START

AntiRetroviral Therapy

POCKET-GUIDE

for Health Care Providers
supporting therapy decision
for people living with HIV

Dunja Nicca [1,2], Jan Fehr [3], Harry Witzthum [4], Manuel Battegay [3], Wolf Langewitz [5], Rebecca Spirig [1]

[1] Department of Clinical Nursing Science, University Hospital Basel
[2] Department of Infectiology and Hospital Hygiene, Cantonal Hospital St. Gallen
[3] Department of Infectiology and Hospital Hygiene, University Hospital Basel
[4] Swiss AIDS Federation, Zurich
[5] Department of Psychosomatic Medicine, University Hospital Basel

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About this pocket guide

Combined antiretroviral therapy (ART) has drastically reduced HIV-related morbidity and mortality. Consequently, HIV-infected individuals may face new difficulties, mainly related to long-term ART. The correct timing for the start of ART is crucial both for the affected individual and for health-care providers. For instance, if providers prescribe ART only at an advanced disease stage, the risk for opportunistic infections and death increases. The prescription of ART at an early stage of HIV infection with a low risk of clinical progression, however, may lead to longer exposure to drug toxicity, possibly low adherence, development of resistance, and high costs.

International treatment guidelines provide guidance to health care providers in these decisions. For instance, these guidelines define criteria for assessing the treatment need. The most important surrogate marker is the CD4 cell count.

Treatment success depends also on the readiness of patients to assume an active role in their every day medication management. They must be willing and feel capable of integrating the therapy into their daily lives. Willingness to engage in ART therapy marks the end of a decision-making process that is divided into a number of stages with durations varying from person to person. Although communication between patients and providers is important for the decision-making process, there is currently a lack of structured and validated tools for HIV health care providers to provide optimum guidance for patients throughout the whole process. The aim of this pocket guide is to assist providers in assessing their patients' readiness to embark on a course of therapy and to give them best individualized support in this decision-making process. The first part of the pocket guide focuses on the need for ART based on the most recent international guidelines, the second and third part provide tools to assess patients' stages of readiness and suggest successful interventions at each of these stages.

1) Determining the need for therapy

The need for therapy is based on internationally agreed guidelines. The following table, which is taken from the recommendations of the European AIDS Clinical Society Guidelines, 2007, provides a brief overview. When determining the need for therapy, however, account should be taken of the detailed recommendations.

Recommendations on initiating therapy with therapy-naive patients

(Source: 2007 EACS)

CD4	Asymptomatic	Symptomatic
>350 CD4	ART generally not offered	ART required
200 -350 CD4-cells / µL	ART should be considered	ART required
<200 CD4-cells / µL	ART required without delay	ART required

The CD4-T-cells threshold at which ART should be initiated lies between 200-350 CD4-T-cells/µl. If the viral load is high (>105 copies/mL) and/or CD4 counts decline >50-100/µl per year or the age is over 55 or there is a hepatitis C co-infection, treatment may be offered at higher CD4-T-cell counts (350-500/µl). Successful initiation of ART not only requires determining the need for therapy according to treatment guidelines, but also an assessment of patients' readiness and skills to start ART. Fig. 2 on page 13 provides an overview of the degrees of the support that can be given at various stages of readiness regarding the need for therapy.

2) Assessment of readiness for ART

The support of patients during the ART decision-making process is based on patient centred communication techniques used in counselling. Patient centred communication focuses on patients' experiences and problems and has shown to support behavioural change.
Assessment of patients' readiness for ART is also based on a stage-based behavioural model. This allows providers to direct their counselling to patients' stage of behaviour change. It has been shown that programmes offering stage-specific interventions are more effective than those recommending 'one size fits all' interventions. To identify a patient's stage of readiness prior to therapy initiation, he or she should be asked a number of questions regarding attitude and behaviour. The responses will reveal the patient's readiness to start with therapy and help clinicians to tailor interventions accordingly.

The patient-centred interview

The techniques involved in this form of interview are reasonably straightforward to master – even for a busy clinician whose time is at a premium. This guide outlines some of the key interview elements involved in identifying both the patient's stage of readiness and the nature of the appropriate intervention.

Setting the agenda

Time limits and the issues which will be discussed need to be defined at the outset and the patient must consent to this procedure. To give an example:
Provider: «We're going to talk for about 30 minutes today. If we haven't reached a conclusion by then, we'll arrange to meet again. What I would like to do today is talk about the medication that is needed to treat an HIV infection. Is there anything else that you

would like to discuss as well?»
Patient: «No.»
If «yes», the provider responds: «OK, that means we are going to talk about two things today.» Or: «Would you mind if we discuss that next time we meet? Otherwise we will not be able to get through what we need to talk about today!»
These preliminaries can also be linked to open-ended questions designed to help identify the patient's therapy readiness (see also Questions that help to assess the patient's Stage of Change).

