Adherence support in clinical practice

Sigrid CJM Vervoort

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Utrecht

Hiv in the Netherlands

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What about?

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- Study motive
- Study procedure

- Patient study
  - *Study aims*
  - *Findings*
  - *Clinical implications*

Study motive

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- 50% difficulties with being adherent
- Individual differences
- Cues to tailor adherence support.

What influences adherence?

&

Which processes underlie adherence behavior?

Study procedure

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The model for development of evidence based intervention

- Gathering building blocks
  - *Review findings literature*
  - *Analyzing the problem*
  - *Needs analysis*
  - *Analysis of current practice*

van Meijel, B., Gamel, C., van Swieten-Duijfjes, B., & Grypdonck, M.H. (2004). The development of evidence-based nursing interventions: Methodological considerations. Journal of Advanced Nursing, 48, 84-92

Central study

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Processes explaining adherence to HAART

Qualitative study into hiv patients' perspective

Vervoort, SC, Grypdonck, M. H., Grauwe, A. D., Hoepelman, A. I., & Borleffs, J. C. *Adherence to HAART: processes explaining adherence behavior in acceptors and non-acceptors*. *AIDS Care* 2009; 21, 431-438.

→ Qualitative study

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- Patients experience
- Explore meaning giving
- Understanding of a complex phenomenon
- Description of a process
- Framing human behavior
- Additional to/explaining of quantitative data

Design

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Grounded Theory

- In-depth - open interviews
- Journals

Findings

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- Judge themselves to be adherent, while their behavior shows that they are actually not

