

Promoting Medication Adherence



OBJECTIVES

At the end of this unit, participants will be able to:

- Define medication adherence
- Explain why medication adherence is important
- Discuss single-tablet regimens
- Review resistance, the causes, and how to prevent resistance
- Discuss the top six reasons people skip their medication
- Discuss tips for promoting adherence



INSTRUCTIONS

1. Before the session begins, set up the room to accommodate group work (three groups) with flip chart sheets and markers. Review videos on [helpstopthevirus.com](https://www.helpstopthevirus.com) and select a few as example to introduce/reinforce material.
2. Welcome participants.
3. Review the unit objectives.
4. Review slides 3–4 about the importance of medication adherence.
5. Facilitate group activity with Understanding Adherence worksheet, and review answers.
6. Review slides 6–10 about HIV medications and causes of resistance.
7. Facilitate group activity on promoting adherence through active listening.
8. Review slides 12–16 on preventing resistance and why people skip their HIV medications, tips for promoting adherence.
9. Distribute Promoting Medication Adherence Scenarios handout and facilitate case scenario activity.

(continued)



Related C3 Roles

Providing coaching and social support, providing culturally appropriate health education and information, advocating for individuals and communities, knowledge base

Related C3 Skills

Interpersonal and relationship-building skills, communication skills, advocacy skills, education and facilitation skills



Method(s) of Instruction

Group activity—quiz and case scenarios, lecture, video



Estimated time

1.25 hours



Key Concepts

Medication adherence, resistance



Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers
- Videos (optional)—<https://www.helpstopthevirus.com/hiv-education>

Handouts

- Promoting Medication Adherence Scenarios
- Understanding Adherence
- Active Listening Techniques
- Understanding Adherence (Answer Key)

(continued)

Promoting Medication Adherence



INSTRUCTIONS (continued)

- 10.** Wrap up. To close this session, highlight the following points that CHWs can do and say to clients to promote medication adherence:
- Medication adherence, or the ability to stick to treatment, can be challenging for people with HIV.
 - Adherence is especially important for HIV treatment because of the high risk for drug resistance. If a person stops taking their medications and expects to simply resume them later, they may find that these medications are no longer effective.
 - The key to developing a treatment adherence plan is to understand that medication therapy does work.
 - There are many reasons why people skip HIV medications, however, the CHW can work with clients to support and promote adherence.
 - A 7-day pill box, setting phone alerts, and family support are helpful reminders.
 - Help clients keep all medical appointments.
 - Encourage clients to surround themselves with positive people.



Resources

Council, A. "Guidelines for the Use of Antiretroviral Agents in HIV." www.aidsinfo.org. January 18, 2018. Accessed February 12, 2018.

Guidelines and Recommendations: HIV/AIDS. Centers for Disease Control and Prevention. Last updated January 19, 2018. Accessed February 12, 2018.

HIV Treatment Guidelines. *American Academy of HIV Medicine*. Accessed February 12, 2018.

Positively Aware, HIV Treatment, Prevention, and Support from TPAN, 22nd Annual HIV Drug Guide, March + April 2018.

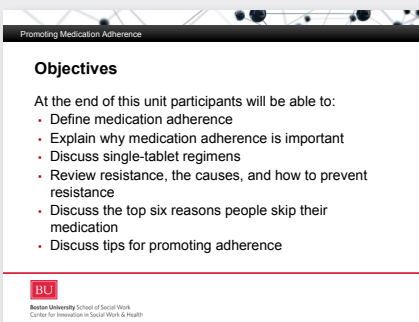
www.thewellproject.org

www.thebody.com

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SLIDE 1

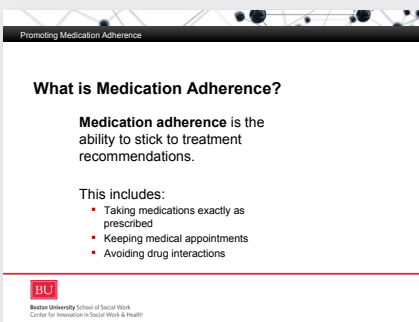


SLIDE 2

Review the objectives.

