

Scoping Review of the Literature for Self-Management Programs Available for People Living with HIV/AIDS

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Introduction

- Treatments for HIV/AIDS have significantly advanced over the last decades drastically decreasing the progression and improving life expectancy of people living with HIV/AIDS (PLWHA).
- Thus, patient's ability to manage their chronic disease becomes an important aspect in the prediction of health outcome.
- What makes a self-management programs effective and sustainable?
 - ensuring that patient's adherence to treatment and symptom management
 - improving the patient's overall quality of life by helping them deal with the psychological consequences of their illness as well as helping them with their personal and social relationships.

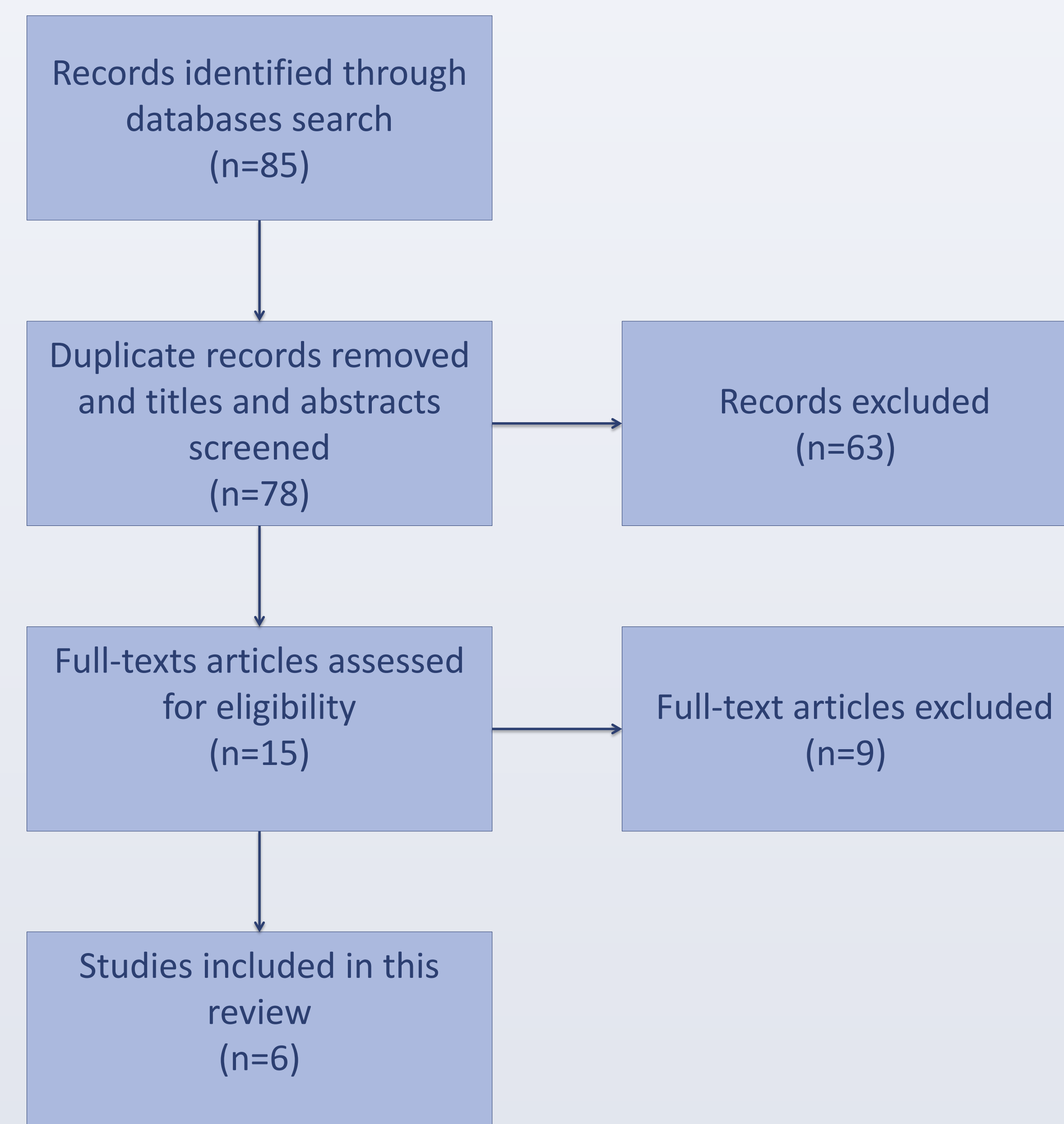
Study Objectives

- Until this day, the suitability and overall effectiveness of existing self-management programs available for PLWHA remains unclear.
- This study consists of a review of the effectiveness of self-management programs in order to by answering these questions:
 - Do people using feel more knowledgeable and more confident about managing their health?
 - Are better able to adhere to medications?
 - Do they experience better health outcomes?
- First steps to the future evaluation and implementation of self-management tools and supports for PLWHA which will help advance primary healthcare available for them in Canada.

Methods

- Electronic databases (PubMed and CINAHL) search using the terms HIV/AIDS, self-management, self-care, health education and patient education.
- Inclusion criteria
 - randomized controlled trials including a control group
 - male or female participants above the age of 18,
 - studies reporting a specific intervention aiming the self-management of PLWHA and presenting clinical outcomes.
- Exclusion criteria:
 - focusing only on a healthier lifestyle or risky behaviours
 - targeted only one type of patient e.g. drug users, depressed patients
 - people at risk of HIV infection.
- Data was extracted from relevant studies and a narrative analysis was conducted.

Results



- 4 out of the 6 showed a significant difference in drug adherence or treatment self-efficacy at follow-up between control and intervention groups. ^{1,2,4,6,7}
- 2 out of the 3 studies that tested for psychosocial component showed a significant improvement between control and intervention groups for impact on quality of life emotion-focused coping skills. ^{1,4,7}