- Judge adherence by their own standards

  → Cognitive dissonance

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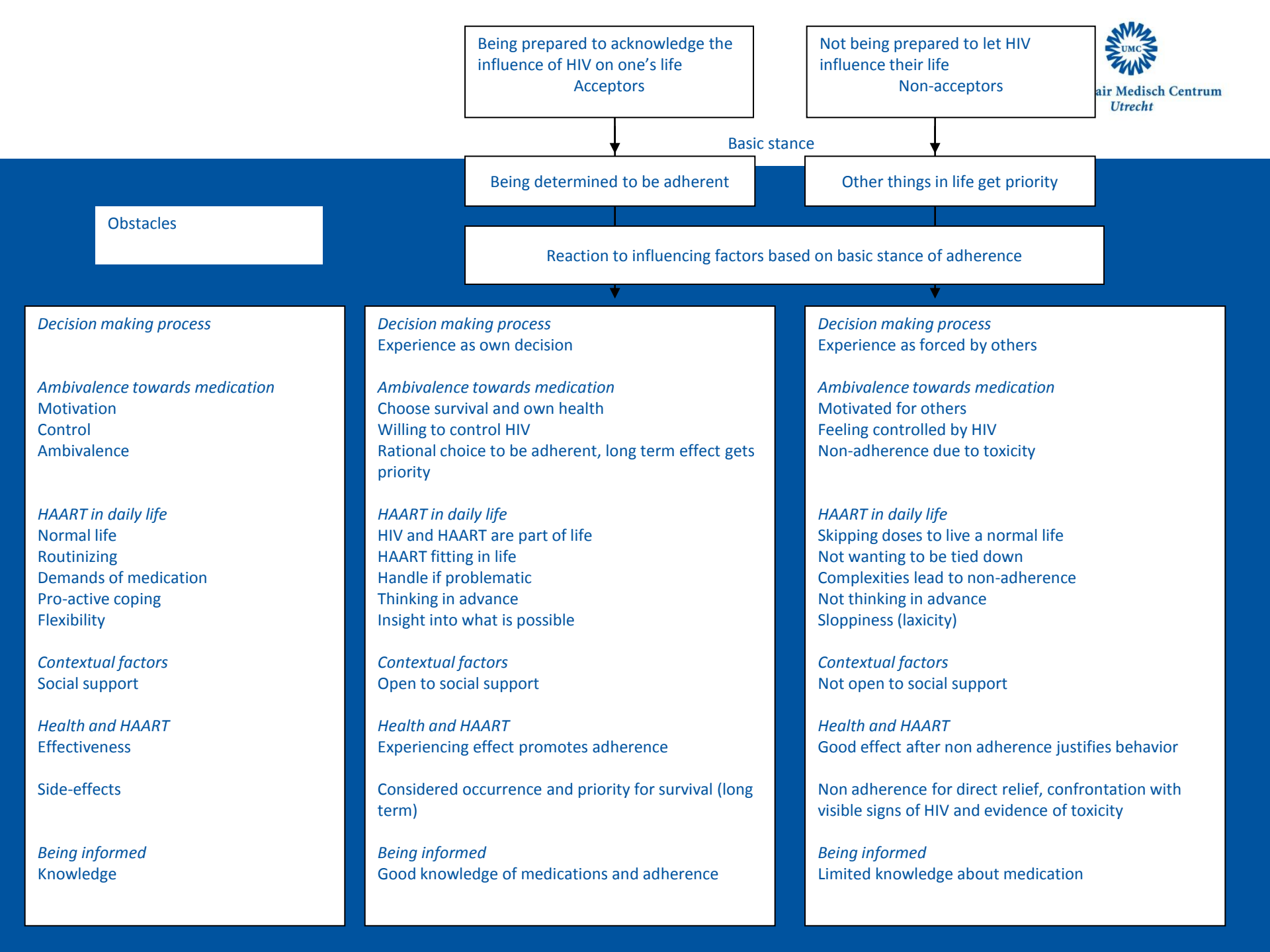
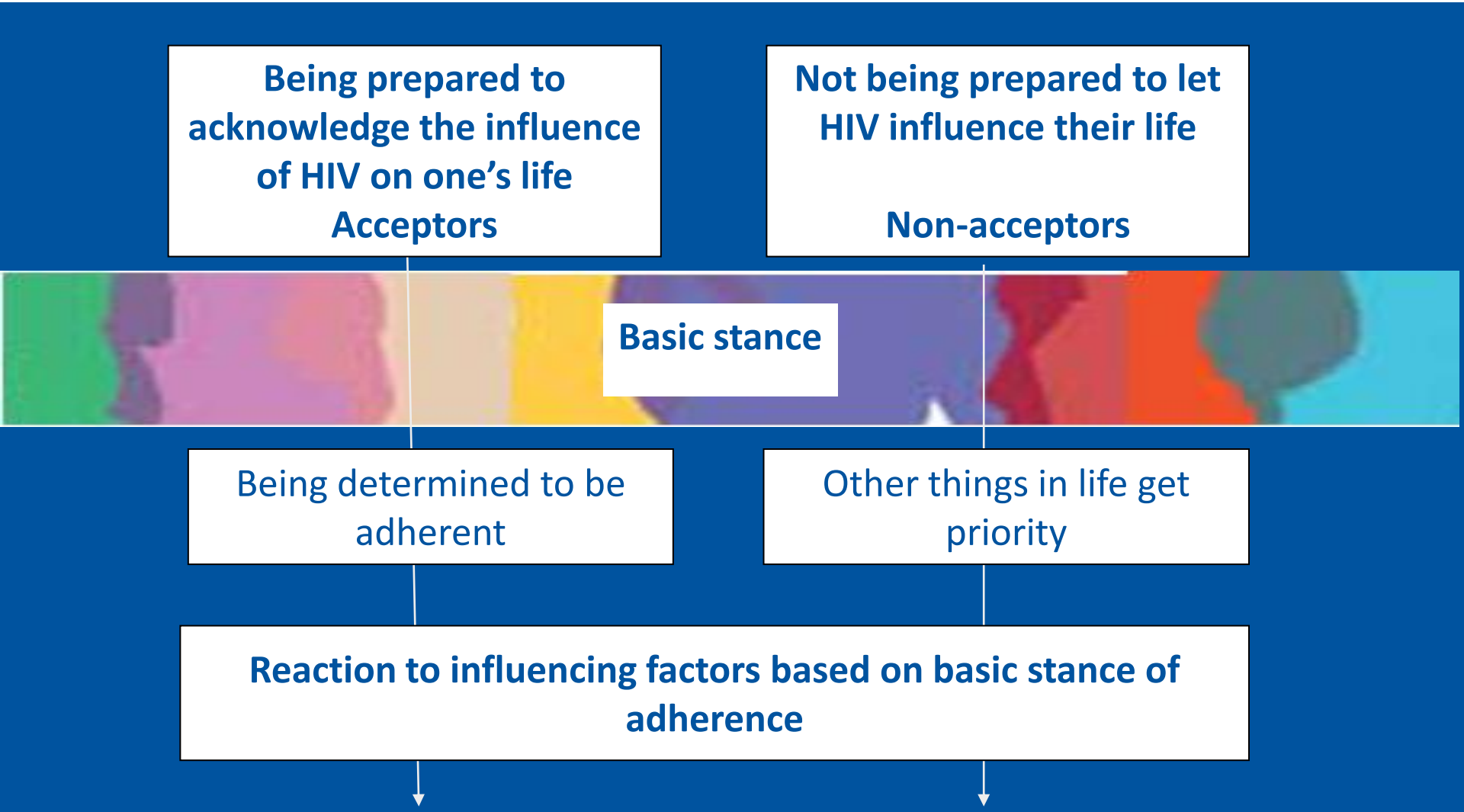
Two basic stances:

