

ADHERENCE

The success or failure of antiretroviral therapy for children--as well as for adults--depends primarily on the ability of the patient to take ARVs as prescribed. For this reason, intensive efforts should be made prior to and following initiation of antiretroviral therapy to promote optimal adherence. These interventions must necessarily involve the family and/or caregiver(s) of the child being treated. Practical strategies to promote adherence include:

- Carefully assessing and preparing the family for adherence to medications and care, including nursing, social, behavioural, and psychological assessments.
- Establishing trust and identification of mutually acceptable goals for care.
- Gathering information regarding the obtaining, storing, and administering of the child's medications.
- Determining who is responsible for administering medications and exactly how this is performed.
- Providing intensive family education and medication training before initiating treatment.
- Educating the family about the relationship between partial adherence and resistance.
- Educating the family that at the age of approximately three years, children can be successfully trained to take pills without adverse experiences or behavioural problems.
 - Training is best achieved by a neutral and non-authoritative individual who is not a family member.
 - Useful techniques for training a child to take pills include encouraging him/her to relax, using increasing sizes of placebo pills, and encouraging swallowing with water or other liquids.
- Facilitating encouragement with minimal extrinsic rewards.
- Not allowing the child to refuse medications once the child begins to take ARVs.
- Disallowing other activities until the ARVs are taken.
- Monitoring adherence at each visit, or between visits by phone.
- Providing ongoing support and encouragement.
- Considering a period of hospitalisation for virologic failure to assess adherence and to reinforce that medication adherence is fundamental to successful HAART.