

Adherence clubs keep HIV patients in, viral levels down

February 26 2016, by Quinn Eastman



Health workers in South Africa targeted patients who were deemed at risk of treatment failure because they had high viral levels, despite having begun antiretroviral therapy. Adherence clubs helped them stick to their medications.

"Adherence clubs" can help people living with HIV stick to their medication regimens, according to research presented at the Conference on Retroviruses and Opportunistic Infections in Boston.

Now an Emory medical student, Joseph Sharp conducted the research in Khayelitsha, South Africa, with Anna Grimsrud, MPH, PhD from University of Cape Town, and colleagues from Médecins Sans Frontières and the Western Cape provincial health department. Sharp presented the findings as part of the "Innovations to Enhance Treatment Outcomes" discussion on Wednesday, February 24.

Starting in 2012, health workers in Khayelitsha targeted patients who

were deemed at risk of treatment failure because they had high viral levels, despite having begun antiretroviral therapy.

"These models of care have been limited to [stable patients](#) in the past, and this is the first time patients who experienced recent viral rebound have ever been referred directly to adherence clubs," Sharp says.

After an initial group support session and consultation with a nurse, patients who managed to get their viral levels down again (sometimes taking more than a year) were enrolled in an adherence club. The clubs were comprised of about 30 stable patients who met five times per year. They were facilitated by a lay healthcare worker who conducted a brief symptom screening and distributed pre-packed antiretroviral drugs.

At the time of adherence club initiation, 79 percent of patients were on second line treatment, defined as the inclusion of a protease inhibitor. Out of 165 patients enrolled in an adherence club, 36 experienced viral rebound and 92 percent, 85 percent and 78 percent maintained viral suppression six, 12 and 18 months after enrollment. The researchers conclude:

"Our findings suggest that patients who struggled to achieve or maintain [viral suppression](#) in routine clinic care can have good outcomes in simplified models of ART care and delivery following re-suppression. These simplified models may remove barriers imposed by clinician-led models, such as transport cost and time."

More information on [adherence](#) clubs is available here.

More information: Anna Grimsrud et al. Implementation of community-based adherence clubs for stable antiretroviral therapy patients in Cape Town, South Africa, *Journal of the International AIDS Society* (2015). [DOI: 10.7448/IAS.18.1.19984](https://doi.org/10.7448/IAS.18.1.19984)

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