- *Being determined to be adherent*
- *Medication is subordinate to other priorities*

Based on acceptance and non-acceptance of HIV.


Being prepared to acknowledge the influence of HIV on one's life
Acceptors
Not being prepared to let HIV influence their life
Non-acceptors
Basic stance
Being determined to be adherent
Other things in life get priority
Obstacles
Reaction to influencing factors based on basic stance of adherence
Decision making process
Ambivalence towards medication
Motivation
Control
Ambivalence
HAART in daily life
Normal life
Routinizing
Demands of medication
Pro-active coping
Flexibility
Contextual factors
Social support
Health and HAART
Effectiveness
Side-effects
Being informed
Knowledge
Decision making process
Experience as own decision
Ambivalence towards medication
Choose survival and own health
Willing to control HIV
Rational choice to be adherent, long term effect gets priority
HAART in daily life
HIV and HAART are part of life
HAART fitting in life
Handle if problematic
Thinking in advance
Insight into what is possible
Contextual factors
Open to social support
Health and HAART
Experiencing effect promotes adherence
Considered occurrence and priority for survival (long term)
Being informed
Good knowledge of medications and adherence
Decision making process
Experience as forced by others
Ambivalence towards medication
Motivated for others
Feeling controlled by HIV
Non-adherence due to toxicity
HAART in daily life
Skipping doses to live a normal life
Not wanting to be tied down
Complexities lead to non-adherence
Not thinking in advance
Sloppiness (laxicity)
Contextual factors
Not open to social support
Health and HAART
Good effect after non adherence justifies behavior
Non adherence for direct relief, confrontation with visible signs of HIV and evidence of toxicity
Being informed
Limited knowledge about medication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Reaction to influencing factors based on basic stance of adherence

For example

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	Being determined to be adherent	Other things in life get priority
Motivation	Choose survival and own health	Motivated for others
Control	Willing to control HIV	Feeling controlled by HIV
Effectiveness	Experiencing effect promotes	Good effect after non adherence justifies behavior
Side-effects	Considered occurrence and priority for survival (long term) of HIV and evidence of toxicity	Non adherence for direct relief confrontation with visible signs

Acceptance

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When patients recognitize that they cannot change or avoid the situation of being hiv infected and offering resistance does not help them

- Not readily acquired and can change over time
- Dynamic

Added value

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- Proces
- Helps to analyse what might be at play in a specific patient situation

Clinical implications

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- Attention to acceptance starts directly after diagnosis
- Examine basic stance before and during treatment
- Self report of adherence
- Needs ongoing attention
- Pro-active coping (“if-than”)

In conclusion

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Intervention:

- Acceptance of hiv diagnosis central issue
- Appropriate intervention differs according to the basic stance and circumstances
- Open conversation

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THE END

Thank you