



Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016
Sandton Convention Centre
Johannesburg

**Our Issues, Our Drugs,
Our Patients**

www.sahivsoc.org
www.sahivsoc2016.co.za

Abstract ID: 189

**Top 10 Reasons for Poor Adherence in Children
and Adolescents Taking Antiretroviral Treatment:
Lessons from a Paediatric Treatment Failure
Programme in Khayelitsha, South Africa**

Jonathan Bernheimer¹ - Presenter

**Maria Elise Anies² Sarah Jane Steele¹ Faith Moyo¹ Clare Japhet¹
Thembisa Makeleni¹ Nompumelelo Mantangana¹ Nombasa Dumile¹
Vivian Cox^{1,3}**

1. Medecins Sans Frontieres, Khayelitsha, South Africa

2. University of Pittsburgh – School of Public Health

3. Center for Infectious Diseases Epidemiology and Research, University of Cape Town

Background



- In Khayelitsha, SA there is a large percentage of children failing ART (up to 30%)
- Since July 2013, MSF has piloted a programme to address paediatric HIV treatment failure:
 - Patients 0-19 years of age
- Intervention focuses on identifying and addressing specific adherence barriers through:
 - Individual counseling
 - Caregiver support groups / Adolescent “Teen” Clubs
 - Home visits
- We evaluated the most common barriers to adherence in order to tailor adherence support provided by clinicians and counselors



2016

Methods

Chart review (155 patients) conducted to ascertain most recent primary barrier to ART adherence

↓

Barriers ranked and top 10 most frequent barriers identified

↓

Top 10 barriers further separated and ranked

↙ ↘

Complex psychosocial
barriers

Straightforward
medication
administration barriers

Results

Complex psychosocial barriers to adherence	32	24.4%
Inconsistent caregiver (alcohol abuse, etc)	16	12.2%
Lack of a treatment supporter	9	6.9%
Lack of a primary caregiver	7	5.3%
Medication related barriers to adherence (lack of ART education)	99	75.6%
Caregivers not supporting adolescents taking ART	35	26.7%
No method to remember to give/take ART	23	17.6%
Does not understand flexibility of ART	11	8.4%
Multiple caregivers/migration	9	6.9%
Does not Re-administer after vomiting	7	5.3%
Inadequate preparation for travel	7	5.3%
Does not administer with food	7	5.3%
Total	131	100.0%

Conclusions



- Straightforward ART administration-related barriers comprise the majority of reasons for inadequate adherence seen in children and adolescents failing ART
- Complex psychosocial problems requiring additional resources from clinic staff were less common
- The majority of high viral loads can be addressed by clinicians and counselors asking simple questions regarding adherence challenges
- Reinforcement of basic adherence concepts from the time of ART initiation can promote long term ART adherence



2016

Thanks!
Questions?

Acknowledgements:
Western Cape
Department of Health,
City of Town, Mark
Cotton, Helena Rabie,
Lisa Frigati, Leon
Levine, James Nuttall

**ZITHEMBE
BELIEVE**

