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Young people and reported adherence to antiretroviral therapy: A HYPNet survey.

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Background

- HYPnet survey
- Aim: Assessment of young peoples (12-24yrs) views on adherence to further develop adherence guidelines/tools for adolescents/young adults
- Background: Limited UK data, USA: Cross sectional data identifying barriers to adherence and impact on viral suppression Bret et al (2009), Flynn P et al (2007) Murphy et al (2003)
- Cross sectional snap shot views of 12-24 year olds currently on HAART

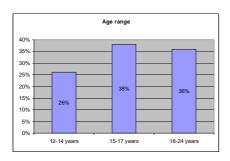


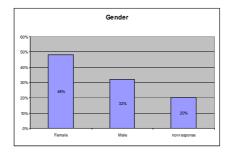
Method

- Design
- Ethics service evaluation
- · Questionnaire reviewed by 10 MDT professionals
- Piloted with 2 YP in clinic
- HYPnet/CHIVA/Contacts distributed to 29 sites
- 14 sites responded
- Anonymous questionnaires returned by post
- Data entered and analysed using excel
- Next step will be to use SPSS for further analysis

Respondents = 138







83% live with family.

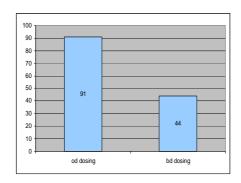
Length on treatment: $133/138 \ 11\%$ (n=15) don't know, 33% (n=44) < 4 yrs, 56% (n=74) > 4 yrs of which 68%

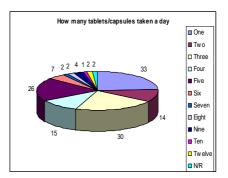
(n= 50) report > 8 yrs

6 respondents had used a gastrostomy at some point

Dosing and pill burden

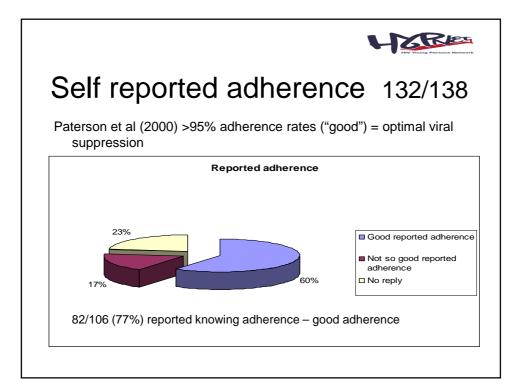


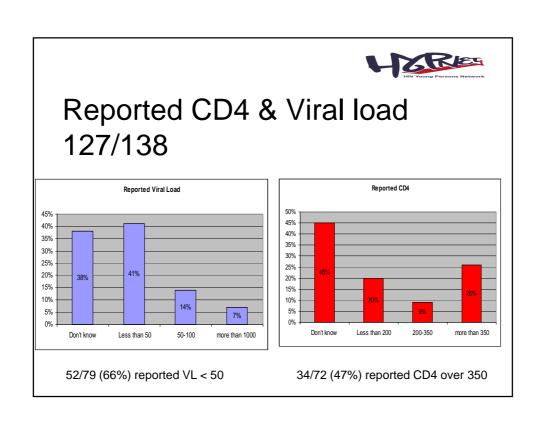


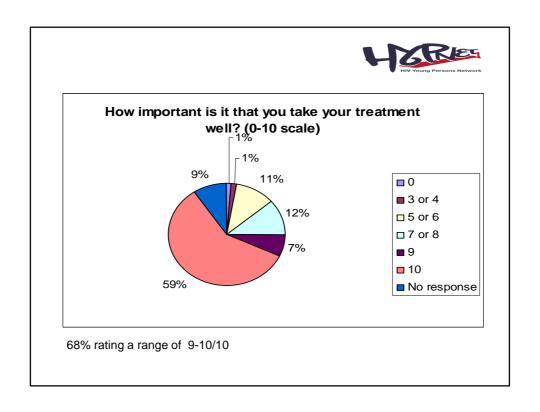


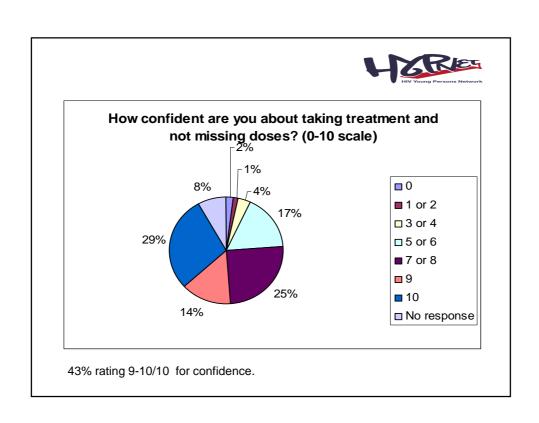
137/138: 91/137 (66%) taking meds once a day

