to classify such patients as non-adherent
- Levels of Adherence of 88-95 % in South Africa, compared to 70 % in developed countries (Leichty & Bangsberg, 2003)

Factors associated with adherence

- Factors relating to treatment regimen, institutional resources, personal attributes, social and psychological factors (Fogarty et al, 2002)
- Predictors of good adherence include good patient-provider relationships, social support and shared language spoken by provider and patient (Orrell et al, 2003)
- No consistent relationship with socio-economic status, ethnicity or sex
- Association with ethnicity related to access to services
- Study conducted in US with 99 patients found that physicians' perceptions of patients and their likelihood of adherence was incorrect in 41% of patients, 30% among nurses. This is important to consider when making choices about who is ready or suitable for treatment (Paterson et al,2000).

The South African Experience

- Published research reflects on experiences and practices of MSF in Khayelitsha
- Strong emphasis placed on social support and patient-provider relationships
- Proposes that securing adherence relies on treatment preparation and *not* patient selection
- Second CT study achieved 93.5% adherence of 289 patients over 48 weeks, with no formal adherence intervention (Orrell et al, 2003)

Interventions to support adherence

- Role of witnessed dosing in securing adherence has not been isolated from other DOTS components. Witnessed dosing of one of two/three doses, places patients in 80-90% adherence window that maximally selects for drug resistance (Leichty & Bangsberg, 2003).
- Use of treatment assistants by MSF throughout programme has demonstrated success. Sometimes difficult to do in larger sites
- Focus on treatment preparation. Study in UK found only 5 % of consultations explored clients understanding of health, accommodated clients beliefs and checked understanding of diagnosis (Campion et al, 2002)

Next steps

- Move towards *Collaborative Care* (doctor as medical expert, patient as expert in own life)
- Focus on social integration for patients on treatment
- Give special attntion to treatment preparation and working with clients individual understanding of HIV and what it means for them
- Networking

Conclusion

- "However brilliant the achievement of the modern medical machine, the complicated social world of individual lives always lurks outside the clinic door. Adherence to medications brings these two worlds into conflict."

  cited in Goudge, J; Ngoma, B and Schneider, H (2005) Adherence to Anti-Retroviral Drugs: Theorising Contextual Relationships. Centre for Health Policy