

Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016 Sandton Convention Centre Johannesburg

Our Issues, Our Drugs, Our Patients

www.sahivsoc.org www.sahivsoc2016.co.za







Abstract ID: 189 Top 10 Reasons for Poor Adherence in Children and Adolescents Taking Antiretroviral Treatment: Lessons from a Paediatric Treatment Failure Programme in Khayelitsha, South Africa

Jonathan Bernheimer¹ - Presenter

Maria Elise Anies² Sarah Jane Steele¹ Faith Moyo¹ Clare Japhet¹ Thembisa Makeleni¹ Nompumelelo Mantangana¹ Nombasa Dumile¹ Vivian Cox^{1,3}

1. Medecins Sans Frontieres, Khayelitsha, South Africa

2. University of Pittsburgh – School of Public Health

3. Center for Infectious Diseases Epidemiology and Research, University of Cape Town



Background

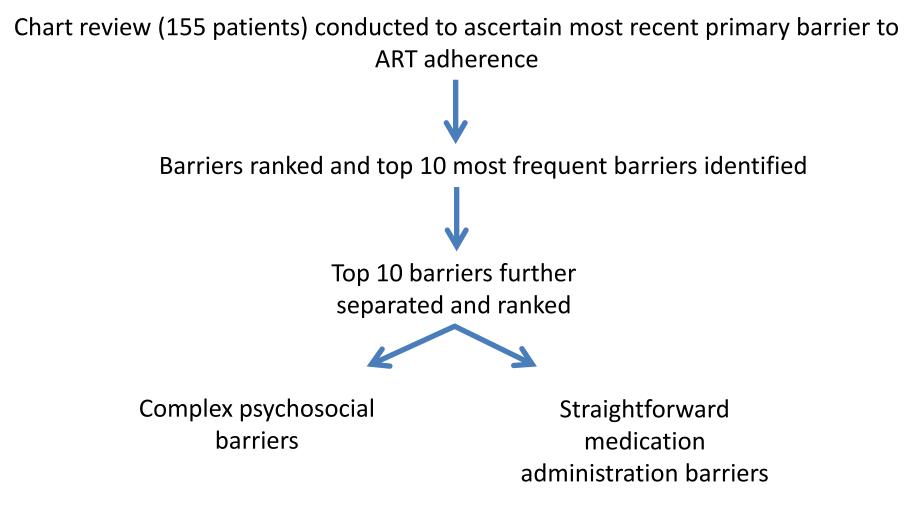


- In Khayelitsha, SA there is a large percentage of children failing ART (up to 30%)
- Since July 2013, MSF has piloted a programme to address paediatric HIV treatment failure:
 - Patients 0-19 years of age
- Intervention focuses on identifying and addressing specific adherence barriers through:
 - Individual 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



Methods







Results



Complex psychosocial barriers to adherence	32	24.4%
Inconsistent caregiver (alcohol abuse, etc)	16	12.2%
Lack of a treatment supporter	9	6.9%
Lack of a primary caregiver	7	5.3%
Medication related barriers to adherence (lack of ART education)	99	75.6%
Caregivers not supporting adolescents taking ART	35	26.7%
No method to remember to give/take ART	23	17.6%
Does not understand flexibility of ART	11	8.4%
Multiple caregivers/migration	9	6.9%
Does not Re-administer after vomiting	7	5.3%
Inadequate preparation for travel	7	5.3%
Does not administer with food	7	5.3%
Total	131	100.0%



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?

Acknowledgements:

Western Cape Department of Health, City of Town, Mark Cotton, Helena Rabie, Lisa Frigati, Leon Levine, James Nuttall