Engage participants to assess what they may already know about the topic.

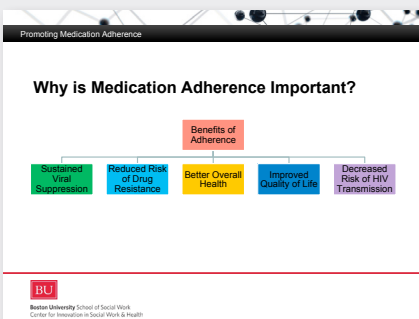
- Ask, "What is medication adherence?"
- Ask, "Why do you think medication adherence is important?"
- Ask, "How can you support/promote adherence with clients?"



SLIDE 3

Review the slide.

The HIV virus makes millions of copies of itself everyday. Antiretroviral drugs can't kill the virus but can keep it from multiplying rapidly.



SLIDE 4

Why is medication adherence important? Adherence to an HIV regimen gives HIV medicines the chance to do their job. It prevents HIV from multiplying and destroying the immune system. HIV medications help people with HIV live longer healthier lives. Medications also reduce the risk of HIV transmission, especially if the person is undetectable. If the person is undetectable for at least six months they cannot transmit the virus.

Other benefits are:

- Sustained viral suppression
- Reduced risk of drug resistance
- Better overall health
- Improved quality of life
- Decreased risk of HIV transmission

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SLIDE 5

Group Activity: Understanding Adherence

Divide the class into 3 groups (depending on the number of class participants). Give each group a copy of the Understanding Adherence worksheet.

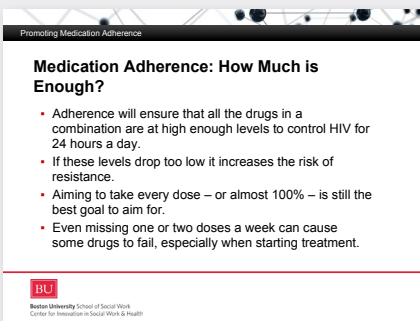
Ask each team to select a recorder to document answers and a reporter to share answers. As a group, answer all questions on the worksheet. Group members will also write in their answers or best guess to each question on the worksheet. Give about 8 minutes to complete the worksheet.

One point will be given to each group per question if the answer is correct; no half-points will be given.

If the group gives an incorrect answer, the next group (in alpha or numeric order) has the opportunity to answer the question.

If no group or individual gives a correct answer the facilitator will give the correct answer.

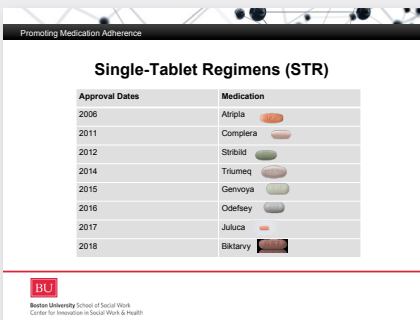
After reviewing the worksheet, point out that medication adherence and supporting clients in doing so is more than just encouraging them to take medication. It encompasses attending medical appointments such as the optometrist, well woman visits, dental appointments, and therapy sessions (if applicable) and attending support groups. These appointments and community meetings all aid in a person's health and well-being; it includes the whole person.



SLIDE 6

Review the slide.

When a patient is adherent, all the drugs are at high enough levels to control HIV for 24 hours a day.



SLIDE 7

Single-tablet regimens were a very important development in the treatment of HIV.

This chart is a listing of all 8 single-tablet drug regimens, and their approval dates. Most are 3 drug regimens; Juluca is the first and only 2 drug regimen.

Several of these drugs have been reformulated, for example Stribild and Genvoya are the same drug, however the difference is in the amount of tenofovir in the drug. The new formulation for Truvada is called TAF.


Atripla was the first single-dose drug before Complera was approved. Now there are many more choices available.

Preferred drug regimen options are always changing, so finding the right resources to educate yourself and clients is important. The most current information can be found on the websites aidsinfo.org, ias-usa.org, and thebody.com. Positively Aware Magazine publishes an HIV Drug Chart once or twice a year. Other reputable websites are also available.

