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Measurement of and factors affecting patients' adherence to anti-retroviral therapy in Helen Joseph Hospital, Johannesburg

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CHAPTER 1 - STUDY BACKGROUND

1.1 Introduction

Like in many other parts of the globe HIV/AIDS management with highly active antiretroviral therapy (HAART) has been accepted in South Africa as one of the weapons for an aggressive combat of the menace of AIDS. HAART for HIV/AIDS significantly reduces morbidity and mortality for many individuals who maintain a high level of adherence to their medications.[1] The shift to the use of HAART for treating human immunodeficiency virus (HIV) disease has led to increasingly complex drug therapy [2] and high cost of treatment.[3, 4] This presents significant challenges to all stakeholders including the patient, health-care team as well as the government with respect to adherence.

The scaling up of ART in South Africa started with the government's approval of its Operational Plan for Comprehensive Care and Treatment for people living with HIV and AIDS. The challenges facing the implementation of antiretroviral roll-out in the country are mainly those of equity and concerns related to access to HIV/AIDS programmes in South Africa, with a focus on antiretrovirals. There is inequitable distribution of human and financial resources between the public and private health sector, within the public health sector, across provinces, and between the urban and rural communities.[5] HIV/AIDS is a major cause of hospital admissions and, at primary level, health workers' morale is being affected as they become overburdened by HIV-related illness and HIV-related morbidity and mortality among health workers. Some authors affirm that policy

inconsistency and political indecisiveness has weakened the rollout of HIV/AIDS programmes. The policy has been accused of incomplete implementation of the chapter dealing with nutrition-related interventions, and that dealing with drug procurement. [6]

Most patients on ARV treatment in the public sector are receiving care at academic hospitals and other few designated hospitals called "main sites", with very few patients accessing ARV treatment at rural and remote sites.[6] The overall concern for lack of access to antiretroviral therapy has been that of poor adherence, indiscriminate treatment interruptions and consequently the rapid emergence of resistant viral strains, which could spell catastrophe for the individual, reduce future treatment options, and lead to transmission of resistant strains of HIV. [7]

Thus, an effective HIV treatment does not only depend on patients' adherence, but also on the existing health care structures, policies and policy implementations. However, this study focused on patient adherence to treatment in the HIV clinic of Helen Joseph Hospital one of the designated sites for the implementation of the ARV roll-out. Though, the Clinic has been offering HIV treatment prior to the government roll-out, patients had been responsible for the cost of such treatment. With the effort of the government in providing treatment, it becomes important to assess how well the treatment is being utilized by the target population.

From an economic point of view, assessment of adherence is important considering the present day cost of treatment. Though the study participants receive treatment provided by the government of South Africa, the study of adherence, in part, could show whether or not the treatment is properly utilised by the target population.

1.2 Rationale for the study

The primary goal of ART is to decrease the morbidity and mortality associated with HIV infections. [8] Therapy is aimed at suppressing HIV RNA levels (viral load) as low as possible thereby prolonging lives of infected persons. This can be achieved through the commitments of all stakeholders (patient, members of the health care team, family and community) to the therapeutic process. One of the ways of assessing such a commitment from the patient perspective is the assessment of adherence to all therapeutic constituents, especially medication. Near perfect adherence has been postulated to be crucial to attaining therapeutic goals in HAART[9], because suboptimal drug levels have been associated with decreased viral suppression and development of antiretroviral resistance.[10] However, a WHO report has notes that adherence in situations of self-administration of chronic treatment (as in the study population) is problematic irrespective of the disease type.[11] Clinical trials of antiretroviral therapies that have incorporated measurements of adherence have found that variations in adherence explain therapeutic effects.[12] Thus, the study though cross-sectional measurement of adherence may provide an insight into the therapeutic state of the patients in the study site. .

The study sought to measure adherence over a 23 day recall period with the aim to identify any missed doses during the last 2 days, the past one week before, and the past 2 weeks before the one week. Different recall periods (recent and long) are now recognised in adherence measurements.[13] A study has shown that responses over different recall periods are more significantly correlated with more objective methods of adherence measurement.[14] It also has been recognized that individual adherence behaviour can vary during a given period and usually deteriorates over time, and a single recall period

of adherence assessment provides only a snapshot of adherence behaviour.[13] Hence, besides repeated adherence measurement, Machtinger et al suggest that self-reported adherence should span over a period of time during which the interview could probe medication doses missed in different recall times like the last 2 days, last 7 days and up to the last 30 days. [13]