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CASE REPORT

Evaluating the Effectiveness of Multiple Provider Enhanced Adherence Counselling in the Improvement of Treatment Outcomes amongst Adolescents Living with HIV (ALHIV): A Case Series

Évaluation De L'efficacité Du Conseil De Renforcement De L'Adhésion Multi-Fournisseurs Dans L'amélioration Des Résultats Thérapeutiques Chez Les Adolescents Vivant Avec Le VIH (ALHIV) : Une Série De Cas

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ABSTRACT

Adolescents form a key subgroup of the population of People Living with HIV and studies have shown relatively poorer viral suppression rates in this population compared with their adult counterparts. Factors including physical, physiological and psychological changes associated with this phase of development significantly influence their viral suppression. Over time, interventions such as Enhanced Adherence Counseling (EAC) that is provided to unsuppressed clients have improved viral suppression amongst Adolescents Living with HIV (ALHIV). This case series reports 11 adolescent clients with unsuppressed viral load outcomes (>1000 copies/ml) who were offered Enhanced Adherence Counseling by multiple skilled EAC providers over a period of 3 to 5 months. Descriptive statistics including final viral load outcomes were summarized. The 11 unsuppressed adolescent clients had a mean age of 15.36 years. Majority were female (81.8%), Christians (54.5%) and had at least primary education (90.9%). Most of them (90.9%) had a fair knowledge of their status and the basis of their treatment and live in a primary family setting (63.6%) – with their biological parent(s). All participants had recent high viral load results and some (54.5%) had a recurring history of viral un suppression in the past. After EAC services were provided by multiple EAC providers; 10 (90.9%) of the 11 unsuppressed adolescents achieved viral re-suppression. Multiple provider EAC techniques may yield improved treatment outcomes amongst ALHIV. **WAJM 2024; 42 (2): 152-156**

KEYWORDS: Adolescents living with HIV (ALHIV), Viral suppression, Improved treatment outcomes, Enhanced Adherence Counseling.

RÉSUMÉ

Les adolescents constituent un sous-groupe clé de la population des personnes vivant avec le VIH, et des études ont montré des taux de suppression virale relativement plus faibles dans cette population par rapport à leurs homologues adultes. Des facteurs tels que les changements physiques, physiologiques et psychologiques associés à cette phase de développement influencent considérablement leur suppression virale. Au fil du temps, des interventions telles que le Conseil de Renforcement de l'Adhésion (CRA), fourni aux patients non supprimés, ont amélioré la suppression virale chez les Adolescents Vivant avec le VIH (ALHIV). Cette série de cas rapporte 11 adolescents présentant des résultats de charge virale non supprimée (>1000 copies/ml) et ayant bénéficié du Conseil de Renforcement de l'Adhésion dispensé par plusieurs fournisseurs de CRA qualifiés sur une période de 3 à 5 mois. Les statistiques descriptives, y compris les résultats finaux de la charge virale, ont été résumées. Les 11 adolescents non supprimés avaient un âge moyen de 15,36 ans. La majorité étaient des filles (81,8 %), chrétiens (54,5 %) et avaient au moins une éducation primaire (90,9 %). La plupart (90,9 %) avaient une connaissance approximative de leur statut et du fondement de leur traitement et vivaient dans un cadre familial primaire (63,6 %) – avec leur(s) parent(s) biologique(s). Tous les participants avaient récemment obtenu des résultats de charge virale élevée et certains (54,5 %) avaient un historique récurrent de non-suppression virale. Après la fourniture des services de CRA par plusieurs fournisseurs, 10 des 11 adolescents non supprimés (90,9 %) ont réussi à resupprimer leur charge virale. Les techniques CRA multi-fournisseurs pourraient améliorer les résultats thérapeutiques chez les ALHIV. **WAJM 2024; 42 (2): 152-156**

MOTS-CLÉS : Adolescents vivant avec le VIH (ALHIV), suppression virale, amélioration des résultats thérapeutiques, Conseil de Renforcement de l'Adhésion.

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