Department of Health
Republic of South Africa

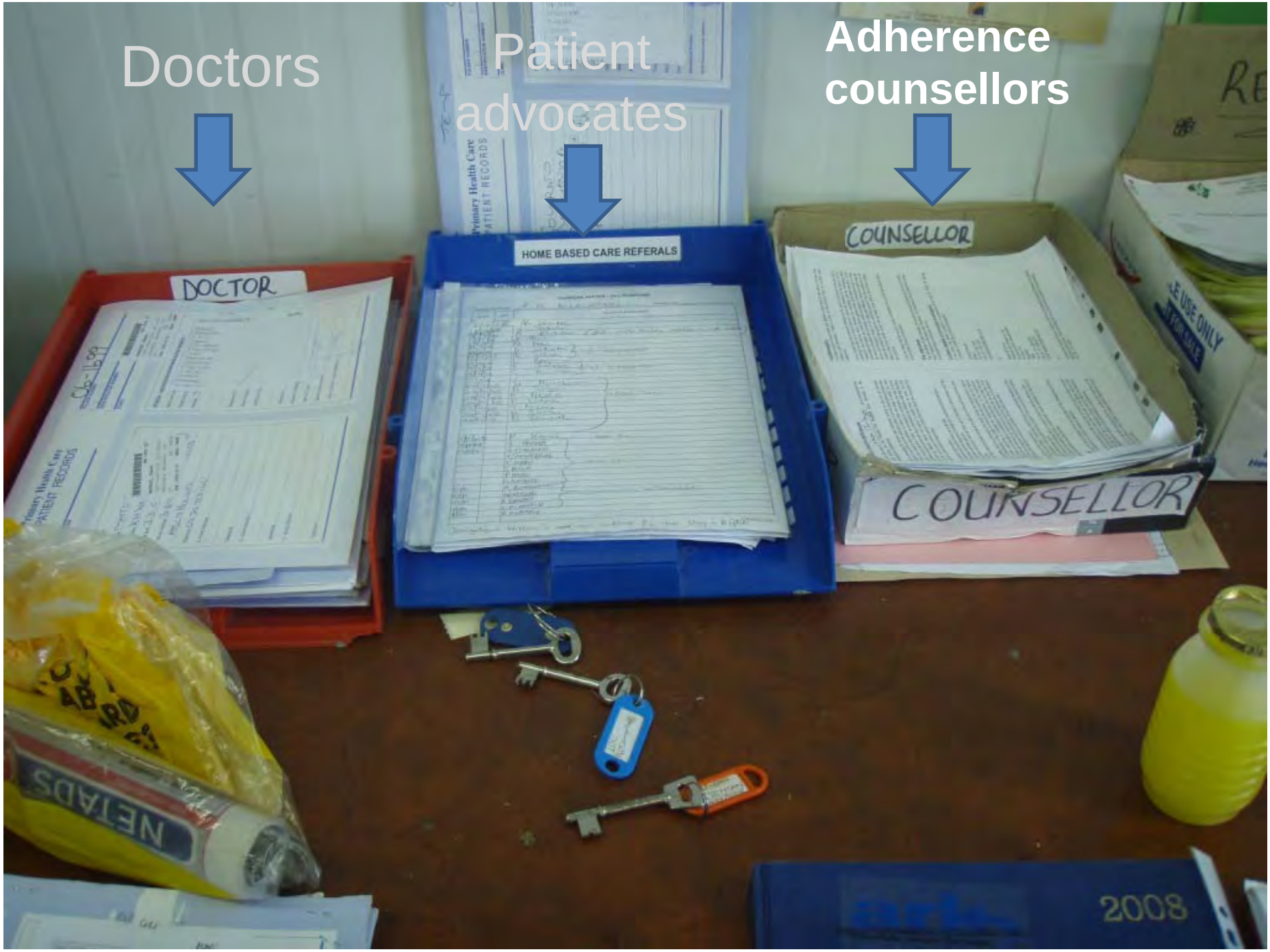
HIV / AIDS Mentoring Adherence counsellor

