Case Study of Motivational Interviewing Intervention in Patients Non-Adherent to Antiretroviral Therapy

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Background & Methods

• MI has emerged as a critical evidence-based approach to promoting behavior change. MI helps to strengthen intrinsic motivation for change by exploring the patient’s own reasons for change within a context of acceptance, partnership, evocation and compassion.
• Several randomized controlled trials have looked at the impact of Motivational Interviewing (MI) on adherence to ART. Some have shown significant differences in mean viral load (VL) between baseline and follow up.5-6
• Other studies, however, have looked specifically at patients with documented non-adherence as evidenced by detectable viral loads.
• Inclusion criteria were patients with over 2 clinic visits in the year prior to study dates, 9 achieved suppression at some point in the intervention.
• Of the 14 patients enrolled, 11 achieved VL suppression after the intervention. Seven of these patients had a remeasure of VL <200 copies/ml, but 4 were able to lower their VL again below 200 copies/ml. Thus by the end of study dates, 9/14 (64%) had a viral load <200 copies/ml.
• Of the 11 who had not had a record VL <200 copies/ml in the year prior to study dates, 9 achieved suppression at some point after the intervention.

Results

• Of 700 active patients in May of 2014, 62 patients met enrollment criteria by chart review. 29 were referred by physicians for enrollment. Nine declined participation and 4 were lost to follow up before the first session. Two participants were excluded due to missing MI measurements.
• Average sessions per participant were 4 (range 3-8) with a small financial incentive. After initial session, patients remained engaged with the social worker, whether through MI sessions or general counseling.
• There was an average 47% decrease in the Log10 VL of all viral loads after intervention as compared to 5 measured viral loads prior to the intervention start.

Conclusions

• Although small and descriptive, this study shows potential impact of MI on a population of non-adherent patients at high risk of viral transmission.

Figure 2. Visual Representation of Viral Load over Time. Each horizontal bar represents a participant’s viral load (VL) over time, with dark grey representing VL over 200 copies/ml and light grey representing VL less than 200 copies/ml. The patterned areas show the time over which participant was engaged in MI sessions.

Case Study 2 (Participant 2)

47M w/ history of AIDS and HCV, with a single undetectable viral load in 6 the years prior to the intervention. At the end of 6 sessions across 3 visits, and developed a system with a friend who would text him nightly to remind him to take his ART. Eventually this helped him establish his own habits and has now had almost a full year of a viral load <200 copies/ml.

Case Study 2 (Participant 3)

39M w/ AIDS and B drug history of crystal meth use. He had a viral load over 3000 copies/ml at the start of the MI sessions and chose to focus on how to reduce use of crystal meth. Counseling allowed him to see the connection between a drug free lifestyle and becoming and staying undetectable. He had been undetectable only once in the 3 years prior to the intervention start, but has remained undetectable after initiation of MI sessions.

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References