

ADHERENCE

Studies have also consistently demonstrated that very high levels of adherence are required to maintain a robust response to HAART with durable virologic suppression. In fact, recent data suggest that adherence is a more important predictor of response to HAART than the baseline CD4+ T cell count or HIV viral load. Furthermore, suboptimal adherence often rapidly leads to the development of ARV resistance, limiting treatment options. Hence, adherence issues must be explored thoroughly before initiation of HAART, and potential obstacles to adherence should be addressed and corrected if possible. The selection of the HAART regimen itself should take into account patient preferences that favour adherence. Research has identified several factors associated with adherence, as listed in *Table 4*.

Table 4: Selected Factors that Influence Adherence

ASSOCIATED WITH POOR ADHERENCE	ASSOCIATED WITH BETTER ADHERENCE
Active alcohol or substance abuse	Directly observed therapy (DOT)
Regimen complexity	Once- or twice-daily regimens
Depression	Not living alone
Lack of perceived efficacy of HAART	Belief in efficacy of HAART
Lack of symptomatic disease	History of OI or advanced HIV disease
Concern over side effects	Belief in own ability to adhere to regimen
Work outside the home for pay	Belief that non-adherence will lead to viral resistance
Lack of proper instructions to patient	Dependence on a significant other for support

A multidisciplinary approach can be useful for exploring potential barriers to adherence with individual patients. Ideally, any potential barriers to adherence should be corrected prior to initiation of HAART. However, many potential barriers to adherence are not easily correctable, and patients are often able to achieve excellent levels of adherence despite the presence of one or more factors associated with poor adherence. Moreover, research has consistently shown that clinicians do not accurately predict their patients' levels of adherence. Hence, the presence of one or more potential barriers to adherence should not prompt denial of HAART to patients who otherwise qualify for treatment.

Practical strategies to improve adherence prior to initiation of HAART include:

- ✓ **educating the patient** regarding the anticipated benefits of HAART, the potential for treatment failure and viral resistance associated with suboptimal adherence, and possible side effects of the medications;
- ✓ **treating potential barriers to adherence** prior to initiation of therapy, such as substance abuse or mental health disorders;
- ✓ **recruiting support** from other members of the healthcare team, members of the patient's social network of friends and family, and community-based organisations to reinforce the importance of adherence and assist with overcoming barriers to adherence;
- ✓ **negotiating a treatment plan** to which the patient is committed, taking into consideration the patient's daily routines, meal and work schedules, and co-morbid medical conditions;
- ✓ **simplifying the regimen** as much as possible by favouring regimens that include a low pill burden, once- or twice-daily dosing, and minimal food restrictions;
- ✓ **providing a written or pictorial schedule** for taking the medications;
- ✓ **considering the use of automated reminders** such as pagers, alarms, and pill boxes; and
- ✓ **considering a trial period of simulated therapy**, using candy instead of actual pills, to identify potential obstacles to adherence.

A more detailed discussion of adherence, including a sample patient adherence questionnaire, can be found in *Chapter I: Comprehensive Management of Persons with HIV Infection*.