October 2008

Define objectives

- ultimate adherence
- not just blind adherence
- need informed patient
- cooperative patient

EMPOWERMENT


Doctors
Patient advocates
Adherence counsellors
DOCTOR
HOME BASED CARE REFERALS
COUNSELLOR
COUNSELLOR
2008

HIV as a disease

HEALTH issues	PSYCHO - SOCIAL issues

SESSION IN PROGRESS

NCEDA SUKUNGXOLA

YAYE UNGAPHAZAMISI

S. Mkabile (Clinical Psychologist)

supporter
FREE
CONDOMS HERE!
adherence
counsellor
child

Patient counselling

PATIENT NUMBERS

- *appropriate* level and language
- *simple* terms – clear and correct
- beware of information *overload* (time constraints)
- keep it *relevant* (eg gp120 envelope vs. disclosure)
- patient ? literacy, ? eyesight, ? access (live near/far away; abililty to commute)
- family *support* (near or far) – establish most appropriate ARV site

ARV team

- peer educators
- *adherance counsellors*
- patient advocates (home based carers)
- any other lay educators and support groups

ARV's for children:
Side Effects / Adverse Events
one on one
THREE
Sessions
(minimum)
Privacy
Teaching aids
Treatment
supporter
Client

Your medication every day for LIFE!

When you are put on Anti-RetroViral (ARV) treatment:

- You will get 3 different medicines
- The medicines are shown on this poster
- Your doctor may combine medicines from First Line and Second Line Treatment

If you don't understand any words or sentences on this poster, please ask the clinic staff to help you.

ADULT First Line Treatment ADULT

Stavudine [D4T]

(Aspen Stavudine or Stavir)

Take 1 capsule
every 12 hours
(twice a day)

Lamivudine 150mg

(Aspen Lamivudine or 3TC)

Take 1 tablet
every 12 hours
(twice a day)

Efavirenz

(Stocrin 600 or Stocrin 200)

If you weigh more than 40kg take 1 tablet (600mg) at night

If you weigh less than 40kg take 2 capsules (200mg + 200mg) at night

Nevirapine 200mg

(Aspen Nevirapine)

For the first 2 weeks
Take 1 tablet in the morning

After 2 weeks
Take 1 tablet
every 12 hours
(twice a day)

First Line side effects

- Many people do not get any side effects. Most side effects do not last a long time
  - rashes
  - diarrhoea
  - mild rash
  - dizziness
  - strange dreams
- Some times the side effects may not go away quickly or develop after being on treatment for a while. Report these at your next clinic visit
  - painful feet or pins and needles in feet
  - loss of appetite and weight
- Some side effects are serious and need to be reported to the clinic or hospital immediately
  - Severe skin rash
  - Severe vomiting
  - Severe abdominal pain

Remember

- DO NOT SKIP YOUR MEDICATION.
- Only stop taking your medication if a doctor tells you to.
- If you miss your medication you may take it within 6 hours of your usual time.
- Do not share your medication with others.
- Always bring all your medication and containers to your next appointment.
- Store your medication in a cool, dry place.
- Do not take any other medication or herbs without telling your doctor.
- If you go to hospital, take your medication with you.
- ARV's do not prevent passing the virus to other people. You must still practice safe sex.
- IT IS BAD NOT TO DRINK ALCOHOL.
- If you do - do not stop taking your medication and speak to your doctor.

ark absolute return for kids

Patient poster series No. 1

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SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

USAID FROM THE AMERICAN PEOPLE

Your medication every day for LIFE!

When you are put on Anti-RetroViral (ARV) treatment:

- You will get 3 different medicines
- The medicines are shown on this poster
- Your doctor may combine medicines from First Line and Second Line Treatment

If you don't understand any words or sentences on this poster, please ask the clinic staff to help you.

