

Development of the Australasian Hepatology Association's (AHA) Consensus Guidelines for Providing Adherence Support to People with Hepatitis C taking Direct Acting Antivirals

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Introduction

The development of direct-acting antiviral agents (DAAs) has revolutionised the treatment of hepatitis C.

DAAs are effective and potentially curative when patients adhere to the medication regime.

Currently there is limited evidence to inform health and community professional practice to provide adherence support to people with hepatitis C taking DAAs.

Methodology

The AHA convened an expert panel in February 2016 that consisted of:

- six hepatology nurses
- a Hepatologist
- a Pharmacist
- a consumer with hepatitis C and DAA experience
- a Hepatitis Australia representative.

Panel discussion

The expert panel discussion focused on the:

- facilitators and barriers to DAA adherence
- assessment and monitoring of DAA adherence
- components of a patient-centred approach to DAA adherence
- special populations that may require additional adherence support
- interventions to support DAA adherence.

Consensus method

The resultant guidelines underwent three rounds of consultation with the expert panel, AHA members (n=12) and key stakeholders (n=10) in May and June 2016.

Feedback was synthesised by the steering committee and incorporated if consensus was achieved.

Results

24 consensus guidelines were drawn from the expert panel discussion and synthesis of existing evidence.

The guidelines focus on:

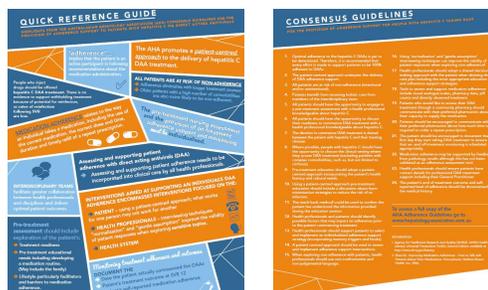
- the pre-treatment assessment and education
- assessment of treatment readiness
- monitoring medication adherence.

The guidelines promote a patient-centred approach and highlights that all patients are at risk of medication non-adherence. Recommended strategies to support DAA adherence include:

- identifying memory hooks and triggers
- linguistic advice for health professionals including using non-confrontational and non-judgemental language
- tools to measure and support medication adherence such as visual analogue scales, pharmacy data and directly observed treatment.

Conclusion

The AHA Consensus Guidelines provide a framework for health and community professional practice in the provision of adherence support. It is critical that adherence support is patient-centred, collaborative and integrated into the delivery of clinical care and education.



A quick reference guide is available to support professionals in their practice.

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To access a full copy of the AHA-Adherence Guidelines go to

www.hepatologyassociation.com.au

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