Table 12. Strategies to Improve Adherence to Antiretroviral Therapy

Strategies	Examples
Use a multidisciplinary team approach	• Nurses, social workers, pharmacists, and medication managers
Provide an accessible, trusting health care team	
Establish a trusting relationship with the patient	
Establish readiness to start ART	
Identify potential barriers to adherence prior to starting ART	 Psychosocial issues Active substance abuse or at high risk of relapse Low literacy level Busy daily schedule and/or travel away from home Lack of disclosure of HIV diagnosis Skepticism about ART Lack of prescription drug coverage
Provide resources for the patient	 Referrals for mental health and/or substance abuse treatment Resources to obtain prescription drug coverage Pillboxes
Involve the patient in antiretroviral (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	 Use a simple checklist the patient can complete in the waiting room Have other members of the health care team also assess adherance Ask the patient open-ended questions (e.g., <i>In the last 3 days, please tell me how you took your medicines.</i>)
Identify the type of nonadherence	 Failure to fill the prescription(s) Failure to take the right dose(s) at the right time(s) Nonadherence to food requirements
Identify reasons for nonadherence	 Adverse effects from medications Complexity of regimen (pill burden, dosing frequency, etc.) Difficulty swallowing large pills Forgetfulness Failure to understand dosing instructions Inadequate understanding of drug resistance and its relationship to adherence Pill fatigue Other potential barriers (see list above)
Assess and simplify regimen, if possible	