ADULT — Second Line Treatment — ADULT

Didanosine 100 and 150mg [DDI]

(Aspen Didanosine)

If you weigh more than 60kg take 400mg: dissolve 4 tablets (4X100mg) in water and take it half an hour before breakfast

If you weigh less than 60kg take 250mg: dissolve 2 tablets (1X100mg + 1X150mg) in water and take it half an hour before breakfast

Zidovudine [AZT]

(Aspen Zidovudine)

Take 1 tablet (300mg) every 12 hours (twice a day)

Lopinavir/Ritonavir

(Kaletra)

Take 3 capsules every 12 hours (twice a day)

Combination drugs

Sometimes 2 drugs may be combined in 1 tablet, like

Lamivudine 150mg + Zidovudine 300mg

(Aspen Lamzid)

Take 1 tablet every 12 hours (twice a day)

Second Line side effects

- Many people do not get any side effects. Most side effects do not last a long time:
  - nausea
  - diarrhoea
- Some times the side effects may not go away quickly or develop after being on treatment for a while. Report these at your next clinic visit:
  - painful feet or pins and needles in feet
  - loss of appetite and weight
  - change in body shape
- Some side effects are serious and need to be reported to the clinic or hospital immediately:
  - Severe skin rash
  - Severe vomiting
  - Severe abdominal pain

Remember

- DO NOT SKIP YOUR MEDICATION.
- Only stop taking your medication if a doctor tells you to.
- If you miss your medication you may take it within 4 hours of your usual time.
- Do not share your medication with others.
- Always bring all your medication and containers to your next appointment.
- Store your medication in a cool, dry place.
- Do not take any other medication or herbs without telling your doctor.
- If you go to hospital, take your medication with you.
- ARV's do not prevent passing the virus to other people, you must still condomise!
- IT IS BEST NOT TO DRINK ALCOHOL.
  If you do – do not stop taking your medication and speak to your doctor.

ark absolute nature for kids

Patient poster series No. 2

SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

USAID FROM THE AMERICAN PEOPLE

Liasons – a team approach

- establish whether patient *agrees* to home visits PRIOR to PA visit
- maintain contact nurses and adherence counsellors

Roles

- support patients
- ask PAs to do home visits (*before* and *after* ART started)
- follow-up home visits
- trouble shooting
- contacting “no shows” / defaulters / poor adherence patients / disclosure issues / other (drugs, abuse, violence, financial support)

