

**Table 11. Strategies to Improve Adherence to Antiretroviral Therapy**

Strategies	Examples
Utilize a multidisciplinary team approach Provide an accessible, trusting healthcare team	<ul style="list-style-type: none"> <li>• Nurses, social workers, pharmacists, and medications managers</li> </ul>
Establish a trusting relationship with the patient	
Establish readiness to start ART	
Identify potential barriers to adherence prior to starting ART	<ul style="list-style-type: none"> <li>• Psychosocial issues</li> <li>• Active substance abuse or at high risk for relapse</li> <li>• Low literacy level</li> <li>• Busy daily schedule and/or travel away from home</li> <li>• Lack of disclosure of HIV diagnosis</li> <li>• Skepticism about ART</li> <li>• Lack of prescription drug coverage</li> </ul>
Provide resources for the patient	<ul style="list-style-type: none"> <li>• Referrals for mental health and/or substance abuse treatment</li> <li>• Resources to obtain prescription drug coverage</li> <li>• Pillboxes</li> </ul>
Involve the patient in ARV regimen selection	For each option, review potential side effects, dosing frequency, pill burden, storage requirements, food requirements, and consequences of nonadherence
Assess adherence at every clinic visit	<ul style="list-style-type: none"> <li>• Simple checklist patient can complete in the waiting room</li> <li>• Assessment also by other members of the healthcare team</li> <li>• Ask the patient open-ended questions (e.g., <i>In the last three days, please tell me how you took your medicines?</i>)</li> </ul>
Identify the type of nonadherence	<ul style="list-style-type: none"> <li>• Failure to fill the prescription(s)</li> <li>• Failure to take the right dose(s) at the right time(s)</li> <li>• Nonadherence to food requirements</li> </ul>
Identify reasons for nonadherence	<ul style="list-style-type: none"> <li>• Adverse effects from medications</li> <li>• Complexity of regimen – pill burden, dosing frequency, etc.</li> <li>• Difficulty swallowing large pills</li> <li>• Forgetfulness</li> <li>• Failure to understand dosing instructions</li> <li>• Inadequate understanding of drug resistance and its relationship to adherence</li> <li>• Pill fatigue</li> <li>• Reassess other potential barriers listed above</li> </ul>
Assess and simplify regimen, if possible	

## References

- [1.](#) Chesney MA. The elusive gold standard. Future perspectives for HIV adherence assessment and intervention. *J Acquir Immune Defic Syndr*, 2006. 43(Suppl 1):S149-55.
- [2.](#) World Health Organization (2003). Adherence to Long Term Therapies – evidence for action.
- [3.](#) Schneider J, Kaplan SH, Greenfield S, et al. Better physician-patient relationships are associated with higher reported adherence to antiretroviral therapy in patients with HIV infection. *J Gen Intern Med*, 2004. 19(11):1096-103.
- [4.](#) Marcus EN. The silent epidemic--the health effects of illiteracy. *N Engl J Med*, 2006. 355(4):339-41.
- [5.](#) van Eijken M, Tsang S, Wensing M, et al. Interventions to improve medication compliance in older patients living in the community: a systematic review of the literature. *Drugs Aging*, 2003. 20(3):229-40.
- [6.](#) Halkitis PN, Shrem MT, Zade DD, et al. The physical, emotional and interpersonal impact of HAART: exploring the realities of HIV seropositive individuals on combination therapy. *J Health Psychol*, 2005. 10(3):345-58.