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What Is Resistance?

- HIV drugs are designed to **prevent the virus from reproducing**
- Sometimes HIV changes (**mutates**) as it makes copies of itself
 - Changes or mutations allow the virus to keep reproducing despite the drug
- When this happens, HIV has developed **resistance** to that drug
- Resistance is a major challenge in HIV treatment:
 - Decreases ability of HIV drugs to control the virus
 - Reduces treatment options

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SLIDE 8


Review the slide.


The best way to prevent resistance is to stick closely (adhere) to an HIV drug regimen. With good adherence, resistance is less likely to develop. This gives a patient's current drugs the best chance of working and will keep more treatment options open in the future.

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What Is Resistance?

- After infecting a CD4 cell, HIV makes new copies of itself that infect other CD4 cells.
 - HIV can make billions of new viruses every day.
- When making new viruses, HIV copies its genetic code.
- Copying happens so fast that mistakes (**mutations**) can happen.
 - Some mutations are harmless
 - Others cause problems that allow the virus to reproduce even in the presence of HIV drugs



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SLIDE 9

Review the slide.

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What Is Resistance?

- If a drug does not work against a mutated virus, that virus will reproduce rapidly.
 - Viral load increases
 - May have to change drugs to get HIV under control
- HIV drugs are used in combination to block reproduction in HIV's lifecycle.
 - Combination of drugs aimed at several different targets is much better at preventing HIV reproduction than one alone.
- With less reproduction of HIV:
 - Viral load is lower
 - Mutations and resistance are less likely to occur

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SLIDE 10

Review the slide.



SLIDE 11

Activity: Promoting adherence

Ask participants to return to the same groups for the next activity.

Tell the groups that clients have a number of reasons that they skip taking HIV medications. Ask the group to write as many reasons that they can think of on the flip chart sheet provided on the wall; they have 3 minutes to do so.

Take a quick look at the newsprint to identify any differences to be pointed out without mentioning the same answers.

Ask the participants if there are any other reasons that were not mentioned?

Promoting Adherence: Active Listening Practice

Divide class into pairs; groups of two.

Distribute the handout Active Listening Techniques. Review the 5 techniques and examples. Tell participants we are going to practice these techniques with our partner.

Give the instructions that each team will select one barrier from the flipchart that the group previously identified as reasons that a client is not taking their medication.

Each team will conduct a role play; one participant will play the role of client while the other will play the role of a Community Health Worker.

Distribute the handout Active Listening-Role Play. Using the active listening techniques handout the Community Health Worker will select a technique to role play and the participant who is the client will role play the barrier; acting out why it's difficult to be adherent to HIV medications. For example-Active Listening skill technique-Restating. Client role may explain the following :

Client's role play response

Adherence has been my priority since when I was diagnosed a year ago, but I wasn't working. Now that I am working, my new job at the hospital is shift work and honestly I don't have time to take my meds.

Community Health Worker role play response

"So, you would like to get back on track with taking your medication every day but working varied shifts at the hospital causes you to forget to take your HIV medication and need a strategy to help you remember; is that correct?"

Give participants 10 minutes to practice. Then debrief the activity by asking the following questions:


What there a technique that was easier to use? more difficult?

Promoting Medication Adherence

Preventing Resistance

The best way to avoid resistance is to **take medications daily as prescribed (i.e., good adherence)**.

- Important not to skip doses.
- Take medications at the same time every day.
- Remember, **good adherence** is the best way to prevent resistance:
 - Follow medication schedule and the virus will not reproduce as quickly
 - If it's not reproducing, HIV **cannot make changes that lead to resistance**
 - **Slow the progression of HIV**
 - **Restore the function of the immune system**
 - **Improve a person's quality of life**

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Top 6 Reasons Why People Skip Their HIV Medications

1. "Honestly, it just slipped my mind."
2. "I can't always afford my meds." Lack of health insurance to cover the cost of HIV medication
3. "My side effects are out of control."
4. "My housing isn't always stable."
5. "I have too much going on."
6. "I'm depressed."