136/138: 76/136 (43%) taking 4 or more pills a day, 9/76 (12%) report taking more than 8









Treatment Interruption (53/126 reported TI)



Don't know	17% (n=9)	Part of trial	4% (n=2)
Doc stopped it	32% (n=17)	Didn't want to take it	23% (n=12)
Side effects	21% (n=11)	Pill burden	11% (n=6)
Pill fatigue	30% (n=16)	Didn't think it was helping	4% (n=2)
Felt well	9% (n=5)	other	19% (n=10)

42% (n=53) report treatment interruption 57% for <1 yr 36% >1 yr 23% DNK

What helps you to take your HIV treatment? (135/138)



I just remember	43% (n=58)	Family/carer reminds me	44% (n=59)
Having a routine	28% (n=38)	Health benefits	20% (n=27)
Mobile phone/alarm	16% (n=22)	Pill box	16% (n=22)
Keeping them in a place that reminds me	16% (n=21)	Having a specific goal	6% (n=8)
Carry them with me	4% (n=6)	Friends remind me	3% (n=4)
Reminders from clinic	2% (n=3)	other	4% (n=5)

[&]quot;Thought and still think that Christ is my healer and has healed me"

[&]quot;Feeling depressed and there are times when you don't feel like taking them because you feel well and when you take them you feel ill"

Reasons for missing doses 134/138



Did not miss any	18% (n=24)	forgot	48% (n=64)
Side effects	15% (n=20)	Busy with other activities	29% (n=39)
With family/friends (secrecy)	18% (n=24)	Didn't have meds with me	15% (n=20)
On school/college trip or holiday	14% (n=19)	Pill fatigue	14% (n=19)
Reminds me of HIV	10% (n=13)	Felt well	4% (n=5)
Don't know	7% (n=10)	Feel different	8% (n=11)
Don't want to take it	5% (n=7)	other	6% (n=8)



Comments

"can't be bothered sometimes"

"The smell of the medicine affects the mood but I try hard to take it because it helps me a lot"

"rushing for school"



What could further help adherence 127/138

Once daily regimen	38% (n=48)	Less meds	37% (n=47)
Smaller meds	26% (n=33)	If I didn't have to keep them a secret	25% (n=32)
No side effects	23% (n=29)	If I was able to share this with friends	13% (n=17)
Somebody to remind me	10% (n=13)	If I could see the benefits	8% (n=10)
Having my own goal	9% (n=11)	Text reminder	9% (n=12)
Talking to somebody on treatment	9% (n=11)	Better Understanding of the benefits	4% (n=5)



- 122/138: 56/122 (46%) access peer support
- 97/138: Those that access/have accessed peer support 62/97 (64%) report this helping adherence



Conclusions

- Majority report taking meds well with good adherence strategies
- · Family play important role
- Peers play important role
- Once a day/less tabs reported as helping adherence
- Daily activities and simply forgetting identified as the main barrier
- Needing to keep diagnosis secret impacts on adherence
- Most understand the importance of good adherence but report lower levels of confidence in taking treatment

Limitations



Drug and alcohol use was not addressed Partners not included

- Not validated
- Self report
- Self-selected group –only those on HAART
- Missing data
- Questions may have not been clear/misunderstood



Implications for practice

- Engaging YP
- Building up self efficacy (therapeutic approaches such as Motivational interviewing)
- Positive affirmations
- Easier access to peer support
- Supporting family/carers
- Individualised and MDT approach
- Simplifying drug regimens



Massive thank you!

- Caroline Foster, Jayne Griffiths, Nimisha Tanna, Debbie Levitt and HYPnet
- Christine Norton
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- Body and Soul, London
- · Cardiff and Vale NHS Trust paediatric dept
- Chelsea and Westminster Hospital family clinic and YP clinic
- · Dublin hospital paediatric dept
- Georges paed/adolescent clinic
- Great Ormond Street Hospital
- · Mortimar market YP clinic
- Newcastle Upon Tyne Hospitals paediatric unit
- · Newham family clinic/adolescent clinic
- St Mary's family clinic and 900 clinic
- St Thomas' paediatric/adolescent clinic