

Role of a Pharmacist in ARVs Adherence

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PHARMACY

SHAPING THE FUTURE



Outline of the Presentation

- **Background**
- **Antiretroviral drugs**
- **Adherence**
- **Role of a Pharmacist**
- **Add Value to the Community**
- **Acknowledgements**



Background

- **Sub-Saharan Africa has the highest HIV-infected.**
- **For 2015 Stats SA estimated 54.96 million mid-year population.**
- **Overall HIV prevalence rate was 11.2% of total pop.**

Background

- **Total no of PLHIV estimated at 6.19 million.**
- **80% of 20-24 yrs of HIV infected are women.**
- **No of HIV-infected SA on ARVs was 3.4 million.**
- **This to increase to 6.4 million of DoH awaiting implementation of new WHO guidelines.**

ARVs

- Introduction of HAART and HIV/AIDS as a chronic disease
- Adherence to HAART very important aspect of HIV care
- To prevent the development of HIV resistance
- Progression of disease to an AIDS-defining illness and HIV-related mortality.

Barriers to Adherence

- Factors have been identified in a study by Katende, Lubbe & Apalata published in J Pharm & Pharmacology (2014)
- Low educational levels ($p = 0.027$)
- CD4+ T cell count > 350 cells/mm³ ($p = 0.048$)
- Complexity of the ARV regimens ($p = 0.04$)
- Total number of other drugs ($p = 0.048$)

Assessing adherence

- **Pharmacists to assess ARV adherence in outpatient setting**
- **Using the following strategies:**
 - Self-report
 - Pill counts
 - Electronic monitoring
 - Pharmacy refill monitoring
 - TDM

Role of a Pharmacist

- **As custodians of medicines we have to value to the community**
- **To act as essential members of the facility committees or to be part of the multidisciplinary team**
- **Make decisions on program management issues and clinical aspects of patient care**



Role of Pharmacist

- **Reviews of rational ARV use, including adherence.**
- **To be recognised as full members of the health-care team, need to increase our competency and adopt new attitudes**
- **Pharmacists to discuss strategies to improve adherence**



Cont..

- **Pharmacist to counsel pts on ART about the need for strict adherence**
- **Explain to them the risks of viral resistance when adherence is compromised**
- **To assess pts adherence by using self-reported e.g inquiring the doses taken and missed in the past day and week**



Cont...

- **Educate them about adherence tools: pillboxes, beepers, reminder phone calls.**
- **Contact prescribers when they identify pts who non-adherent to HAART**
- **Educate pts about ADEs from ARV drugs and others taken as prophylaxis of OIs & other comorbidities**

Cont..

- **Monitor the ADEs**
- **ADEs to be addressed by the prescribers**
- **Need for interprofessional collaboration**
- **As a custodian of medicines, make recommendations regarding management of these ADEs**



Interventions

- Apply an ***Information-Motivation-Behavioral Skills*** (IMB) model of adherence
- To ART among HIV/AIDS attending a public primary health Care Clinic,
- To achieve a better therapeutic outcome.

Information

- Applying the IMB on ART adherence.
Information: The information construct in the IBM model for adherence in form of pts understanding of adherence requirements and the ADEs of ART.
- Some do not want to take the ARV drugs plus other drugs because of the complexity of the drugs

Motivation

- ***Motivation:***
- **Patients needed to be motivated**
 - **through social influences on adherence from:**
 - **partners,**
 - **family members and**
 - **daily reminders.**

Behavioral Skills

- **Behavioural Skills:**
- **This is applied through :**
 - **advising the HIV-infected to think about their dosing schedule on a long-term basis and;**
 - **to develop a strategy based on their activities.**



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THANK YOU

