

# PROJECT PORTRAIT

## Why patients struggle with anti-retroviral treatment #19 (2012)

### What is this project about?

This is a Public Health project. The recent increase of anti-retroviral treatment (ART) in public clinics in South Africa means that many more people have access to treatment. If patients become resistant to the standard ART package they are put on an alternative second-line ART; if that fails, there is no further public treatment option to control the HI virus. Yet, literature addressing facilitators and barriers to treatment adherence faced by patients on second-line ART is scarce.

### The research

This study examined factors affecting adherence to second-line ART from the viewpoint of clinic staff as well as second-line failure patients. Both individual

and structural barriers were considered. Research was conducted at a large primary-care clinic in Khayelitsha, a peri-urban township in Cape Town, South Africa. The study was conducted in collaboration with MSF (Doctors without Borders) at their facility in Khayelitsha.

### What did the researcher do?

The primary research used participants who were drawn from an MSF-run program to support patients failing second-line treatment. A qualitative research approach was used, combining key informant interviews with staff (n=11), in-depth interviews with patients (n=10) and a Photovoice workshop with patients (n=11).



**Being on ART means taking a combination of medications twice a day every day at the same time – for life!**



**What you need to know:** Life-long, daily taking of ART twice a day at the same time is needed to control the level of the HIV virus in the blood and to allow the immune system to recover. To achieve good clinical outcomes, 95% adherence to ART is necessary (i.e. missing fewer than 3 doses/month). Anything less can result in drug resistance, increased sickness and mortality. In South Africa no third-line treatment options are available in the public sector for patients failing their second-line regimen. Patients and medical staff have different views of what factors make it difficult for patients to adhere to ART. Open communication between them is crucial.

## The research findings

A literature review was conducted to present: 1) rates of non-adherence, virological failure and resistance and 2) to present known facilitators & barriers faced by patients on ART, with a specific focus on second-line patients. Patients on ART have high rates of non-adherence (32% to 67%), virological failure (5.2%, to 47%) and may develop resistance to ARVs (5.4% to 80%).

In this study clinic staff identified drinking, non-disclosure, not using condoms, and pill fatigue as barriers to adherence, whilst patients identified side effects, not using condoms and lack of understanding around medication timing. With respect to service delivery, staff identified a need for continued counseling and educational support following ART initiation as important. Patients were concerned about missing medical records and poor staff attitudes in the broader clinic, citing improved patient/staff relationships and continuity of care within the MSF-run program as significant.

## Using the research

The study offers insight to better equip patients for ART adherence: Not condomizing is frequently cited as contributing to ART failure; this should be further examined at the staff and patient level to ensure that messaging is not misleading and that patients understand how their behavior may affect the impact of the medication.

Continued follow-up is needed to support patients with regards to easily altered behavior or miss-understood medication parameters (e.g. timing, missed doses, forgetting).

Continuity of care and communication between patients and clinic staff is another area that may contribute to patient outcomes.

The study was completed in **October 2012**.

## Want to know more?

Research was carried out by Whitney Barnett, in fulfillment of a Master of Public Health degree at the University of Cape Town. This summary is based on her study "Barriers to adherence in patients failing second-line antiretroviral treatment in a township in South Africa: A qualitative research study". The project was supervised by Christopher Colvin. The thesis will be available on the Co-op website.

**Keywords:** HIV/AIDS, ART, public health, adherence, drug resistance, qualitative research

To **reference** this Project Portrait, cite UCT Knowledge Co-op as the author.

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