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Process and psychological findings of a behavioural change program for adherence in young people with perinatally acquired HIV infection (PaHIV)

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Background and Methods

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Young people (16-24y) with PaHIV, low CD4 count and a history of significant adherence problems

Motivational change model



FI - identification of concrete rewards/reinforcement for changing contingencies.

MI – collaborative person centred communication style to elicit and strengthen Motivation to change

	WEEK 2	WEEK 4	WEEK 8-16	3/12	3/12	3/12
GOAL	Drop VL	Drop VL	Drop VL/ <50	<50	<50	<50
FI	£25	£25	£25 or £50	£25	£25	£25 or £50

Total £200



RESULTS

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A total of 11 young people enrolled, 1 declined. Of these 8 were female, 8 black African, median age 19 years (range 16-23 yrs). Previous ART regimens median 3 (range 2-9). Of these 9/11 reached VL<50 and 5/11 sustained to the IS endpoint (6 months VL<50).

	n	Months IS	MI Sessions	Months VL <50	CD4 change
Completers	5	18.2 (13-20)	11.4 (10-13)	10.2 (6-13)	194 (31-356)
Non-completers	6	7.8 (3-13)	3.8 (2-7)	1.3 (0-3)	23 (-10-57)

There was a significant relationship between the number of MI sessions and success/failure of IS (p=.001), months of VL<50 (p=.001) and CD4 increment (p=.026).



Conclusions & Recommendations



46% of a highly challenging cohort achieved sustained virological suppression as a result of making changes

The financial rewards appeared to encourage attendance and engagement

Collaborative, goal orientated MI approach appeared to support and maintain behavioural change for nearly half of the participants

Offering smaller and more frequent financial incentives for MI attendance (with VL suppression remaining a focus)

The service will continue to be offered to eligible patients at this clinic.

Thanks to the young people who participated, and the dedicated 900 clinic team, Caroline Foster, Sarah Fidler and Graham Frize

