Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV

Evidence-Based Recommendations from an IAPAC Panel[1]

IAPAC
INTERNATIONAL ASSOCIATION OF PHYSICIANS IN AIDS CARE

Entry Into and Retention in HIV Medical Care

1. Systematic monitoring of successful entry into HIV care is recommended for all individuals diagnosed with HIV (II A).
2. Systematic monitoring of retention in HIV care is recommended for all patients (II A).
3. Brief, strengths-based case management for individuals with a new HIV diagnosis is recommended (II B).
4. Intensive outreach for individuals not engaged in medical care within 6 months of a new HIV diagnosis may be considered (III C).
5. Use of peer or paraprofessional patient navigators may be considered (III C).

Monitoring ART Adherence

6. Self-reported adherence should be obtained routinely in all patients (II A).
7. Pharmacy refill data are recommended for adherence monitoring when medication refills are not automatically sent to patients (II B).
8. Drug concentrations in biological samples are not routinely recommended (III C).
9. Pill counts performed by staff or patients are not routinely recommended (III C).
10. Electronic drug monitors are not routinely recommended for clinical use (I C).

Antiretroviral Strategies

11. Among regimens of similar efficacy and tolerability, once-daily regimens are recommended for treatment-naive patients beginning ART (II B).
12. Switching treatment-experienced patients receiving complex or poorly tolerated regimens to once-daily regimens is recommended, given regimens with equivalent efficacy (III B).
13. Among regimens of equal efficacy and safety, fixed-dose combinations are recommended to decrease pill burden (III B).

Adherence Tools for Patients

14. Reminder devices and use of communication technologies with an interactive component are recommended (I B).
15. Education and counseling using specific adherence-related tools is recommended (I A).

Education and Counseling Interventions

16. Individual one-on-one ART education is recommended (II A).
17. Providing one-on-one adherence support to patients through 1 or more adherence counseling approaches is recommended (II A).
18. Group education and group counseling are recommended; however, the type of group format, content, and implementation cannot be specified on the basis of the currently available evidence (II C).
19. Multidisciplinary education and counseling intervention approaches are recommended (III B).
20. Offering peer support may be considered (III C).

Health System and Service Delivery Interventions

21. Using nurse- or community counsellor-based care has adherence and biological outcomes similar to those of doctor- or clinic counsellor-based care and is recommended in under-resourced settings (II B).
22. Interventions providing case management services and resources to address food insecurity, housing, and transportation needs are recommended (III B).
23. Integration of medication management services into pharmacy systems may be considered (III C).
24. DAART is not recommended for routine clinical care settings (I A).

Pregnant Women

25. Targeted PMTCT treatment (including HIV testing and serostatus awareness) improves adherence to ART for PMTCT and is recommended compared with an untargeted approach (treatment without HIV testing) in high-HIV-prevalence settings (III B).
26. Labor ward-based PMTCT adherence services are recommended for women who are not receiving ART before labor (II B).

Substance Use Disorders

27. Offering buprenorphine or methadone to opioid-dependent patients is recommended (II A).
28. DAART is recommended for individuals with substance use disorders (I B).
29. Integration of DAART into methadone maintenance treatment for opioid-dependent patients is recommended (II B).

Mental Health

30. Screening, management, and treatment for depression and other mental illnesses in combination with adherence counseling are recommended (II A).

Incarceration

31. DAART is recommended during incarceration (III B) and may be considered upon release to the community (II C).

Homeless and Marginally Housed Individuals

32. Case management is recommended to mitigate multiple adherence barriers in the homeless (III B).
33. Pillbox organizers are recommended for persons who are homeless (II A).

Children and Adolescents

34. Intensive youth-focused case management is recommended for adolescents and young adults living with HIV to improve entry into and retention in care (IV B).
35. Pediatric- and adolescent-focused therapeutic support interventions using problem-solving approaches and addressing psychosocial context are recommended (III B).
36. Pill-swallowing training is recommended and may be particularly helpful for younger patients (IV B).
37. DAART improves short-term treatment outcomes and may be considered in pediatric and adolescent patients (IV C).

ART = antiretroviral therapy; DAART = directly administered antiretroviral therapy; PMTCT = prevention of mother-to-child transmission.

1. Thompson MA, Mugavero MJ, Amico KR, et al. Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel. *Ann Intern Med.* 5 June 2012;156(11):817-833.

Grading Scales for Quality of the Body of Evidence and Strength of Recommendations[1]

Quality of the Body of Evidence	Interpretation
Excellent (I)	Randomized, controlled trial evidence without important limitations; overwhelming evidence from observational studies
High (II)	Randomized, controlled trial evidence with important limitations; strong evidence from observational studies
Medium (III)	Randomized, controlled trial evidence with critical limitations; observational study evidence without important limitations
Low (IV)	Observational study evidence with important or critical limitations

Strength of Recommendation	Interpretation
Strong (A)	Almost all patients should receive the recommended course of action.
Moderate (B)	Most patients should receive the recommended course of action. However, other choices may be appropriate for some patients.
Optional (C)	There may be consideration for this recommendation on the basis of individual patient circumstances. Not recommended routinely.