

# **Clinical Tract**

**Practical exercise**

**on**

**Adult patients on  
antiretroviral drugs**

**This exercise is divided into 3 part covering the following:**

- Initiating ARV
- Monitoring side effects of ARV
- Six month follow-up visit

Each takes up an hour.

It is a scenario here the one scenario builds on the previous one.

**This is meant for counsellors and data typists**

Split into groups, take 10 minutes to read through the scenario, and then discuss the questions. Appoint one person to keep short notes on your answers and report back to the group.

## 1. EXERCISE ON INITIATING ADULT ARVs

Split into groups, take 10 minutes to read through the scenario, and then discuss the questions. Appoint one person to keep short notes on your answers and report back to the group.

### The scenario

Dineo and Tshepo are partners. They currently stay in a two-roomed shack with his mother and younger sister. A year ago Dineo was pregnant and tested HIV positive during voluntary testing and counselling. She told Tshepo, who also went for voluntary testing and counselling and also tested HIV positive. Dineo had a miscarriage, but Dineo and Tshepo still hope to have a child.

Tshepo's mother believes his former wife is bewitching him. His mother regularly gives him muti from a local traditional healer.

He has pulmonary TB (PTB) and has been on treatment for two months. He was working and stayed at a hostel when he got ill. As he got ill, he lost his job.

Through the newspapers Tshepo and Dineo heard about antiretroviral therapy (HAART). They went to their local clinic and were referred to the ARV clinic.

Dineo's CD4 count is 190 cells/ $\mu$ L and viral copies 220 000 copies/mL. She is not on contraceptives, but insists on condoms. She does not want to use contraceptives, since she believes she will then never be able to have a child. Tshepo however, does not like using condoms, as he believes it affects his bladder. When he is drunk, he becomes aggressive or moody and depressed. Then Dineo would give in and have sex without a condom.

Tshepo's CD4 count is 101 cells/ $\mu$ L and his viral load is 380 000 copies/mL. He takes his medicine frequently, because the traditional healer encouraged his mother to make sure he takes his TB medicine improving.

Tshepo and Dineo are reluctant to disclose their HIV status to his mother and sister because the mother talks a lot and may tell her friends about this. They are very scared that their HIV status will become known to the community.

The doctor in the clinic would like to initiate ARV when they are ready.

### Questions on initiating ARVs

1. Is ARV indicated for these two patients if looking at medical criteria?
2. What would be the factors hindering the couple to take their ARV regularly?
3. How would you tackle the couple's fears regarding disclosure and stigmatisation?
4. Name the drugs (ARV and antibiotics) that the doctor would consider using for Dineo.
5. Name the drugs (ARV and antibiotics) that the doctor would consider using for Tshepo.

6. List the more important side effects of above drugs that you should be aware of and educate the patient on.
7. After listening to the module on antiretroviral drugs, discuss and list the myths and misconceptions that you've heard of in your community.
8. Why should Dineo to be on contraception? Can you instruct her to be on contraception?
9. Why is nevirapine not suitable for Tshepo?

Issues about advancing adherence will be addressed in following modules. This exercise focuses on initiation of ARV and possible side effects.

## 2. MONITORING OF SIDE EFFECTS OF ARVs

Split into groups, take 10 minutes to read through the scenario, and then discuss the questions. Appoint one person to keep short notes on your answers and report back to the group.

### The scenario from previous exercise

Dineo and Tshepo are partners. They currently stay in a two-roomed shack with his mother and younger sister. A year ago Dineo was pregnant and tested HIV positive during voluntary testing and counselling. She told Tshepo, who also went for voluntary testing and counselling and also tested HIV positive. Dineo had a miscarriage, but Dineo and Tshepo still hope to have a child.

Tshepo's mother believes his former wife is bewitching him. His mother regularly gives him muti from a local traditional healer.

He has pulmonary TB (PTB) and has been on treatment for two months. He was working and stayed at a hostel when he got ill. As he got ill, he lost his job.

Through the newspapers Tshepo and Dineo heard about antiretroviral therapy (HAART). They went to their local clinic and were referred to the ARV clinic.

Dineo's CD4 count is 190 cells/ $\mu$ L and viral copies 220 000 copies/mL. She is not on contraceptives, but insists on condoms. She does not want to use contraceptives, since she believes she will then never be able to have a child. Tshepo however, does not like using condoms, as he believes it affects his bladder. When he is drunk, he becomes aggressive or moody and depressed. Then Dineo would give in and have sex without a condom.

Tshepo's CD4 count is 101 cells/ $\mu$ L and his viral load is 380 000 copies/mL. He takes his medicine frequently, because the traditional healer encouraged his mother to make sure he takes his TB medicine improving

Tshepo and Dineo are reluctant to disclose their HIV status to his mother and sister because the mother talks a lot and may tell her friends about this. They are very scared that their HIV status will become known to the community.

