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Validation of a Counseling Guide for Adherence to Antiretroviral Therapy Using Implementation Science

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Purpose: To determine the contents that must be included in the usual counseling to improve the adherence to antiretroviral therapy (ART) of HIV patients, according to their different levels of alcohol consumption, and to determine the validity of the Counseling Guide in improving the adherence to ART in patients who consume alcohol using Implementation Science.

Methods: This is an observational study with formative and validation phases. The formative phase defined the content, approach and structure of the counseling. Validation included focus groups with patients and nurses, trial process by an expert and a pilot test. The criteria evaluated based on Implementation Science were: intervention source, evidence strength and quality, relative advantage, and complexity. The following criteria were also evaluated: usefulness, practicality, acceptability, sustainability, effectiveness; content consistency and congruence; procedural compliance and difficulties, and time spent in counseling.

Results: For key actors, i.e., nurses and patients, the source of intervention is internal, despite being externally regulated by the Ministry of Health as the regulatory organization. Regarding the “evidence strength”, counseling shows a IIA evidence level according to the Association of Physicians in AIDS Care Panel, i.e., High evidence: evidence with randomized and controlled trial with important limitations, solid evidence from observational studies, and a strong level of recommendation: “Almost all patients should receive the recommended course of action”. Counseling guide presenting usefulness, practicality, acceptability, sustainability and effectiveness. Eight in 11 experts argued that the Guide is clear, consistent and congruent (Index of Agreement >0.8; Poisson’s Binomial <0.05; Aiken V coefficient $p < 0.05$). According to the pilot test, that is, in the application of the counseling guide with patients, we found that the nurse employs 24 minutes, on average, for initial counseling and 21 minutes for the follow-up counseling, with a minimum of 13 minutes. The nurses who participated in the pilot test recognized the benefit of using the guide as to the accuracy, order and complete approach of the content; however, they also identified that the difficulties inherent to the system and the current structure of the service hinder its application, such as the scarce space available to offer counseling, lack of privacy, among others. The instruments of the Guide present reliability levels between good and high ($0.65 \leq \alpha \leq 0.92$).

Conclusion: The Counseling Guide is valid to improve the adherence to antiretroviral therapy in patients who consume alcohol.

Title:

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Keywords:

Anti-retroviral Adherence, Counselling guide and HIV/AIDS

Abstract Summary:

Participants will learn about the process of developing and validating a nursing counseling guide to improve adherence to Antiretroviral Treatment to HIV patients using the implementation science. They will know the guide of valid counseling for the application in a clinical service and the practical form of its application.

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