Primary prevention

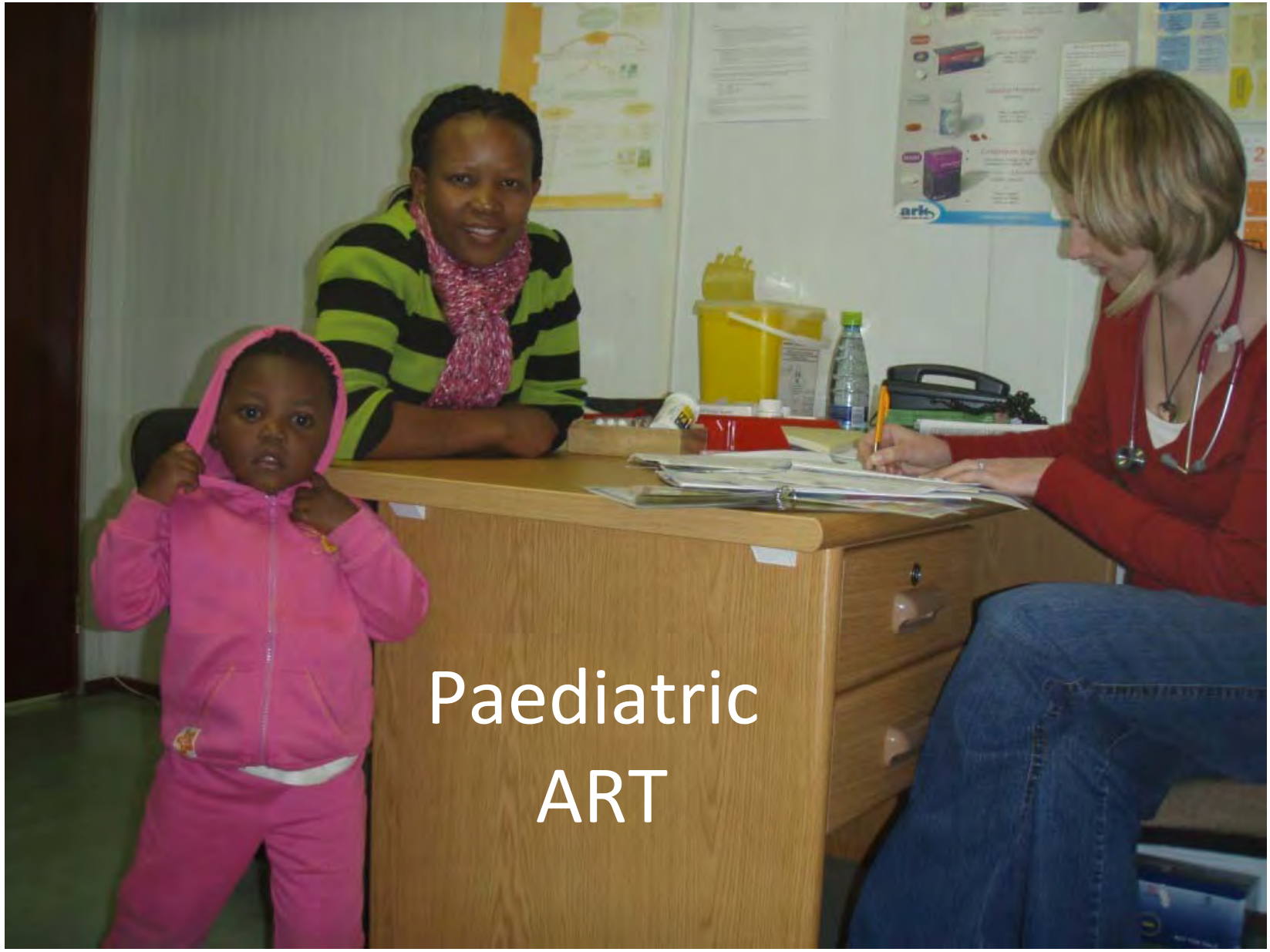
The interview

- mother interviewed today
- established recently that she is HIV positive
- escorted by her child (also HIV positive and on ART) AND her cousin
- her cousin is also HIV positive on ART

FREE
CONDOMS HERE!

Information about contraception and safer sex

Treatment supporters



Dept. of
Health RSA
CONDOMS
fc
FEMALE
CONDOM
5. Nurse washes hands
6. Store in fridge
5. take a deep breath from spacer
8. Rinse out mouth
Counsel

Health
OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD
Choice
Choice condoms are highly effective against STI's, HIV/AIDS and unplanned pregnancy
AIDS HELPLINE
0800-012-322
Choice
Choice condoms are highly effective against STI's, HIV/AIDS and unplanned pregnancy
AIDS HELPLINE
0800-012-322

Teaching about ART and adherence

Adherence tools

TREATMENT INFORMATION

Name:	
File number:	Patient's weight:
Treatment commencement date:	CD4 Cell count:
Patient Advocate:	

Stavudine
(d4T)

Lamivudine
(3TC)

Efavirenz

WARNINGS

No Alcohol

Store in a cool, dry place

May cause dizziness or drowsiness

Remember

- ARVs do not reduce the risk of passing the virus to other people
- Do not take any other medications without first talking to your doctor.
- Do not share your ARVs with other people
- Do not skip any doses
- Keep ARVs away from children
- If you miss a dose, do not take 2 doses at once.
- Bring all your remaining pills and containers to your next appointment.

