Assessing patients' readiness to start and maintain ART

Goal: to help patients start and/or maintain ART

Successful ART requires a patient's readiness to start and adhere to the regimen over time. The trajectory from problem awareness to maintenance on ART can be divided into five stages. Knowing a patient's stage, health care providers can use appropriate techniques to assist them to start and maintain ART.

Identify the patient's stage of readiness using WEMS[>1] techniques, and start discussion with an open question/invitation: "I would like to talk about HIV medicines." <wait> "What do you think about them?"
Based on the patient's response, identify his/her stage of readiness and intervene accordingly.[>2]

Stages of readiness to start ART

Precontemplation:
"I don't need it, I feel good"
"I don't want to think about it"

Support: Show respect for the patient's attitude / Try to understand the patient's health and therapy beliefs / Establish trust / Provide concise, individualised information / Schedule next appointment

Contemplation:
"I am weighing things up and feel torn about what to do about it"

Support: Allow ambivalence / Support the patient in weighing pros and cons / Assess the patient's information needs and support his/her information seeking / Schedule the next appointment

Preparation:
"I want to start, I think the drugs will allow me to live a normal life"

Support: Reinforce the patient's decision / Decide with the patient which is the most convenient regimen / Educate the patient on adherence, resistance and side effects / Discuss integration into daily life / Assess self-efficacy
Ask: How confident are you that you can take your medicines as we discussed (specify) once you have started? Use VAS 0-10[>3]

Consider skills training:
- Medicines-taking training, possibly MEMS
- Directly observed therapy with educational support
- Use aids: Mobile phone alarm, pillboxes
- Involve supportive tools/persons where appropriate

START ART

Action:
"I will start now"

'Final check': With a treatment plan established, is the patient capable of taking ART and is ART available?

Maintenance:
"I will continue" or "I have difficulties continuing over the long run"

Assess: Adherence every 3-6 months[>4]
Evaluate adherence:
For patients with good adherence: Show respect for their success
Assess: The patient's own perception of ability to adhere to and continue treatment
Ask: In the next 3-6 months, how confident are you that you can take your medicines? Use VAS 0-10[>3]

For a patient without sufficient adherence: Use mirroring techniques[>5] on problems, ask open questions to identify dysfunctional beliefs
Assess: Stage of readiness and provide stage-based support
Assess: Barriers and facilitators[>6]
Schedule next appointment and repeat support

Caveat: A patient can relapse to every earlier stage, even from "maintenance" to "precontemplation"

I will not manage 0 —— 10 I will manage

Several barriers are known to influence ART decision making and adherence to ART

Screen for and talk about problems and facilitators

Consider systematic assessment of:
- Depression[>7]
- Cognitive problems[>8]
- Harmful alcohol or recreational drug use[>9]

Consider talking about:
- Social support and disclosure
- Health insurance and continuity of drug supply
- Therapy-related factors

Recognise, discuss and reduce problems wherever possible in a multidisciplinary team approach

READY4THERAPY

COMMENTS

1 > WEMS: Waiting (>3sec), Echoing, Mirroring, Summarising (Langewitz W et al. BMJ 325:682-683. 2002).

2 > Patients presenting in the clinic may be at different stages of readiness: Precontemplation, contemplation or preparation [Transtheoretic model; Prochaska JO. Am Psychol 47:1102-1114, 1992]. The first step is to assess this stage, and then to support/intervene accordingly. In the case of late presentation (<350 CD4/µL), the initiation of ART should not be delayed. The patient should be closely followed and optimally supported. Schedule the next appointment within a short time, i.e. 1-2 weeks.

3 > VAS (= Visual Analogue Scale; range from 0 to 10 i.e. 0 = I will not manage, 10 = I am sure I will manage).

4 > Suggested adherence questions: "In the past 4 weeks how often have you missed a dose of your HIV medicines: every day, more than once a week, once a week, once every 2 weeks, once a month, never?" / "Have you missed more than one dose in a row?" (Glass TR et al. Antiviral Therapy 13(1):77-85. 2008).

5 > Mirroring: reflecting back on what a patient has said or non-verbally demonstrated (e.g. anger or disappointment) WITHOUT introducing new material by asking questions or giving information.

6 > Adherence to long-term therapies WHO 2003 p.95-107

7 > Meta-analysis shows a consistent relationship between depression and ART non-adherence that is not limited to those with clinical depression. Therefore, assessment and intervention aimed at reducing depressive symptom severity, even at subclinical level is important. Acquir Immune Defic Syndr 2011 Oct 1; 58(2):181-7. doi: 0.1097 QAI.0b013e31822d490a. Depression and HIV/ AIDS treatment nonadherence: a review and meta-analysis. Gonzalez JS, Batchelder AW, Psaros C, Safren SA.

PHQ-2 or PHQ-9 Ask: "Over the last two weeks, how often have you been bothered by any of the following problems? 1. Little interest or pleasure in doing things; 2. Feeling down, depressed or hopeless." Answers: Not at all (0) / Several days (1) / More than half the days (2) / Nearly every day (3). If the patient scores 2 or more, ask seven additional questions.
Evaluation: Sensitivity and specificity of the PHQ-2 were 86% and 78% with a score of 2 and higher for major depression. For the PHQ-9 they were 74% and 91% with a score of 10 and higher. Interpretations of scores for PHQ-9 are: 1-4 minimal depression / 5-9 mild depression / 10-14 moderate depression / 15-19 moderately severe depression / 20-27 severe depression. Arroll, B., Goodyear-Smith, F., Crengle, S., Gunn, J., Fishman, T., Fallon, K., Hatcher, S. (2010). Validation of PHQ-2 and PHQ-9 to Screen for Major Depression in Primary Care Population. Annals of Family Medicine, 8(4), 348-353

8 > Ask: "Do you feel having problems to concentrate in your daily life?" / "Do you feel slowed in your thinking?" / "Do you feel having problems with your memory?" / "Did relatives or friends express that they feel you have problems with your memory or difficulty concentrating?" Simioni S, et al. AIDS. 2010 Jun 1;24(9):1243-50.

9 > FAST - Alcohol use, ask: How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Never=0, Less than monthly=1, Monthly=2, Weekly=3, Daily or almost daily=4. Stop if the answer is 0 (never). Ask more questions if the answer is 1, 2 or 3.
a) Comparing short versions of the AUDIT in a community-based survey of young people. Bowring AL, Gouillou M, Hellard M, Dietze P. BMC Public Health. 2013 Apr 4;13(1):301. [Epub ahead of print] PMID: 23556543 [PubMed - as supplied by publisher]
b) Manual for the Fast Alcohol Screen Test (FAST): http://goo.gl/9xYsDF
c) J Acquir Immune Defic Syndr. 2009 Oct 1;52(2):180-202. doi: 10.1097/QAI.0b013e3181b18b6e. Alcohol use and antiretroviral adherence: review and meta-analysis. Hendershot CS, Stoner SA, Pantalone DW, Simoni JM

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