

IMPLEMENTATION OF CONSULTATION FOR ADHERENCE TO ANTIRETROVIRAL THERAPY (ART)

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Background and Objective

Adherence to ART is the main feature for treatment success (1).

Our aim is the development of intervention to improve adherence which requires multidisciplinary action to evaluate perception of therapeutical stakes, needs for information, and barriers to adherence (2, 3, 4).

Design

A program of intervention to improve adherence was implemented according to data of background literature on VIH therapeutic education.

Guides for meetings, tailored written instructions and tools for adherence were developed.

Criteria to enter in this program were, on medical prescription, initiation ART and switch of treatment.

Setting

This program was implemented in July 2002, for patients of Internal Medicine Department of Ambroise Paré hospital, by an interdisciplinary working team (physicians, pharmacists, nurse and psychologist).

Main Outcome Measures

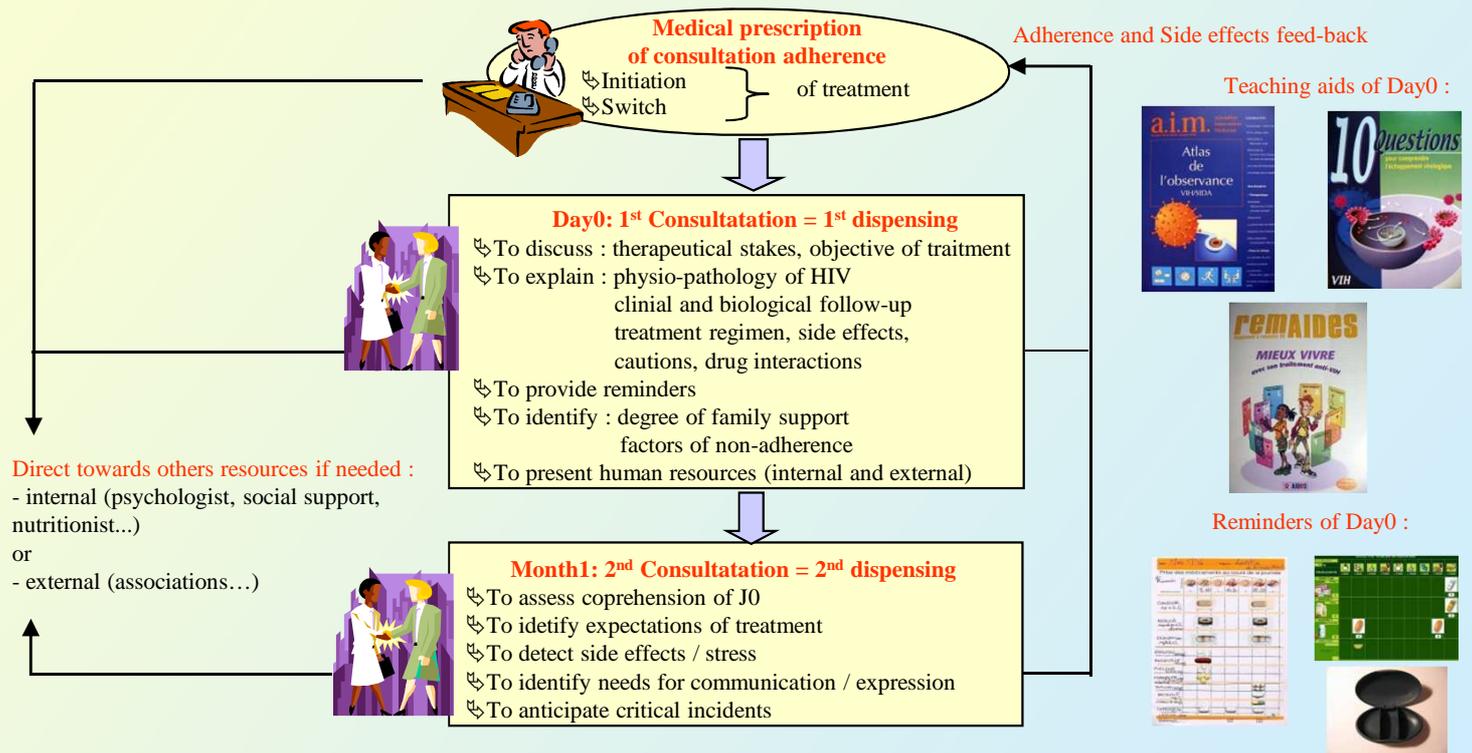
Evaluation of pharmaceutical intervention in this program is performed using adherence questionnaire.

Results

Action is co-ordinated by a physician. Consultants are two pharmacists and a nurse.

The program of intervention contains at least two consultations: first dispensing (Day0) and second dispensing (Month1) and followed by other interventions if needed.

Consultations are meetings, by appointment, either at Internal Medicine or Pharmaceutical Departments.



Finally, evaluation of adherence is performed in occasion of blood test (Month1) by a nurse. In these conditions, 22 patients were included to this program since July 2002.

Overall, 50 consultations (each lasted for 45 minutes) were conducted by pharmacists.

Conclusions

Assessment of efficiency of this program is actually in progress. The benefits have been already perceived by medical team.

The aim is to support 80 patients per year.

Although such programs require a substantial investment in terms of time.

Activity in its own right, consultation for adherence by pharmacists should obtain Social Security codification as medical consultation and nurse act.

Références : (1). J.F. Delfrayssy . Prise en charge des personnes infectées par le VIH. Rapport 2002. Flammarion, 2002.

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