

## ***PATIENT FOLLOW-UP AND MONITORING AFTER INITIATION OF THERAPY***

After HAART is initiated, close monitoring of the patient is warranted for toxicity and adherence. A follow-up visit with the prescribing clinician or an associated community healthcare professional is recommended within two weeks of initiation of ARV therapy. At this visit, adherence issues can be re-addressed and the patient can be assessed for any clinical evidence of drug toxicity.

### ***Adherence***

The importance of adherence for those initiating HAART cannot be overemphasised. Studies suggest that adherence is especially critical in the first few months of ARV therapy, when the HIV viral load is expected to decline rapidly. Suboptimal adherence can rapidly lead to the development of drug resistance, ultimately resulting in regimen failure as well as the loss of antiretroviral options for salvage regimens.

Assessment of adherence should therefore be performed at every visit in order to identify and correct any potential barriers. A trusting and non-judgmental relationship between the clinician and patient is critical in this regard. Studies have found that clinicians do not reliably predict their patients' levels of adherence; more accurate methods of assessing adherence include patient recollection of missed doses and pharmacy refill records. A sample patient adherence questionnaire, as well as a more thorough discussion of adherence, can be found in *Chapter I: Comprehensive Management of Persons with HIV Infection*.

Key strategies that may be useful in promoting adherence in patients who have recently initiated therapy include:

- ✓ **establishing trust**
- ✓ **closely monitoring adherence** at routine visits
- ✓ **providing access between visits** for questions or problems
- ✓ **involving patient's social network** to provide ongoing adherence support
- ✓ **adding adherence assessment and reinforcement to job descriptions of support team members**, such as nurses, pharmacists, case managers, and clinicians' assistants

### ***Laboratory Monitoring***

Periodic laboratory monitoring is also recommended to screen for toxic effects of antiretroviral medications and to assess the patient's immunologic and (where available) virologic response to therapy. However, clinical assessment without laboratory monitoring is reasonable if laboratory testing is not readily available.

*Appendix E* summarises recommended laboratory testing for patients on HAART. The laboratory monitoring that is recommended depends on the HAART regimen that is prescribed and on the patient's co-morbid conditions and past medical history. For example, increased vigilance for liver toxicity is warranted in individuals with a history of chronic hepatitis who initiate antiretroviral therapy. Because most drug-related toxicities appear within the first few months of introduction of the drug, it is reasonable to decrease the frequency of monitoring in patients who initially display no evidence of toxicity. Similarly, the frequency of CD4+ T cell count monitoring may be decreased in individuals who maintain excellent adherence to their medications and who demonstrate sustained clinical improvement. While HIV viral load testing is useful in assessing efficacy of treatment and early detection of treatment failure, it is not mandatory for the management of these patients. Obviously, clinical signs or symptoms that suggest toxicity warrant prompt investigation. Hence, this table represents a rough guideline only and should be tailored to the individual patient.