Improving Adherence to TB Treatment

Lillian Pirog, RN, PNP
Nurse Manager, Waymon C. Lattimore Practice
NJMS Global Tuberculosis Institute
What is adherence?

Adherence to treatment means that a patient is following the recommended course of treatment by taking all prescribed medications and coming for scheduled exams and tests.
Broad View of Adherence

- Recognizes that adherence is not only about taking medication
- Actively engages patients in health care and treatment
- “Adherence” (or patient-centered compliance) refers to the involvement of patients working with health care providers in managing their treatment
- Adherence is preferred to “compliance” – it portrays a more respectful and active role of the patient in disease management

Problems With Adherence To TB Medication Are Common

- Non adherence to medication ranges from 20% to 80% (avg. of 50%)
- Comparable to treatment adherence rates for other chronic diseases

Williams & Friedland, 1997; Chesney, 2000; Eldin, 2001.
Reasons for Non-Adherence to HIV Medications

- Simply forgot or busy (66%)
- Away from home (57%)
- Change in daily routine (51%)
- Fell asleep (40%)
- Illness (28%)
- Depression (18%)
- Privacy concerns (14%)
- Side Effects (12%)

Bamberger, 2000
Reasons for Non-Adherence

• Patients feel better
• Lack of knowledge or understanding of treatment regimen
• Personal or cultural beliefs
• Lack of skills or resources
• Lack of access to care
• Language barriers
• Poor relationships with health care provider(s)
• Lack of motivation
The healthcare provider is responsible for successful treatment - not the patient
- Prescribing appropriate regimen
- Ensuring successful completion of therapy

Focus on patient-centered care utilizing case management and directly observed therapy (DOT)
Case Management

• System is patient focused and involves:
  – Assignment of responsibility
  – Systematic review of patient progress
  – Adherence plan
  – Continuity of care

• Case manager should ensure:
  – Treatment plan is established
  – Patient is educated
  – Therapy and follow-up are continuous
  – Contacts are identified and examined
• Treatment with anti-TB medications-appropriate regimen completed in expected time frame

• DOT

• Monitoring of response to TB treatment-sputum conversion, symptom improvement

• Monitoring of adverse drug reactions

• Adherence monitoring-barriers identified and issues addressed
• Insight into TB disease process - pt understanding of TB disease and treatment. Pt cooperates with TB staff in disease control efforts to prevent further transmission

• Treatment plan documented - individualize care plan and update as needed

• Community health - contacts are identified, skin tested, and evaluated for treatment according to established guidelines
Promoting Adherence

Adherence can be affected by positive or negative factors:

- Related to health system
- Social/family issues
- Personal factors
- Medication side-effects **

Interventions for Adherence

• Many different types of interventions

• Can be tailored to address specific challenges patient may face

• Best approach is multi-level strategy that addresses:
  – Patient
  – Regimen
  – Provider
Patient-Focused Interventions

Interventions are individualized based on patient’s knowledge, attitudes, and beliefs about TB

- Provide education and information
- Suggest medication scheduling and cues (e.g., at meal times or when brushing teeth, etc.)
- Use adherence gadgets (e.g., pill boxes, timers, etc.)
- If necessary use interpreters
• Use a multi-disciplinary team approach
• Employ adherence-related policies or protocols
• Arrange prompt and frequent follow-up
• Use a written contracting between patient and provider
• Encourage active patient role
• Provide accurate, current TB health information
  – Awareness of side-effects and management
  – When and how to contact provider

• Communicate goals of medical care
  – Should be reasonable and acceptable for patient
  – Small steps over time
  – Put it all on the table (no hidden agendas)
  – Consequences of failing to adhere

• Anticipate and address other medical or lifestyle issues

• Ask about non-medical issues
  – Identify support mechanisms
Regimen-Focused Interventions

- Manage side effects
- Reduce pill burden
- Utilize dietary interventions
- Provide medication fact sheets
- Provide dosing instruction sheets
- Utilize “tricks of the trade”
- Arrange for peer support
- Manage pain management associated with parenteral administration
Directly Observed Therapy (DOT)

- Involves providing anti-TB drugs directly to patient and watching as patient swallows each dose
  - All medication administered at once rather than splitting doses

- Preferred strategy for all patients with TB disease

- Consider for all patients

- Should be used for all intermittent therapy

- Can lead to reductions in relapse and acquired drug resistance
Prioritizing DOT

• Pulmonary TB with + sputum smears
• Past treatment failure
• Exposure to drug resistant case
• Case of relapse
• Co-infected with HIV
• Current or prior substance use issues, psychiatric illness, memory impairment
• Prior history of non-adherence
• Children and adolescents
• Close contacts of case of TB disease
• Immunocompromised

MMWR, June 20, 2003
Meet Patients at Their Level
For babies & young children, pills can be crushed & dissolved in a teaspoon of water, then mixed with a small amount of food such as apple sauce, mashed bananas, yogurt, etc.
Incentives & Enablers

• Incentives – Small rewards given to patients to encourage them to adhere to treatment or keep appointments

• Enablers – Things that make it possible or easier to receive treatment

• Both should be appropriate and valued by the patient

• Identify sources of both (e.g., ALA, community groups, local stores, volunteers)
## Examples

### Incentives
- Food and beverages
- Clothing
- Automotive supplies
- Hobby/craft items
- Household items
- Laundry services
- Seasonal/holiday treats
- Movie passes
- Restaurant/fast food vouchers
- Toys
- Personal care items

### Enablers
- Transportation
  - Bus pass
  - Cab fare
  - Battery for patient’s car
  - Gas
  - Fee for driver’s license
- Childcare
- Obtaining and transporting specimens for the patient
- Assisting the client to get medication refills
- Rent assistance
- Assisting the client to complete paperwork to get food/housing assistance
- Assisting the client to get substance treatment
Examples of Incentives

- Clothing
- Toys
- Personal care items
- Food vouchers
- Movie tickets
Examples of Enablers

- Transportation
- Childcare
- Rent assistance
- Referrals to social service agencies
Take-Home Points

• Develop individualized treatment plans to meet each patient’s needs

• Recognize specific challenges of working with TB

• Use knowledge and tools to overcome challenges and to advocate for patients

• Carefully monitor for treatment failure even with DOT

• Explore opportunities to link with providers across disciplines to strengthen adherence support
Summary

DOT
+
individualized case management
+
enablers/incentives

= Best Treatment Results
Before ......
After ......