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Our Issues, Our Drugs, Our Patients

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Top 10 Reasons for Poor Adherence in Children and Adolescents Taking Antiretroviral Treatment: Lessons from a Paediatric Treatment Failure Programme in Khayelitsha, South Africa

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Background

• In Khayelitsha, SA there is a large percentage of children failing ART (up to 30%)

• Since July 2013, MSF has piloted a programme to address paediatric HIV treatment failure:
  • Patients 0-19 years of age

• Intervention focuses on identifying and addressing specific adherence barriers through:
  • Individual counseling
  • Caregiver support groups / Adolescent “Teen” Clubs
  • Home visits

• We evaluated the most common barriers to adherence in order to tailor adherence support provided by clinicians and counselors
Chart review (155 patients) conducted to ascertain most recent primary barrier to ART adherence

Barriers ranked and top 10 most frequent barriers identified

Top 10 barriers further separated and ranked

Complex psychosocial barriers

Straightforward medication administration barriers
### Results

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complex psychosocial barriers to adherence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent caregiver (alcohol abuse, etc)</td>
<td>16</td>
<td>12.2%</td>
</tr>
<tr>
<td>Lack of a treatment supporter</td>
<td>9</td>
<td>6.9%</td>
</tr>
<tr>
<td>Lack of a primary caregiver</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Medication related barriers to adherence (lack of ART education)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers not supporting adolescents taking ART</td>
<td>35</td>
<td>26.7%</td>
</tr>
<tr>
<td>No method to remember to give/take ART</td>
<td>23</td>
<td>17.6%</td>
</tr>
<tr>
<td>Does not understand flexibility of ART</td>
<td>11</td>
<td>8.4%</td>
</tr>
<tr>
<td>Multiple caregivers/migration</td>
<td>9</td>
<td>6.9%</td>
</tr>
<tr>
<td>Does not Re-administer after vomiting</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td>Inadequate preparation for travel</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td>Does not administer with food</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>131</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Conclusions

• Straightforward ART administration-related barriers comprise the majority of reasons for inadequate adherence seen in children and adolescents failing ART

• Complex psychosocial problems requiring additional resources from clinic staff were less common

• The majority of high viral loads can be addressed by clinicians and counselors asking simple questions regarding adherence challenges

• Reinforcement of basic adherence concepts from the time of ART initiation can promote long term ART adherence
Thanks!

Questions?

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