

Getting it right first time

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GOALS OF THERAPY

- Durable suppression of HIV viral load to less than 50 copies/mL
- Restoration of immune function (as indicated by the CD4 cell count)
- Prevention of HIV transmission
- Prevention of drug resistance
- Improvement in quality of life

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How do we detect adherence?

- Direct methods
 - Therapeutic drug monitoring
 - Blood
 - Hair
- Indirect methods
 - Self-report
 - Interview
 - Pill counts
 - Pharmacy record
 - Computerized medication caps
 - Viral load monitoring.

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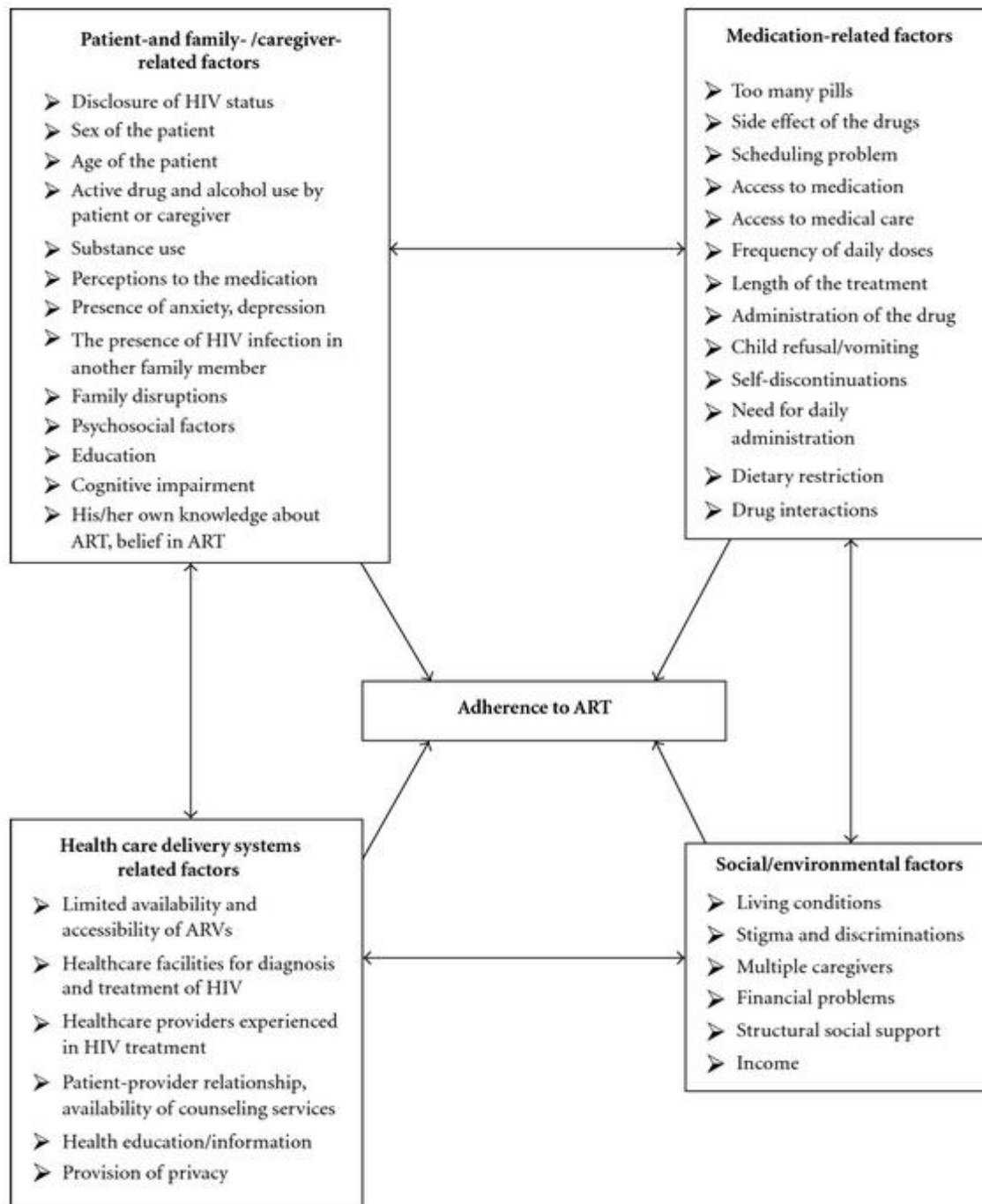
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 - **Pharmacy record**
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 - **Viral load monitoring.**

Pharmacy record

- Actual pharmacy refill dates are compared with expected dates of refill
- Electronically recording dispensing
- Cannot monitor pill-taking behaviour
- Pharmacy refill may also not be useful if refills are sent automatically

Viral load monitoring

- VL should be performed at 6 months, one year and annually there after.
- Undetectable vs. less than 1000.
- All VL above 1000 should be acted upon



What factors can we as health workers address?

- Counselling
 - Perceptions about medication
 - Perceptions about HIV
- Substance abuse and mental health
- Scheduling of medication
 - Once a day dosage if possible
 - Night shift workers

Way ahead

- Systematic monitoring of adherence
 - Pharmacy pick up
 - VL detectable with appropriate action and prompt change to second line