Source: Tamell, K. (2018). 6 Reasons why people skip their HIV meds. The Body. The HIV/AIDS resource. <https://www.thebody.com/2018/06/06/reasons-why-people-skip-their-meds/>

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SLIDE 12

Review the slide.

SLIDE 13

Why clients may skip their HIV medications—and how to help them.

"Honestly, it just slipped my mind."

The key to remembering is tailoring your meds to your schedule. In order to remember to take your meds, you have to have a system that works with your routine, not against it.

What if you forget or miss a dose?

Almost everyone will forget or be late at some time, and this will be fine. But there is a difference between an occasional missed dose and regularly forgetting on a daily or weekly basis. Be strict with yourself to assess how adherent you are. Taking days off treatment is a risky way to use HIV drugs.

You need a regimen that you can follow every day.

This includes both during the weekend and in during different situations you may encounter in life.

Don't double dose

Many combinations are taken once daily. This usually means taking them every 24 hours. Twice-daily drugs need to be taken every 12 hours. If you realize you have missed a dose, take it as soon as you remember. If you only realize you missed a dose when you're going to take your next dose, do not take a double dose.

"I can't always afford my meds."

Not all interruptions in treatment are based on things that you can control, especially when it comes to money. Whether you have lost your job and with it your health insurance; you never had health insurance; you don't qualify for government assistance; you were placed on the AIDS Drug Assistance Program (ADAP) waiting list; or your insurance doesn't cover the entire cost of your meds, being able to pay out of pocket can cost thousands a month. Those who don't have that kind of money may find themselves going without. This issue may not be fixable, but talk to your provider about patient assistance programs to see what your next steps should be.

"My side effects are out of control."

Side effects can be bad. Not everyone will experience them, but some will. And whether it's vomiting, diarrhea, wild dreams, nerve damage, higher cholesterol levels, lipodystrophy, or depression, side effects can seriously impact your motivation to adhere to your medications. The key is to be knowledgeable and know what to expect *before* you start treatment. Also, ask your health care provider how to manage minor side effects if they arise. If you do experience some side effects and they are intolerable, don't just quit your treatment altogether. Speak to your health care provider about other alternatives and the possibility of switching your regimen to something else.

Promoting Medication Adherence

Top 6 Reasons Why People Skip Their HIV Medications

- "My housing isn't always stable." 
- "I have too much going on." 
- "I'm depressed."

Source: Tamel, K. (2014). 6 Reasons why people skip their HIV meds. The Body. The HIV/AIDS resource. <http://www.thebody.com/content/article/6-reasons-why-people-skip-their-hiv-meds/20140618>

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SLIDE 14

"My housing isn't always stable."

In the 2010 documentary *The Other City*, one of the most heartbreaking moments was when J'Mia Edwards, an mother of three with HIV who was struggling to maintain her Section 8 housing, looked into the camera and said, "I need an apartment. My housing is my prevention." For people with HIV who are homeless or who have unstable housing, basic needs (such as food, clothing, shelter and caring for children) often outrank taking their meds. No one can fault them for that. Also, having a stable roof over your head means you have a safe place to store your medication and refrigerate it if needed.

"I have too much going on."

Life doesn't stop because you have been diagnosed with a disease—nor do your responsibilities. Whether it's a chaotic work schedule, taking care of loved ones, or juggling a job and school, the act of getting your medications refilled regularly and taking them consistently is difficult to maintain when so much is expected of you. But balance is important, especially when it comes to your health. If you can't take care of yourself first, how are you going to be able to take care of your other responsibilities if you get really sick?


"I'm depressed."

Mental health issues are not uncommon for people with HIV. Stigma, isolation, and rejection can lead to depression—and if that depression goes untreated, it can deeply impact your ability to adhere to your medications. Even worse: Depression in the HIV community is massively underdiagnosed. HIV care providers need to step up and better screen for mental health issues. But that doesn't mean that you can't open up and talk to your provider about how you are feeling emotionally, especially if those feelings are a factor in why you are not taking your medicine.

