

TELEPHONE INTERVENTION RESEARCH ON MEDICATION ADHERENCE WITH AN HIV POPULATION

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Key words: HIV, adherence, telephone intervention

Background/Rationale In the medical treatment of HIV, major progress has been made in many areas, including the progress in antiretroviral therapy (ART). The effect of these positive changes has been blunted, however, because adherence to these drugs continues to be a challenge to persons living with HIV and to their care providers. Intervention by telephone was chosen for this clinic population because they ordinarily only saw their care providers every 3 months, and many of them lived in rural areas that made it difficult for them to receive the adherence intervention in an office setting.

Purpose: The purpose of this paper is to describe the experiences and strategies of researchers conducting a telephone intervention with rural and semi-rural patients being treated for HIV at an infectious disease clinic serving 2 rural southeastern states.

Previous Studies of interventions to promote adherence to prescribed treatments include controlled studies of smoking cessation, prevention of risk behavior in teens, dietary controls in diabetics, and medication adherence in epileptics, asthmatics, and persons living with HIV. Whereas access to telephone counseling was mentioned as a component of many studies, few experimental studies using telephone contact as the primary intervention were found.

Special Issues With This Population: Persons with HIV in rural areas frequently have to contend with poverty and transportation obstacles to their self care. They may also have concerns about the specific stigma associated with HIV in small communities.

Methods Used In This Study: This was a controlled intervention study with repeated measures of medication adherence over a 4-month period. The sample included 47 men and 37 women receiving ART. The majority (71%) were African American, and most reported their incomes at <\$10,000 per year. Adherence was measured by a microelectronic monitoring system (MEMS) cap on one prescribed medication and by self report. The tailored intervention consisted of a weekly telephone call from a nurse.

Challenges Associated With The Telephone Intervention Method: Problems were encountered in the collection of repeated measures due to loss of contact with participants because of disconnections of their telephones and/or changes in residence. In this presentation we will discuss ethical considerations and strategies designed to protect the participants.