Common Minor Side Effects:

Fever, diarrhea or other stomach problems, headaches, dizziness, loss of appetite, tiredness or weakness, pale, trouble sleeping, mild depression, some hair loss, shift in body fat location.

Report to your Clinic as soon as possible if you have…

- Allergic reaction (difficulty breathing, closing of your throat, swelling of your lips, tongue, or face, or rash).
- Burning, numbness, pain, weakness or tingling in the hands, arms, feet or legs, fever, joint or muscle ache.
- Nausea, vomiting, or pain/discomfort in the upper stomach area, weakness and tiredness, shortness of breath, yellowing of the skin or eyes,
- Severe depression or anxiety

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MEDICATION DIARY

1. Tick every time you take your medication.
2. Write down any side effects, problems or comments in the NOTES column.

		MORNING		EVENING			NOTES
		Stavudine	Lamivudine	Stavudine	Lamivudine	Efavirenz	
DOSE							
TIME							
ACTIVITY							
DAY	DATE						
1							
2							
3							
4							
5							
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26							
27							
28							

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Expected	
Actual	
% Compliance	

Patient dairy card (or tick sheets)

MONTHLY

6 YEAR diary

DATE	CLINIC NOTES

NEXT VISIT	D	N	C	B	M

ADULT TREATMENT CARD

Clinic: Clinic Tel. No:

Surname:

Name:

Folder number: Date of Birth:

Identity number:

Hospital folder numbers:

Previous treatment site(s) and folder numbers if transferred:

Treatment start date (dd/mm/yy):

Previous ARV treatment including PMTCT:

Start: Stop: Reason for change:

Allergies:

Patient advocate/Treatment buddy name:

Patient advocate/Treatment buddy contact nos:

NEVER BE WITHOUT YOUR TREATMENT!
IN CASE OF EMERGENCY, CALL:

.....

Adult: 18-09-07

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ADHERENCE KEY

Pick Up Date	0 – 2 days	3 – 5 days	> 5 days
Pill Count	> 95%	75 – 94%	< 75%
VAS	> 95%	75 – 94%	< 75%
Self-reporting	Answered "No" to all questions	Answered "Yes" to 1 question	Answered "Yes" to 2 or more questions
OVERALL ADHERENCE	HIGH (H)	MODERATE (M)	LOW (L)

START HERE

TCA (To Come Again)

Year / Month / Day

INITIATION

WEEK	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
COUNSELLING	X		X		X				X				X				X				X				X				X				X
WEIGHT	X				X				X				X				X				X				X				X				X
EXAM	X				X				X				X				X												X				
CD4	X																												X				
VIRAL LOAD																													X				
SAFETY BLOODS	X																												X				
ALT (NVP)							X		X				X				X				X				X				X				
FBC (AZT)							X		X				X				X				X				X				X				
CHOL/TRIG/GLUC																																	
OTHER TESTS/PAP			X																														
MEDICINES/FP					X				X				X				X				X				X				X				X
RESULTS																																	
Attendance Date																																	
CD4																																	
VL																																	
WEIGHT																																	
ART:																																	
Adherence (L/M/H)																																	

INITIATION

YEAR 1 *as per week up to 7 months*

Adult: 18-09-07

MTM

- *m*ulti-disciplinary *t*eam *m*eeting
- held *weekly* at each ARV site
- team approach to *discuss patients* that are required to *start* ART (initiate ARVs) the following week
- *input* from all members essential
- *report back* from previous week also allows PAs to give updates from patients discussed the previous week

MTM meetings – social issues

Green for GO

- good understanding and motivated
- no evidence of depression
- full disclosure and good support (a treatment buddy has been identified and attended counselling WITH the patient)

Red for defer or delay

- require further evaluation
- may need MORE counselling and education
- may need to improve family support and understanding
- may needs financial support