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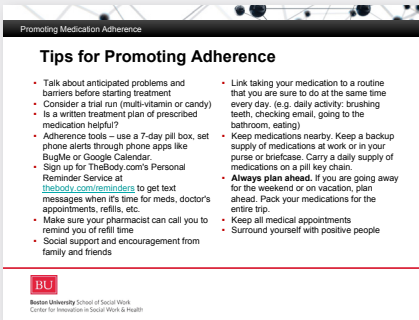
Other Reasons Why People Skip HIV Medications

- Trouble swallowing pills or other difficulty taking medications
- Being emotionally unprepared for treatment
- Confusion about why to take anti-HIV meds
- Difficulty taking medications
- Pill burden – mental/emotional fatigue of taking medications
- Skepticism about the effectiveness of the drugs
- Feeling a lack of choices about treatment
- "Feeling different" because of ongoing therapy
- Disruption of social routines; shame or fear of being seen taking medications
- Not having disclosed HIV status to work colleagues, friends, lovers or family
- Not having medications with you
- Alcohol or substance use

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SLIDE 15

Review the slide.



SLIDE 16

Review the slide.

Additional notes:

- Use a 7 day pill box. Once a week, fill the pill box with your medications for the entire week.
- Leave the tab up each day after taking the medication to see that you have taken it.
- Review anticipated problems and barriers to adherence, which then permits the patient to work out solutions on their own, or with assistance. For this purpose, some providers give their patients a week's worth of jelly beans or M&Ms to try to follow the prescribed schedule and see where they falter.

Which doses are problematic? What are the circumstances? What is the patient thinking when errors occur? What is the patient's attitude about mistakes? Do they consider a fifteen-minute delay a catastrophe signifying irremediable failure? Alternatively, are they sanguine about missing a weekend's worth of medications? Such rehearsal is often extremely helpful in anticipating and correcting potential pitfalls.

Make a Plan

Choose a treatment you think you can manage. Find out what is involved before you choose your treatment: How many tablets? How big are they? How often do you need to take them? How exact do you have to be with timing? Are there food restrictions? Are there easier options?

Plan your timetable. For the first few weeks, mark the time that you take each dose.

Some patients find it helpful to have a written treatment plan that shows the name of the medication, time of each dose, number of pills or capsules per dose and meal restrictions, if any, along with a telephone number to call with questions and for the next appointment date. Both doctor and patient should keep a copy of the plan for review at the next visit. Other techniques for promoting adherence include identifying daily activities that can be linked to pill-taking (e.g., a regular TV show), keeping a medication diary or log (preprinted forms can be prepared), preparing pills for the week at fixed times (e.g., Sunday evening), and otherwise relating pill-taking to the normal rhythms of daily life. Planning ahead for changes in routine or for weekends can forestall lapses at such times.

Reasons for treatment failure include, but are not limited to, the absence of effective treatment options for an individual patient, impaired drug metabolism or absorption, very late stage illness or inability to tolerate multiple, sometimes toxic, side effects.

If you travel, take additional drugs with you in case flights or other arrangements change.

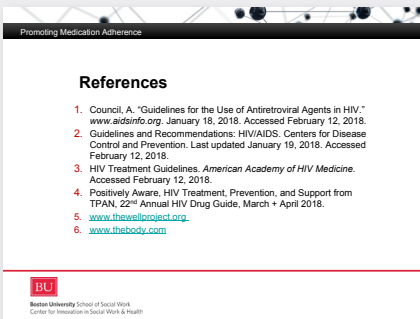
Keep an emergency supply where you might need them—at work or a friend's house etc.



SLIDE 18

Pass out case scenarios—ask the same groups to work together.

Assign a different case scenario to each group. Ask participants to determine as a group how to best support the client with medication adherence and share with the larger group.



SLIDE 19

Share these resources with participants to find out the most up to date information about HIV medications and recommendations to help clients with treatment adherence.