Broaching the topic of therapy initiation by means of an open question
Example: «I would like at this point to talk about HIV medication.» PAUSE to allow the patient to say how he or she feels about that or what associations this evokes. The responses often give a clear idea as to whether the patient has been thinking about the topic or not. If the response is positive, he/she has probably already reached the CONTEMPLATION or even the PREPARATION stage. If the response is negative, the provider needs to establish what reason there may be for the patient declining a medication-based treatment regimen (PRECONTEMPLATION: see Stages of Change in therapy readiness).

During the interview
To identify the patient's underlying rationale, it helps to bring him/her into a narrative space using interview techniques that hand over or hand back the initiative to him/her, as follows:

Waiting (> 3 sec) after the patient has said something; maintain eye contact
Echoing: Patient: «…the pills won't do me any good anyway!» Provider: «Won't do you any good…?» «No, because I…»
Mirroring: «You seem very surprised…?»
Summarizing: «Let me sum up what you've been telling me: you've had bad experiences with drugs in the past…»

Questions that help assess the patient's Stage of Change

After eliciting responses from the patient to the initial topic, the provider can introduce focused, open-ended questions to fill in any gaps, e.g.:

- «What have you heard or read about drugs used to treat HIV?»
- «What do you think about them?»
- «How would you feel about taking these drugs yourself?»
- «Not long ago we talked about antiretroviral therapy – what are your thoughts and feelings about them now?»

Stages of Change in therapy readiness

1. PRECONTEMPLATION
The patient has no intention of engaging in an ART regimen; he/she does not realize the potential health risks.
or
The patient gives the matter some thought from time to time but prefers to spend as little time as possible doing so and procrastinates as much as possible.

Quote from a patient interview:
«I haven't really spent much time thinking about it, but I had the image in my mind of someone having to swallow huge amounts of pills – it made me want to push back the whole thing as far as possible and become ill and die.»

2. CONTEMPLATION
The patient is thinking about coming to a decision about his/her therapy at some point in the next few months. He/she is aware of the pros of changing but also acutely aware of the cons, and feels emotionally torn.

Quote from a patient interview:
«At that time I realized I would have to go for it in the next few years. Like when I got the lab results before the summer holidays last year – that was when I really started to think about it.»

«You're always weighing things up; inside you're torn about what to do about it. What is more important from a personal point of view. And that's hard to communicate to the doctor. And then there are the side effects, though you're also hoping for an improvement.»

3. PREPARATION
The patient has decided to engage in an ART regimen
or
The patient has made an informed decision to decline ART.

Quote from a patient interview:
«A clear image of the regimen only appeared to me the moment I came to my decision. That's when I confronted the issues about what it all meant. Now I have to take these pills at 7 o'clock in the morning and again at 7 o'clock at night. Until then, I somehow didn't want to visualize it.»

4. ACTION
The patient starts on an ART regimen

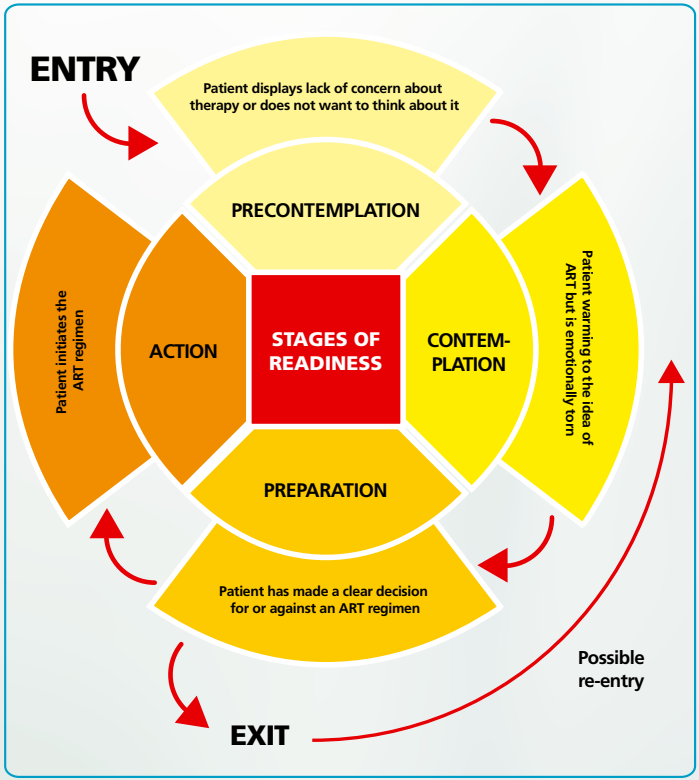
Quote from a patient interview:
«I realized that I could get drugs that suited me. And I found the fact that there are drugs that allow me to lead a normal life somehow reassuring.»

3) Stage-specific interventions

The Stages of Change model represents changes in attitude or behaviour in the form of a spiral. The patient progresses through the various stages, but can regress back to earlier stages (see Fig. 1). Various stage-specific interventions can enable the patient to move towards the next stages.
The various interventions listed below can be deployed on a case-by-case basis according to the stage reached and the patient's personal circumstances.

