

QUICK REFERENCE GUIDE

HIGHLIGHTS FROM THE AUSTRALASIAN HEPATOLOGY ASSOCIATION (AHA) CONSENSUS GUIDELINES FOR THE PROVISION OF ADHERENCE SUPPORT TO PATIENTS WITH HEPATITIS C ON DIRECT ACTING ANTIVIRALS

'adherence'...

implies that the patient is an active participant in following recommendations about the medication administration.



People who inject drugs should be offered **hepatitis C DAA treatment**. There is no evidence to support withholding treatment because of potential for reinfection, as **rates of reinfection following SVR are low**.

MEDICATION ADHERENCE relates to the way an individual takes a medication, including the use of the correct medication, the correct dose and time, duration and timely refill of a repeat prescription.



The AHA promotes a *patient-centred approach* to the delivery of hepatitis C DAA treatment.

ALL PATIENTS ARE AT RISK OF **NON-ADHERENCE**

- ➔ Adherence diminishes with longer treatment courses
- ➔ Older patients with a high number of comorbidities are also more likely to be non-adherent.

The pre-treatment nursing assessment and the provision of on-treatment adherence support and monitoring *must be individualised*.

Assessing and supporting patient adherence with direct acting antivirals (DAA)

- ➔ Assessing and supporting patient adherence needs to be incorporated into clinical care by all health professionals.

INTERDISCIPLINARY TEAMS facilitate greater collaboration between health professionals and disciplines and deliver optimal patient outcomes.



Pre-treatment assessment should include exploration of the patient's:

- ➔ Treatment readiness
- ➔ Pre-treatment educational needs including developing a medication routine. (May include the family)
- ➔ Lifestyle particularly facilitators and barriers to medication adherence.

INTERVENTIONS AIMED AT SUPPORTING AN INDIVIDUAL'S DAA ADHERENCE ENCOMPASSES INTERVENTIONS FOCUSED ON THE:

- ➔ **PATIENT** – using a patient-centred approach; what works for one person may not work for another
- ➔ **HEALTH PROFESSIONALS** – interviewing techniques "normalisation" and "gentle assumption" improve the validity of patient responses when exploring sensitive topics.
- ➔ **HEALTH SYSTEM**



Monitoring treatment adherence and outcomes

DOCUMENT THE

- ➔ Date the patient actually commenced the DAAs
- ➔ Patient's treatment outcome at SVR 12
- ➔ Patient's self-reported medication adherence



CONSENSUS GUIDELINES

FOR THE PROVISION OF ADHERENCE SUPPORT FOR PEOPLE WITH HEPATITIS C TAKING DAAs

1. Optimal adherence to the hepatitis C DAAs is yet to be determined. Therefore, it is recommended that every effort is made to support patients to be 100% adherent to DAAs.
2. The patient-centred approach underpins the delivery of DAA adherence support.
3. All patients are at risk of non-adherence (intentional and/or unintentional).
4. Patients benefit from receiving holistic care from members of the interdisciplinary team.
5. All patients should have the opportunity to engage in a pre-treatment assessment with a health professional knowledgeable about hepatitis C.
6. All patients should have the opportunity to discuss their readiness to commence DAA treatment with a health professional knowledgeable about hepatitis C.
7. The decision to commence DAA treatment is shared between the patient with hepatitis C and their treating clinician.
8. Where possible, people with hepatitis C should have the opportunity to choose the clinical setting where they access DAA treatment (excluding patients with complex comorbidities, such as, but not limited to cirrhosis).
9. Pre-treatment education should adopt a patient-centred approach incorporating the patient's health literacy and cultural needs.
10. Using a patient-centred approach pre-treatment education should include a discussion about harm minimisation strategies to reduce the risk of re-infection.
11. The teach-back methodⁱ could be used to confirm the patient has understood the information provided during the education session.
12. Health professionals and patients should identify possible factors that may impact on adherence prior to the patient commencing treatment.
13. Health professionals should support patients to select and implement an individualised adherence support strategy (incorporating memory triggers and hooks).
14. A patient-centred approach should be used to assess and implement adherence support interventions.
15. When exploring non-adherence with patients, health professionals should use non-confrontation and non-judgemental language.
16. Using 'normalisation' and 'gentle assumption' interviewing techniques can improve the validity of patient responses when exploring non-adherenceⁱⁱ.
17. Health professionals should adopt a shared decision making approach with the patient when devising the care plan including the most appropriate education and adherence support strategies.
18. Tools to assess and support medication adherence include visual analogue scales, pharmacy data, pill counts and directly observed treatment.
19. Patients who would like to access their DAA treatment through a community pharmacy should communicate with their preferred pharmacists about their capacity to supply the medication.
20. Patients should be encouraged to communicate with their preferred pharmacists about how much time is required to order a repeat prescription.
21. The patient should be encouraged to document the first day they start taking DAA treatment to ensure that on- and off-treatment monitoring is scheduled appropriately.
22. Medication adherence may be supported by feedback from pathology results although this has not been validated as an adherence assessment tool.
23. Health professionals should ensure patients have contact details for professional DAA treatment support including their General Practitioner.
24. The patient's end of treatment outcome and self-reported level of adherence should be documented in the medical history.

**To access a full copy of the
AHA Adherence Guidelines go to
www.hepatologyassociation.com.au**

REFERENCES:

- i. Agency for Healthcare Research and Quality (AHRQ). AHRQ Health Literacy Universal Precautions Toolkit, Second Edition, available at <http://www.ahrq.gov/literacy>
- ii. Shea SC. Improving Medication Adherence – How to Talk with Patients About Their Medications. Pennsylvania, Wolters Kluwer Health, Inc. 2006.

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