Assessing a patient’s readiness to start and maintain ART

**Goal:** help patients to start and/or maintain ART

Successful ART requires a patient’s readiness to start timely and adhere 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 patients in starting and maintaining ART.

Identify patient’s stage of readiness with WEMS techniques; initiate the discussion with an open question/invitation: "I would like to talk about HIV medication." <wait> "What do you think about it?" Based on the patient’s response, identify his/her stage of readiness and intervene accordingly

### Stages of readiness to start ART

<table>
<thead>
<tr>
<th>Stage</th>
<th>Support</th>
<th>Action</th>
<th>Caveat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation:</strong></td>
<td>&quot;I don't need it, I feel good&quot; &quot;I don't want to think about it&quot;</td>
<td>&quot;I will start now&quot;</td>
<td>Patient can relapse to every earlier stage, even from “maintenance” to “precontemplation”</td>
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<td><strong>Contemplation:</strong></td>
<td>&quot;I am weighing things up and feel torn about what to do about it&quot;</td>
<td>&quot;I will start now&quot;</td>
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<td><strong>Preparation:</strong></td>
<td>&quot;I want to start, I think the drugs will allow me to live a normal life&quot;</td>
<td>&quot;I will start now&quot;</td>
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<tr>
<td><strong>Action:</strong></td>
<td>&quot;I will start now&quot;</td>
<td>'Last check': Treatment plan established, patient is capable to take ART and ART is available?</td>
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<td><strong>Maintenance:</strong></td>
<td>&quot;I will continue&quot; or &quot;I have difficulties to continue on a long run&quot;</td>
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### Assess:

- **Adherence every 3-6mts**
- **Evaluate adherence:**
  - For patients with good adherence: Show respect for his/her success
  - Self-efficacy to persist on treatment
  - Ask: In the next 3-6mts, how confident are you that you can take your medication? Use VAS 1-10<sup>3</sup>
  - **For patients with insufficient adherence:** Mirroring<sup>4</sup> on problems, use open questions to identify dysfunctional beliefs
  - Assess: Stage of readiness and provide stage based support
  - Assess: Barriers and facilitators<sup>6</sup>
  - Schedule next appointment and repeat support

### Screen for and talk about problems and facilitators

Consider systematic assessment of:
- Depression<sup>7</sup>
- Cognitive problems<sup>8</sup>
- Harmful alcohol or recreational drug use<sup>9</sup>

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
Comments


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 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 medication: 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 question asking 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 levels is important. Acquir Immune Defic Syndr. 2011 Oct 1; 58(2):181-7. doi: 10.1097 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 3 or 4. Ask more questions if the answer is 0, 1 or 2.
   b) Manual for the Fast Alcohol Screen Test (FAST): http://goo.gl/9xYsDF

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