

Participant-Centered Counseling to Enhance Adherence

Desmond Tutu HIV Foundation

Emavundleni CRS


Melanie Maclachlan



Desmond Tutu HIV Foundation

Masibambane Ngezanda





We tend to treat counselling about risk behaviours like hammering in a nail by giving patients more and more information. We need to think of the risk behaviour like a nut rusted to a bolt (the patient). Hammering can make it worse. The nut must be teased off, using patience.

Dr. Richard Botelho, FPReport February 2000



PHARMACY



Pharmacist: "and which medication reminder device would you like to use with this prescription?"




No Wooden Clubs

Pharmacists are continually frustrated with this problem. I'm sure others are as well.

Because, for the most part, we can't "make" a ppt take their medication/ use their ring if they don't want to. Even when we spend the extra time to educate ppts we can't compel anybody to be compliant if they're unwilling to do so.

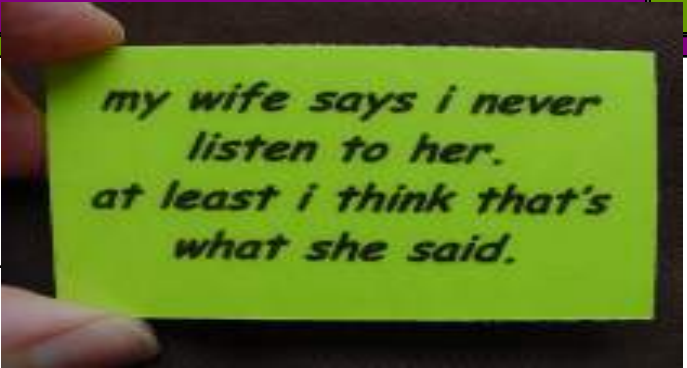


**“Be sure to take this drug exactly as directed:
tilt your head to the right at a 37 degree angle, extend
your tongue precisely 4.93182 inches past the furthest
point of the upper lip, place the pill directly between the
48th and 49th taste bud on the left side of the tongue...”**



Participant adherence in a multiple-step pathway that includes:

- 1) keeping a scheduled appointment with the CRS;
- 2) accepting and signing consent;
- 3) Receiving ring and Adherence counselling
- 4) Using the ring as directed;
- 5) returning to the CRS for on-going visits and monitoring.



*my wife says i never
listen to her.
at least i think that's
what she said.*

Can you hear me now?

- You can call it selective hearing, being preoccupied or just not interested in listening to somebody when they're trying to tell you something.

Hearing is not the same as listening.


- so focused on hearing that I didn't have time to listen.
- if our minds and concentration are focused elsewhere, we're going to miss most of the conversation.

Using more than just your ears.



**“The opposite of talking isn’t listening.
The opposite of talking is waiting...”
~ Fran Lebowitz**

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- Stop talking – let the ppts tell their story
 - Get ready to listen – remove distractions
 - Be patient – put them at ease and let them share their concerns
 - Listen for what's not being said – listen with your eyes
 - Be empathetic – try to understand the ppts point of view

Unless we put forth the effort to prepare ourselves to listen it probably isn't going to happen.



Enrollment Visit

- Often more information giving than information sharing
- Focus on past vaginal product use or non-use (female condom use is rare)
- Planned partner disclosure or non-disclosure
- Expectations of partner or family response
- Addressing concerns and misunderstandings
- **BUT** - does not fully set the scene for future visits



Follow up visits

- First visit - Ppts are not usually at a stage to be able to make decisions for themselves.
- History in SA healthcare of 'being told what to do'
- Previous experiences of negative responses
- Need to walk ppt through various levels before she is ready to start making her own decisions
- In the beginning - making suggestions based on feedback



Follow up visits (continued)

- Working with her on her preferred suggestion.
- Initially ppts don't always understand the point of counselling.
- Work on developing the relationship with ppt
- Getting to know the ppt as a person
- Focus on the individual
- Partner(s) – husband vs. boyfriend vs. casual etc.
- Partners response so far



Follow up visits (continued)

- Family influences and reactions
- Experiences with the ring so far
- Living situation
- Work vs. no work vs. studying
- Learning from others experiences
- Challenges
- Goal setting



Actual Participant Feedback

- 6 month Event
- Divided into groups to brainstorm
- Ppts present to and discuss with the larger group
- Feedback from 71 participants so far



Actual Participant Feedback

- 1) What experiences were helpful in using the ring and adhering to study procedures?
- 2) Based on your experiences, what could be some of your challenges?
- 3) What do you think we can do to help women taking part in the study to use the ring continuously?




1. What experiences were helpful in using the ring and adhering to study procedures?

- Comfortable
- Commitment
- No problem to having sex
- No problem for your partner – i.e. partners not feeling the ring during sex
- No problems using the ring even during menstrual period
- Doesn't fall out when you go to the toilet



1. What experiences were helpful in using the ring and adhering to study procedures? (continued)

- Doesn't fall out during activity – Sport, Cleaning, Singing, Dancing
- To stick to our visit dates
- To always know your status
- To know how long the study visits take
- Don't need to spend money to go to doctor (for a pelvic exam)



1. What experiences were helpful in using the ring and adhering to study procedures? (continued)

- It helps you to understand your health e.g.
HIV testing, STI testing
- It makes you look after your health
- Get more information about HIV/AIDS and how to prevent yourself from getting it
- We want to be heroes in fighting HIV/AIDS
- We get HIV testing every visit




2. Based on your experiences, what could be some of your challenges?

1. To explain to your partner
2. Partners do not understand and want to take the ring out
3. There are some people in the community who say bad things about research or the ring
4. Sometimes participants cannot come to the site because they are working
5. When it's your first time to insert the ring you don't feel comfortable and you were scared /nervous.



2. Based on your experiences, what could be some of your challenges? (continued)

6. Some participants can feel tense during a pelvic exam
7. Talking about the number of partners you have during the counseling
8. Friends and family are discouraging
9. Family members do not understand the main course of the study, up until you explain



3. What do you think we can do to help women taking part in the study to use the ring continuously?

- To have weekly check ins
- To be encouraged
- Something like a booklet to be used to record if ring was in or out
- Decrease vaginal ring size
- To speed up the visit process



3. What do you think we can do to help women taking part in the study to use the ring continuously?

•(continued)

- Site to be open on Saturdays for half a day
- To start weekly discussions
- Disclose ring use to partner
- Discussion groups for partners and families

Acknowledgements

- MTN is funded by NIAID (5UM1AI068633),
NICHD and NIMH, all of the U.S. National
Institutes of Health

DTHF, Emavundleni Team

- Emavundleni Pharmacy Staff
- MTN 020 participants



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Masibambane Ngezandla



References

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Co-authored by Hayden B. Bosworth, Ph.D., Duke University Medical Center; and the National Consumers League

Enhancing Prescription Medicine Adherence: A National Action Plan

National Council on Patient Information and Education August 2007

MORS, SMORS and Opening Doors for Pharmacists; Dave Walker

**SOURCE National Community Pharmacists Association