1. PRECONTEMPLATION
- Identify how the patient feels about living with HIV (illness beliefs)
- Identify how the patient feels about ART (therapy beliefs)
- Based on health and therapy beliefs, provide a short information on what means to live with HIV and why an ART regimen could be helpful (empower, do not threaten)
- Establish a trusting relationship with the patient to broach the subject again next time

2. CONTEMPLATION
- Ask the patient for his/her thoughts on the pros and cons of ART. Integrate his/her personal circumstances and emotions/feelings
- Acknowledge that ambivalence («yes, but…») is a normal part of the process
- Offer information (e.g. leaflets) on the pros and cons of ART or support the patient in his/her quest for information



Stage-specific intervention model (graph 1)

- Ask the patient to imagine what it would be like to follow an ART regimen. Go through different scenarios. Follow this up by asking the patient what following an ART regimen would mean to him/her personally (go through scenarios)
- Empower the patient to feel that he/she can integrate an ART regimen into his/her life – something many other people do successfully (offer stories of role models)

3. PREPARATION

Where the patient has decided in favour of an ART regimen:

- Discuss individualized therapy options (simplest possible regimens)
- Discuss the regimen's effects and side effects
- Explain the importance of adherence in order to prevent resistant mutations
- Together with the patient, make a detailed plan of how to integrate the regimen into his/her daily life.
- Discuss social resources and involve people close to the patient
- Identify resources as well as potential barriers to adherence: if necessary institute appropriate interventions
- Offer medication intake training with electronic pill boxes and provide feedback of adherence (empower, do not threaten)

Where the patient has decided against an ART regimen:

- Acknowledge the decision
- Point out that changes in circumstances (whether personal or clinical in nature) will require a re-evaluation of the situation – the topic may well have to be discussed again

4. ACTION

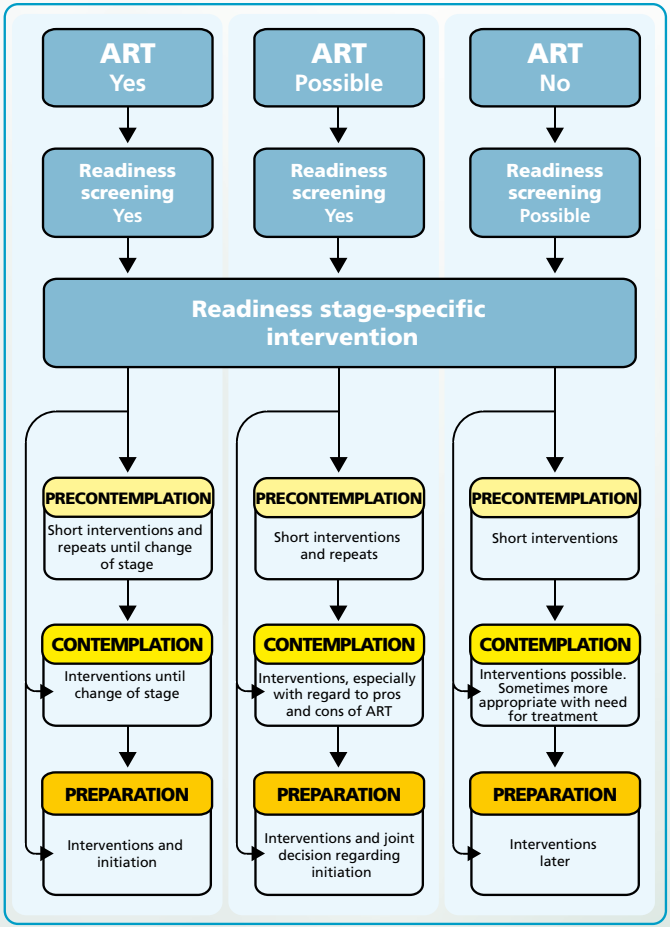
- Schedule regular appointments to check that goals are being met. Establish new goals.
- Discuss various situation-dependent behaviour modalities (holidays, fear of disclosure, forgetfulness, side effects, etc.)
- Some patients might benefit from a more structured administration of medicines (mDOT = modified daily observed therapy)
- Offer positive, empowering feedback

General interventions

The decision-making process and later adherence issues can be influenced by a variety of factors. Depression in particular has been consistently associated with low treatment readiness and nonadherence. For that reason, depression should be assessed and treated as early as possible.

A recently published study has pointed to the positive effect of interventions that focus on patient's depression, while another very recent investigation has shown that treatment readiness is an autonomous factor with influence on adherence and thus treatment outcome.

Recognize and treat depression!



Need for treatment / treatment readiness algorithm (graph 2)

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Further reading

A selection of literature on the subject:

Guidelines/recommendations

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Patient information

Bereit für die Therapie? Aids-Hilfe Schweiz. www.shop.aids.ch

Leben mit HIV und AIDS: Ein Nachschlagewerk zu Grundlagen
Gesundheitsvorsorge und Therapiealltag. Aids-Hilfe Schweiz. www.shop.aids.ch

Combination therapy:
Information for persons living with HIV/AIDS
and counsellors: Deutsche Aidshilfe. www.aidshilfe.de