Experiences & outcomes of group psychotherapy as an antiretroviral adherence support intervention among young people failing ART at Newlands Clinic, Harare, Zimbabwe

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Potential Conflicts and Financial Disclosures

• I have no actual or potential conflicts to declare in relation to this programme and presentation

• Grant/Research support: None

• Consulting: None
Background

Globally, young people have lower rates of viral suppression and retention in care

NC Viral Suppression Rates (<50cpm) – March 2018
Background

• There is limited evidence to inform strategies that promote adherence in this population

• Therefore, this study explored the experiences and virological outcomes of an adherence support strategy in young people (13 – 24 years old) failing first line ART following an Enhanced Adherence Counselling Group Intervention (EACGI) preceded regimen switch at Newlands Clinic, Harare, Zimbabwe
EACGI

- EACGI - 12 week curriculum consisting of biopsychosocial topics
- Utilises Phenomenological, Motivational Interviewing & CBT principles
- 1.5 hour long sessions
- 8-15 in a group within the same age ranges
- 1 year Follow up post EACGI during routine visits
Methods

Confirmed VF
- EACGI: 37
- No EACGI: 22

3
6
9
12
Results

• The main reasons for poor adherence among the 37 attendees were hopelessness, family dysfunction, lack of illness, an aversion to a daily routine attached to stigma, and medication side effects

“HIV is death, you are of no use, you are isolated, neglected and discriminated, there is no longer a future. It’s hard thinking that my entire life I am going to have to have to take medication. They remind you that you are worthless and sick but they do help the immune system.”

“Fear, skin disease, skinny body, desperation, death, home based care, sick bed, funeral, coffin”

“it is difficult to take pills everyday because we are young children, we forget, you also feel different, you feel ashamed”
Virological Suppression Outcomes

Suppression Rates by Attendance

Follow-up Time

- 0%
- 1 - 75%
- >75%

3 MONTHS  6 MONTHS  9 MONTHS  12 MONTHS

Suppression Rate

76%  94%  94%  100%
50%  55%  55%  50%
32%  41%  41%  39%
Conclusion

• Patients who attended >75% EACGI had better second-line virological outcomes compared to those who attended less or none

• EACGI is a promising tool for preparing patients within this key group for second line treatment, increasing the likelihood for improved adherence and treatment outcomes for second line therapy

• This study was conducted using routinely collected data and therefore patients were not randomized into groups

• A similar randomized study would provide objective assessment of the intervention's impact
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