Promoting Medication Adherence Scenarios

Scenario A

Fred is a 62-year-old veteran who was diagnosed with HIV in 1988. Fred had a diagnosis of AIDS when he came to the Health Center. He has seen friends die during the early years of the AIDS epidemic. Fred delayed treatment and care due to being challenged with substance use. However, in 2010, when his health began to decline, Fred showed up at the clinic and was able to see a doctor and have labs done. His CD4 is at 250 and his viral load was at 300,000. Fred lost his housing and has been off meds and homeless for over 6 months. Fred reached out to the health center that connected him with a CHW. Fred told the CHW, "I want to take my meds again, but I've almost reached the point of not caring; I'm homeless, I feel like I'm starting from nothing at 62."

In a role play situation, use active listening skills to respond to the following questions:

1. What questions could the CHW ask Fred?
2. Are there resources the CHW can suggest for Fred?
3. What strategies would the CHW suggest to help promote good adherence for Fred?
4. Are there other concerns?

Scenario B

Julie, a 25-year-old single mother of an infant daughter was diagnosed with HIV two years ago. Julie's fiancé is HIV negative and has always been supportive of her care and treatment. Since Julie's diagnosis, she has always been great with taking her HIV medications as prescribed; her viral load was undetectable and her CD4 was close to 900. Julie has been back to work full time at night for a couple months. Julie watches the baby during the day, sleeping when the baby naps. Julie's fiancé has noticed that her 7-day pill box is still full from the previous week, her pill bottle is on the counter, and she seems extra tired. When Julie showed up for her checkup, the doctor told her that her CD4 had dropped and for the first time she had a viral load of over 100,000. The doctor told Julie that she would benefit from seeing a CHW and he wanted her to schedule an appointment; however, in the meantime he needed to run additional tests and would see her again in 2 weeks.

In a role play situation, use active listening skills to respond to the following questions:

1. What questions could the CHW ask Julie?
2. Are there resources the CHW can suggest for Julie?
3. What strategies would the CHW suggest to help promote good adherence for Julie?
4. Are there other concerns?



Scenario C

Keli, a 31-year-old transgender woman diagnosed in 2008, has been living with HIV for 10 years. Keli has been on the same regimen, Atripla, since that time. Keli's recent labs show that she has not had significant increases in her CD4 and her viral load from the last 2 lab visits. Keli's doctor told her that he strongly recommends a medication change due to newer medication on the market with fewer side effects. Keli is afraid of trying something new, but would welcome a decrease in the dreams she's been having that disrupt her sleep. A CHW is called into the clinic by the doctor to meet Keli and schedule an appointment for an educational session. Keli and the CHW have a great conversation and Keli secretly shared with the CHW that she smokes marijuana about once a week and that she has the habit under control –“it helps me chill out after I get home from work,” Keli says. “My fear is that a new regimen may not agree with my indulgence and the doctor doesn't know that I smoke.”

In a role play situation, use active listening skills to respond to the following questions:

1. What questions could the CHW ask Keli?
2. Are there resources the CHW can suggest for Keli?
3. What strategies would the CHW suggest to help promote good adherence for Keli?
4. Are there other concerns?

Understanding Adherence

True or False

1. _____ Being adherent is sticking to treatment, including taking medications and attending medical appointments.
2. _____ Being adherent to a medication regimen can reduce the amount of HIV in your body.
3. _____ Medication therapy does not always work, so do what feels best to you for your body.
4. _____ Being adherent can prevent resistance to HIV medication.
5. _____ It is okay to skip doses of medication regularly and still be adherent.

Multiple Choice- Circle the correct answer choice(s). Circle ALL that apply!

6. **Which of the following are reasons for adherence being difficult?**
 - a. Side effects to medication
 - b. A busy schedule or travel away from home
 - c. The medication does not work
 - d. Stress and depression
7. **Which of the following can make adherence easy?**
 - a. Taking medications at different times everyday
 - b. Using a pill 7-day box
 - c. Keeping a supply of medication with you at all times
 - d. Taking medications without food that should be taken with food



8. What are some reasons why you might forget to take your medications?

- a. Changing the times you take your medication everyday
- b. Being away from home or having a work schedule that changes a lot
- c. Having family and friends to remind you about your medication
- d. Not having medications with you.

