

COMMON ISSUES WITH ARV ADHERENCE AT BINH THANH AND DISTRICT 4 OPC's

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FIGURES ACHIEVED

- **Bình Thạnh District (07/3/05 – 30/04/07) :**
- Registered clients: 2.379
- Free ART: 713/578/ 23 phases (HG: 9, TV: 82, CD: 45, CT: 4, dropped: 15)
- **District 4: (07/05 – 30/04/07):**
- Registered clients : 1629
- Free ART: 646/538 (TV: 62, dropped: 46)



MANIFESTATIONS OF DECREASE IN ART ADHERENCE

- Go to OPC appointments only when reminded
- Do not use assisting tools (pill box, calendar, alarm clock...)
- Forget date of appointment (or time of appointments w/clients need to do some labs)
- Do not get ARVs themselves but ask family to do this
- Improper medicine left over
- Do not return covers of medicine
- Drop treatment



HOW MANY CLIENTS HAVE MANIFESTATIONS OF ADHERENCE DECREASE

- Estimation of number of clients who has 1 manifestation of adherence decrease:
 - Bình Thạnh dist. about 25%
 - Dist. 4 about 20%



■ **LOOKING INTO REASONS OF ART ADHERENCE DECREASE**



REASONS: medical unit

1. Overload: space, staff (quantity – quality)
2. There is not harmonious coordination among OPCs in different districts and between OPC – DHC of the same district



REASONS: the clients

1. Their education level is low and it is hard for them to understand treatment information
2. Most of clients are poor and have consequent difficulties: not good nutrition, changing place of shelter, barriers in transportation and referrals
3. Many clients are in late stages and have many symptoms
4. Forget
5. Feel healthier and subjective: go out, travel for pleasure...
6. Side effects of ARVs



REASONS: the clients

7. Tired of medications: taking ARVs for a long time, taking additional medicines other than ARVs etc.
8. Afraid of others knowing their HIV status
9. Busy earning a living
10. Drug relapse
11. Feel sad
12. Share medications with others?



REASONS: mixed

1. Clients are arrested: 06 centers ask them to present after getting better, breaking the law
2. Clients get better but no social policy available to help them (vocational education, job placement support etc.), risk from having too much time for leisure
3. No collaboration from family
4. Not good living environment: stigma and discrimination; not good habits: drinking, gambling etc.



What has OPC done?

1. Improve quality of services: reduce inconvenience and intensifying client management
2. Prior to treatment: adapt the information delivered in group education to make it suitable to their level of understanding
3. During treatment: observe signs of adherence decrease to prevent it
4. Clients have signs of treatment neglect: re-counsel and help them to make plans to get over barriers



What has OPC done?

5. Clients have signs of treatment neglect : discuss with treatment supporter
6. HBC team increase observation and support
7. Shorten intervals between appointments
8. Return covers of medicines
9. Referred them to volunteer group to increase support and positive living education



Not OK yet

1. How can we know that the clients have good adherence (before and esp. during treatment) ?
2. When knowing that clients do not adhere how can we manage this effectively?
3. Drug relapse ?
4. Poverty, unemployment ?



Petition

1. Have more OPCs, make it easier for OPC referrals
2. Upgrade OPCs: place, staff and quality of services
3. Policies to attract staff to work at OPCs



Petition

4. Look for physical and social support for clients
5. Substitution therapy for IDUs
6. Better linkages with volunteer groups



Topics for discussion

1. What aspects can we link with volunteer groups to improve adherence?
2. How should we carry out this task ?



THANK YOU!