Doctor and nurse should identify MEDICAL criteria that may delay starting ART

MTM

- make it clear in the notes (write in space provided) whether patient *eligible* for ART
- in your absence, important decision can still be made about the client
- always *sign* your name clearly (client may need to be referred back to the SAME counsellor for further education – continuation of care)
- state clearly in your notes whether the client came alone or WITH *someone* (state who this person is at each visit and what is their *relationship* to this person)

5. SOCIAL ASSISTANCE

Use this section to assess the need for social assistance (record the date this social assessment was made) / /

Lives in what sort of dwelling? (please circle)	informal dwelling / formal house / hostel / other (specify)	Number of rooms:	Refrigerator: Y N
Number of adults in household:	Does current partner live in household? Y N	Has partner been tested? Y N	Result:
Is current partner aware of patient's HIV status? Y N	Is there a desire for future children? Y N		

Own Children	Name						Other children in household	
	Year Born						Name	
In household	Y / N						Year Born	
HIV status	-/+ Y						HIV status +/-	
General Status	Well Ded. Tx						General Status	

Has patient disclosed HIV status Y N	To Whom

Source of income? (circle) Employed / grant / pension / friends or family

Qualifies for grant Y N	DG Child Other:	Receiving grant Y N	Application Submitted Y N

Current drug use Y N	Current alcohol use Y N	CAGE questionnaire	Have you ever felt you should cut down on your drinking Y N	Have people annoyed you by criticising your drinking Y N	Cage Score
			Have you ever felt guilty or bad about your drinking Y N	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover Y N	

Referral: Clinic:	Appointment: Date:

6. PRE-ARV COUNSELLING

Counsellors to use this section to record your patients counselling history

Session	Date / s	Counsellor / group	Tx partner attended?	Comments (e.g. motivation, level of understanding)
General HIV Education and Healthy Living				
ARVs				
Adherence Planning				
Other				

Name and contact details for treatment partner:

Patient agreed to home visit Y N	Name of community health worker:	Attends a support group Y N

What is clients understanding (in their own words) for wanting ARVs?

7. PSYCHO-SOCIAL READINESS

Date / /

If it has been decided ARVs can safely be started (section 4) use this section to help decide if your patient is psychologically and socially prepared for ARVs

Review and update section 5 (above) if it was completed some time before this section

IMPORTANT NOTE: The checks below are **ONLY** a prompt for the health care worker to check that the patient is:
a) self motivated, b) has received HIV / ARV education and c) has a degree of social support

	Y	N		Y	N
Have they attended all the required counselling sessions? (see above)			Do they have a treatment partner?		
Have they disclosed to anyone?			Have they been attending the clinic regularly?		

If the answer to all of the above questions is YES then the patient is ready to commence ARVs

Patient's details – address and contact telephone number

Referral clinic:

Current Clinic:

1. PATIENT DETAILS

Ensure *up to date* so community workers can do home visits and contact tracing of ARV *defaulters*

Date: / /

First name

Surname

DOB / / Sex: M / F

ID Number

Folder #

Phone #

Address

Next of kin:
name, address and contact no

Treatment supporter (treatment buddy)

? Disclosed

Tested ?

Allergies: (Please write allergies in red)

supporter
FREE
CONDOMS HERE!
adherence
counsellor
child

Patient advocates (PA's)

- the ARV clinic team's *eyes and ears* out in the community
- patients are only seen on one day each month, for a *short time* by a member of the ARV clinic
- PA can contribute to understanding of SOCIAL aspects of their life at home
- play an important part of the ARV team ; actively *incorporate* each PA and include in MTM and patient discussions

Patient advocates

- ensure their stationary and patient notes and feedback are *entered* into patient files for future follow-up
- ensure defaulters are referred *timeously* to PAs for home visits

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Department of Health
Republic of South Africa

UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

UNITED STATES AGENCY INTERNATIONAL DEVELOPMENT
USAID
USAID
FROM THE AMERICAN PEOPLE