9. Which of the following is NOT being adherent?

- a. Taking medications as prescribed
- b. Skipping doses of medications
- c. Skipping medical appointments
- d. Using a timer or phone alarm to keep up with taking medication

10. Which of the following are emotional/mental reasons for adherence being difficult?

- a. Living with an abusive person
- b. Shame or fear of being seen taking HIV medications
- c. Running out of medication
- d. Alcohol and substance use

Understanding Adherence- Answers

True or False

1. T Being adherent is sticking to treatment, including taking medications and attending medical appointments.
2. T Being adherent to a medication regimen can reduce the amount of HIV in your body.
3. F Medication therapy does not always work, so do what feels best to you for your body.
4. T Being adherent can prevent resistance to HIV medication.
5. F It is okay to skip doses of medication regularly and still be adherent.

Multiple Choice- Circle the correct answer choice(s). Circle ALL that apply!

6. Which of the following are reasons for adherence being difficult?
 - a. Side effects to medication
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7. Which of the following can make adherence easy?
 - a. Taking medications at different times everyday
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 - c. Keeping a supply of medication with you at all times
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- 8. What are some reasons why you might forget to take your medications?**
- a. Changing the times you take your medication everyday
 - b. Being away from home or having a work schedule that changes a lot
 - c. Having family and friends to remind you about your medication
 - d. Not having medications with you.
- 9. Which of the following is NOT being adherent?**
- a. Taking medications as prescribed
 - b. Skipping doses of medications
 - c. Skipping medical appointments
 - d. Using a timer or phone alarm to keep up with taking medication
- 10. Which of the following are emotional/mental reasons for adherence being difficult?**
- a. Living with an abusive person
 - b. Shame or fear of being seen taking HIV medications
 - c. Running out of medication
 - d. Alcohol and substance use

ACTIVE LISTENING TECHNIQUES

Technique	Barriers	Examples
Clarify	<p>Reasons clients miss medications</p> <p>Depressed. Being diagnosed HIV positive colors my whole world. I think about it every day, all day. I don't want to come out of my house; I feel deressed and so defeated.</p>	<p>So, are you saying that being diagnosed with HIV is so consuming that you think about it every waking moment and you are depressed? Have you talked about these feelings with your doctor?</p>
Restating	<p>Forget. Adherence has been my priority since when I was diagnosed a year ago, but I wasn't working. Now that I am working, my new job at the hospital is shift work and honestly the time I go in from 3:00pm to 11:00pm or 11:00pm to 7:00am every 3 months, I just honestly forget.</p>	<p>"So, you would like to get back on track with taking your medication every day but working varied shifts at the hospital causes you to forget to take your HIV medication and need a strategy to help you remember; is that correct?"</p>
Reflecting Back Feelings	<p>Side effects. I've been on my HIV meds. for a month now. I sit and I look at that bottle, when I do decide to take it after 30 minutes my stomach is in knots. I can't keep feeling like this; I know it's my health but I'm miserable and I just want to be normal again and not have these side effects.</p>	<p>You seem quite concerned about the side effects the medications may be causing. It has to be frustrating that you experience nausea after taking your medication.</p> <ul style="list-style-type: none"> • Have you talked to your doctor? • Have you tried taking medication with juice etc.? • Do you eat 30 minutes before you take your medication?
Summarizing	<p>Too busy. I'm a single Mom so it's not like I can duplicate myself; I wish. My son has football practice, my daughter is in drama twice a week and my baby girl is in track. I thought on-line classes would be easy to maneuver since I'm taking classes from home. I only work part-time Friday thru Sunday. I'm too busy, I know I need some structure; I've been missing my meds. 2-3 times a week.</p>	<p>These seem to be the key ideas you expressed:</p> <ol style="list-style-type: none"> a. 3 active kids that you taxi 2 days a week; b. Going to school on-line is time intensive; c. Your part-time job throws you off your daily medication schedule. All of which makes for a too busy schedule.

Acknowledgments

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

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