- Studies comparing individual to group interventions showed that better results are obtained in a group setting. ^{1,4}
- A study testing the efficacy of an HIV/AIDS symptom management manual showed reduction in symptom intensity scores compared to a nutrition manual only. ⁶
- One of the study examined in this review didn't show any significant difference in symptom intensity, medical adherence and impact on quality of life between experimental and control groups was a peer-based symptom management intervention for women living with HIV/AIDS. ⁷
- Also, the only study that had longer-term follow ups didn't show any significant difference for drug adherence between the control and intervention at these long-terms assessments. ³

Discussion

- Group interventions showed better outcomes than one-to-one interventions probably because of a supportive environment among participants and a an opportunity for social comparison and acceptance.
- Professional therapists leading intervention instead of peers is showed more significant results in women living with HIV/AIDS which might explain why the peer-based symptom management did not show any significant improvement.
- Results suggest that self-management programs are effective but long-term studies are still required



References

1. Chiou PY, et al. A programme of symptom management for improving quality of life and drug adherence in AIDS/HIV patients. *J Adv Nurs* 2006;55:169–179
2. Claborn KR, et al. Pilot study examining the efficacy of an electronic intervention to promote HIV medication adherence. *AIDS Care* 2014; 26 :404-409
3. Johnson MO, et al. Effects of a behavioral intervention on antiretroviral medication adherence among people living with HIV: the healthy living project randomized controlled study. *J Acquir Immune Defic Syndr* 2007 ; 46 :574-580
4. Jones DL, et al. Efficacy of a group medication adherence intervention among HIV positive women: the SMART/EST Women's Project. *AIDS Behav* 2007; 11 :79-86
5. Millard R, et al. Self-management education programs for people living with HIV/AIDS: a systematic review. *AIDS Patient Care STDS* 2013; 27 : 103-113
6. Wantland DJ, et al. A randomized controlled trial testing the efficacy of an HIV/AIDS symptom management manual. *J Pain Symptom Manage* 2008;36: 235–246.
7. Webel AR. Testing a peer-based symptom management intervention for women living with HIV/AIDS. *AIDS Care* 2010;22:1029–1040.

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