
Title	Barriers to adherence in patients failing second-line antiretroviral treatment in a township in South Africa: a qualitative research study
Subject	Public Health
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Description	ABSTRACT Introduction. The recent scale-up of ART coverage in resource-limited settings has greatly improved access to treatment. However, literature indicates that patients on ART have high rates of non-adherence (32% to 67%), virological failure (5.2% to 47%) and resistance to ARVs (5.4% to 80%). These patients are failing first- and second-line ART, leaving no treatment options for successful virus suppression. Yet, literature addressing facilitators and barriers faced by patients on second-line ART is scarce. This study examined factors affecting adherence to second-line ART from the perspective of clinic staff as well as second-line failure patients, assessing both individual and structural barriers. Research was conducted at a large primary-care clinic in Khayelitsha, a peri-urban township in Cape Town, South Africa. Methods. 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. The literature was found via PubMed and Cochrane Central Register of Controlled Trials (CENTRAL), with a preference for studies in low and middle income countries and those including second-line ART populations. 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 multiple methodologies including: key informant interviews with staff (n=11), in-depth interviews with patients (n=10) and a Photovoice workshop (n=11). Results. 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. Conclusions. These findings identify a need for ongoing counseling and education following ART initiation as well as improved methods to quickly identify and address patient issues around medication adherence.
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