The doctor in the clinic would like to initiate ARV when they are ready.

### What happened after that

Tshepo started on stavudine 30mg bd, 3TC 150mg bd and efavirenz 600mg nocté. He also takes co-trimoxazole 960mg/day.

Dineo started on stavudine 30mg bd, 3TC 150mg bd and Nevirapine 200mg/day for the first two weeks, then 200mg bd. She also takes 960mg/day.

## **After one week**

Dineo started ARV (stavudine,3TC,nevirapine and co-trimoxazole) a week ago. She has slight nausea and complains of a skin rash. She does not have any pain in the mouth.

On seeing Dineo's rash, Tshepo decides to stop taking his drugs and advises her to do the same. She then decides that both should come for a check up before stopping the drugs.

On examination, she has a mild rash all over her body. Her mouth and eyes are normal.

## **Questions on monitoring side effects**

1. What causes Dineo's rash?
2. Does the doctor need to do any blood tests? What blood tests would have to be done if she was on Zidovudine?
3. Does Tshepo need to have any blood tests at this stage?
4. Should her drugs be stopped?
5. How would you encourage her to continue with the drugs when clearly her partner believes they make her sick?
6. Is it advisable at this stage to switch her from nevirapine?
7. When clearly one partner in a relationship is disempowered in decision-making, what referral structures would you utilize to enable the couple to perceive ARV as a team effort?

This exercise only deals with side effects of regimen 1.

### 3. THE SIX MONTH VISIT ON ARV

Split into groups, take 10 minutes to read through the scenario, and then discuss the questions. Appoint one person to keep short notes on your answers and report back to the group.

#### The scenario from previous exercise

Dineo and Tshepo are partners. They currently stay in a two-roomed shack with his mother and younger sister. A year ago Dineo was pregnant and tested HIV positive during voluntary testing and counselling. She told Tshepo, who also went for voluntary testing and counselling and also tested HIV positive. Dineo had a miscarriage, but Dineo and Tshepo still hope to have a child.

Tshepo's mother believes his former wife is bewitching him. His mother regularly gives him muti from a local traditional healer.

He has pulmonary TB (PTB) and has been on treatment for two months. He was working and stayed at a hostel when he got ill. As he got ill, he lost his job.

Through the newspapers Tshepo and Dineo heard about antiretroviral therapy (HAART). They went to their local clinic and were referred to the ARV clinic.

Dineo's CD4 count is 190 cells/ $\mu$ L and HIV viral copies 220 000 copies/mL. She weighs 56kg.

She is not on contraceptives, but insists on condoms. She does not want to use contraceptives, since she believes she will then never be able to have a child. Tshepo however, does not like using condoms, as he believes it affects his bladder. When he is drunk, he becomes aggressive or moody and depressed. Then Dineo would give in and have sex without a condom.

Tshepo's CD4 count is 101 cells/ $\mu$ L and his HIV viral load is 380 000 copies/mL. He weighs 52kg. He takes his medicine frequently, because the traditional healer encouraged his mother to make sure he takes his TB medicine improving

Tshepo and Dineo are reluctant to disclose their HIV status to his mother and sister because the mother talks a lot and may tell her friends about this. They are very scared that their HIV status will become known to the community.

The doctor in the clinic would like to initiate ARV when they are ready.

#### What happened after that

Tshepo started on stavudine 30mg bd, 3TC 150mg bd and efavirenz 600mg nocté. He also takes co-trimoxazole 960mg/day.

Dineo started on stavudine 30mg bd, 3TC 150mg bd and Nevirapine 200mg/day for the first two weeks, then 200mg bd. She also takes 960mg/day.

## **It is now six months later**

Tshepo has a CD4 count of 180 cells/ $\mu$ L and his HIV viral load is <25 copies/mL. He weighs 58kg. He completed his TB treatment.

Dineo's rash cleared up and she is still on nevirapine. Dineo's CD4 count is 250 cells/ $\mu$ L and HIV viral load <25 copies/mL. She weighs 61kg.

Both of them follow-up regularly and their treatment adherence seems to be good.

The couple again sees the counsellor.

## **Questions at this visit**

1. How would you explain the meaning of the change in CD4 count to them?
2. Looking at Dineo's treatment, are there any drugs that can be stopped? Do any of the drugs need a change in dosage?
3. Looking at Tshepo's treatment, are there any drugs that can be stopped? Do any of the drugs need a change in dosage?
4. How would you explain the HIV viral load <25 copies/mL? How would you answer the question of whether they are HIV negative now?
5. What other tests need to be done to monitor the safety of the drugs?
6. What will you say if they ask whether they can stop the ARV now?

Issues about pregnancy and adherence will be addressed in following modules.