

Adherence and adverse events : the role of hospital and community pharmacists

HIV-AIDS symposium
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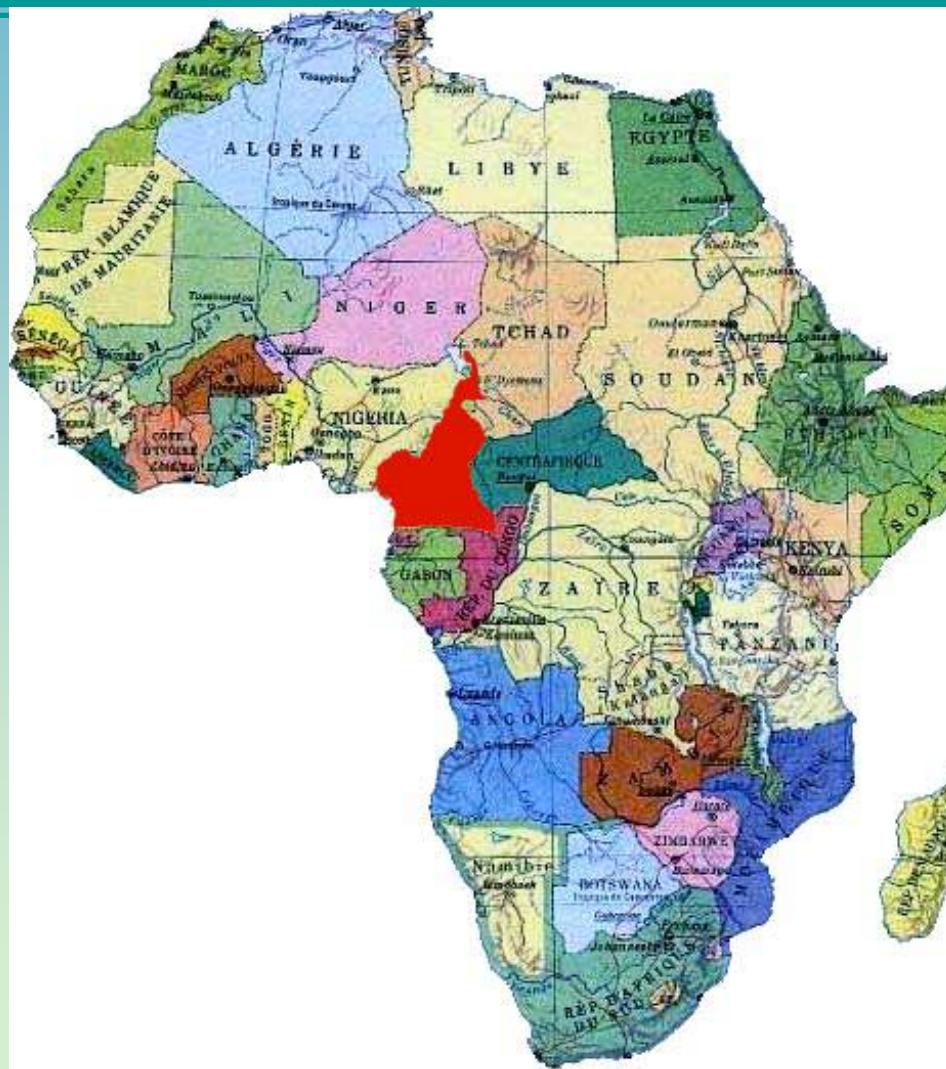
Dr BIAN Chantal

Learning objectives

- **To know how pharmacists can improve adherence to HIV treatments**
- **To establish an adherence program bringing together hospital and community pharmacists**

Introduction

In Cameroon, antiretroviral therapy (ART) is available only in the public sector. But for the time being, most of the care centers dedicated to people living with HIV (PLWH) in the country do not offer therapeutic education or help for adherence to patients.



Summary

- **Presentation and objective**
- **Operating method**
- **Results**
- **Challenges**



Presentation and objective

- **The pharmacists' community thought about how to get involved and decided to work with the public hospital pharmacist in charge of adherence unit in the "Day Care" Hospital at Douala Laquintinie Hospital**
- **Together, they created an association named PETAO (Therapeutic Education and Assistance to Adherence Program) on a voluntary work basis**

Presentation and objective

- **The aim is to help patients to achieve a successful ART by educating, and informing them before and during the treatment**
- **PETAO meetings take place every week on Mondays and Wednesdays at 8h30mn a.m. They are lead by public and private pharmacists**

Summary

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Operating method

- Patients' circuit
- Educational group discussion
- Individual consultation
- Tools



Patients' circuit

- A proposition for working days calendar and patients' circuit was made to the therapeutic committee and adopted : at least two educational group discussions followed by two individual consultations to negotiate and to get the buy-in (except for special cases).
- The educational group discussion is followed the same day by the individual consultation

Patients' circuit

- If the two PETAO meetings are not sufficient to get the buy-in, either he (she) takes time to think about it and to follow group discussions, or he (she) is sent to a medical doctor, a counselor or a psychologist
- After having the adhesion, the patient is sent to the medical doctor for the prescription
- Then, the patient is referred back to the pharmacist to analyze and to validate the prescription before the drugs delivery

