

Understanding factors contributing to treatment non adherence in patients on Anti-retroviral therapy

Purpose:

The document aims to provide an outline of issues for discussion around access to anti-retroviral drugs and factors contributing to treatment non-adherence in light of the emergence of treatment regimens which are not evidenced based and with no known scientific evidence to treat, halt, prevent or cure HIV and AIDS.

Background:

The efforts by the KwaZulu-Natal Department of Health (DoH) to improve access of anti-retroviral therapy (ARTs) is underpinned in the international and national guidelines on treatment regimens for HIV and AIDS. In order to improve treatment access, South Africa passed bills that made it legal to purchase generic drugs from abroad. This was in line with the commitment by the international community goal of countries committing to achieving universal access by 2015. The goal of universal access is also part of Millennium Development Goal (MDG) 6: reduce new infections by 50 percent among young people (15-24 years), reduce TB-related mortality by 50 percent, eliminate new infections in children, and reduce HIV-related mortality. Furthermore, the vast reduction in price made possible by the manufacturing of generic drugs meant expansion of treatment nationally. KwaZulu-Natal has an adequate supply of anti-retroviral drugs for all who are legible.

Scaling-up the number of people on treatment involves great challenges including the need for:

- Large scale awareness of the importance and value of testing and subsequent treatment
- Commitment to life-long antiretroviral drugs
- Provide adequate support structures for patients to adhere to treatment every single day
- Adequate health infrastructure including health care workers (HCWs)
- Uninterrupted supply chain of effective drugs

Counseling, testing and improving access:

Before people can be treated, they need to know they are infected. This requires not only HIV testing facilities and kits but also widespread knowledge of the importance of testing and where it can be done. People are more inclined to test if they are aware of the benefits of antiretroviral therapy and know where they could be treated if they test positive. To this end, the DoH in KwaZulu-Natal has increased the number of facilities providing ARVs to 569 out of 655 public health facilities.

Patient retention:

Whilst initiating patients on treatment is what HIV and AIDS programmes aim to achieve, keeping and encouraging people to stay on treatment programmes – patient retention – should

be considered as important a factor as increasing the numbers of people initiated on treatment.

Why do people stop treatment?

There are a number of contributory factors which influence individuals to discontinue their treatment, these can be divided into systems / structural related factors and patient related factors.

Systems and Structural related factors:

1. In South Africa, anti-retroviral treatment in the public sector is provided free which eliminates the cost factor of purchasing drugs by patients. Cost of the anti-retroviral drugs has a major impact on patient retention and mortality levels. However, associated costs factors such as transportation to health care facilities to get treatment might deter patients from going to facilities.
2. Long distances to travel to facilities
3. The threat of losing one's job or "opportunity costs" such as having to forgo a day's s.
4. Attitude of staff to patients in health care facilities
5. Stigma in the community and health care facilities
6. Poverty

Patient related factors:

1. Adverse side effects of ARVs may cause someone to stop taking them, inversely at times successful therapy lead people to become complacent.
2. Social-economic factors: poverty
3. Psychological influences
4. Lack of emotional support and lack of motivation
5. 'Drug overload' if there are other co morbid conditions
6. Perceptions of disease severity which may lead someone to stop treatment attendance
7. Believing that God will cure the disease
8. Belief that other alternative medicine can cure HIV can also influence treatment patterns
9. Misconceptions about ARVs can alter patients' motivation to stick with them
10. Nutritional support is vital, lack of adequate food security could determine whether people remain on treatment or not. Some medications can only be taken on a full stomach while some ARV side effects are reduced by having adequate nutrition

Keeping people on treatment"

1. Address poverty and food security
2. Adequate support structures
3. Treatment adherence programmes through awareness campaigns and programmes in health facilities
4. Address Stigma at all levels
5. Family and community support
6. Improve HCWs attitude
7. Use patients as peer group supporters
8. Engagement of various stakeholders

9. Discourage the use of alternate medicines at all fronts by providing correct information on ARVs and stressing the importance of adherence and the dire consequences of non-adherence

Conclusion:

For anyone to stick to a treatment regimen for life that involves taking daily medication, with potential side effects, presents many challenges that must be overcome if patients are to successfully remain on treatment. If drug resistance occurs through failure to adhere to ARVs, far more expensive second line therapy may be necessary and people may succumb to the disease.

Support from health care workers, family and community as well as strong networks of people living with HIV are key to promoting adherence to ARV treatment. Patients may require emotional support to continue their treatment both from their family and HIV-positive peers and HCWs. The success of other people on ARVs does encourage patients to continue with their therapy.