Patients' circuit

- **When the patient comes to the pharmacy with an overdue appointment to have his ART, he is systematically referred to PETAO to identify the reason of non-adherence**
- **The same procedure is followed when the medical doctor detects a non-adherence problem with the patient**

Educational group discussion

- This discussion includes all those present in the Information, Education and Communication (IEC) room of the “Day Care” hospital and have two parts (about 30mn each)
- First part : a talk speaking about the HIV, ART and the aim of this treatment, **to have an effective and long-lasting treatment**
- Second part : to share experiences and testimonies, to answer questions and to listen to suggestions

Individual consultation

Welcome to the Patient (and Introduction)

- **Preliminary questionnaire**

(the same for different types of consultation)

- Four different consultations ;

- **adhesion** consultation
- consultation before **drugs delivery**
- consultation after **non-adherence**
- **follow-up** consultation

Individual consultation

Preliminary questionnaire

- Information to help talk about some problems (name, surname, age, sex, address, weight, number of children and age, partners, status, prevention, economic profile..)

Adhesion consultation

- Target : to receive the patients' adhesion after answering questions and evaluating knowledge and expectations



Individual consultation

Consultation before drugs delivery

- Analyze the prescription with all other drugs taken by the patient and make the validation
- Help the patient to choose a time schedule for the drugs intake

Consultation for non-adherence

- Find the reason for the non-adherence and a remedy
- Remind mistakes to avoid
- Check how ART is taken



Individual consultation

Follow-up consultation

- Expected at D15, D45, M3, M6, and every 6 months thereafter
- Check the patients' adherence
- Verify the intake of ART especially the respect of timing
- Explore possible difficulties in order to anticipate (side effects, relatives...)
- Remind mistakes to avoid
- Encourage the patient

Tools

- Preliminary questionnaire form
- Individual consultation form
- Intake plan
- Updated interactions' file
- Follow-up questionnaire form for D15, D45, M3, M6, M12, etc.
- Satisfaction survey questionnaire
- After each consultation, the medical doctor has a written report (in the patients' book) and the PETAO keeps a duplicate

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Results



- The PETAO has been in place since July 2004 ; at the end of Dec 2007 (after 42 months of activity) more than **340** educational group discussions and **5500** individual consultations (with 70% of adhesion consultations) have been carried out by about 10 pharmacists
- An article was published by PETAO in RemeD (Réseau Médicaments et Développement) n°33, a pharmaceutical newspaper in December 2006 (pages 12, 13 et 14) .

Results

- **We are working to exploit a satisfaction survey carried out during four months in adherence unit in the “Day Care” hospital**
- **Also, we are looking for a simple method not too expensive and easy to put in place to evaluate adherence**
- **We have noticed that patients and their relatives are really asking for reliable and basic information**

Results

- **Some medical doctors told us about the change with patients after PETAO meeting, they adopt a positive and active attitude towards their treatment**
- **Since the beginning of July 2008, we have started working at Nylon district hospital, another public care center in Douala dedicated to PLWH (it is again on a voluntary work basis!)**



«Day Care » Hospital (Douala Laquintinie Hospital)



Nylon District Hospital (Douala)



Summary

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Challenges

First the usual, common challenges :

- **With the patient** (knowledge, willingness, capability, organization, packaging and place to keep drugs, beliefs and culture, etc.)
- **With relatives** (confidentiality, support, etc.)
- **With care center** (rooms, venue, tools available, management of anti HIV drugs stock, etc.)
- **With ART itself** (therapeutic scheme, form, side effects, food restrictions, etc.)

Challenges

- **Second with the medical staff in charge of PLWH, at two levels :**
 - **with the patient** (formation, staff coherence, empathy, respect of confidentiality, etc.)
 - **with the PETAO** (medical doctors reticence, roles definition and contribution of everyone, sharing the rooms, intrusion of private pharmacists in the public sector, etc.)



Challenges

- **Third give an official status to adherence activity**

Our objective is to make authorities conscious of how important it is to take these medicines regularly and the role of adherence to reach this aim

But so far, despite our efforts, we have not had the opportunity to communicate it with either the pharmaceutical order or with our executive ministry

Challenges

Finally, the PETAO's structure is also a cause of difficulties

- **The voluntary work** concerns all pharmacists involved in the activity and they have to run their pharmacy at the same time
- Because of our availability, we are in particular high demand (therapeutic committee, training, patients) and now **we are all facing burn-out**
- **We trained ten students** to help us in this activity, but they also work on a voluntary basis !

Conclusion

- Nowadays, ART is more and more accessible in Cameroon but in a context of limited choice for second line therapeutic alternatives
- It is therefore imperative to enhance adherence assistance activities
- With that in mind, PETAO member pharmacists want to share their experience by working in other care centers in Cameroon and abroad, with the hope to find means and ways to perpetuate this activity

THANK

YOU

TAKOUM F.
TIENGOUE P.
TCHANGOM R.
NGANSOP M.
NDANGA E.
MOUSSINGA C.
MONGUE DIN E.
MBOUMI L.
FOTSO D.

