

intervention: nurse education the nurse used a standardized questionnaire to evaluate the patient's understanding of the disease and the side effects of treatment. the nurse responded to any questions and informed the patient as thoroughly as possible with the means at his/her disposal, including by using explanatory texts and drawings. the nurse's goal during the consultation was to improve adherence. the following points were systematically covered: a) evaluation of the reasons for any eventual change in adherence; b) improvement of the quality of the patientmedical team relationship; c) explanation of paraclinical tests on therapeutic followup and discussion of the positive aspects of the results; d) facilitation of the quality of the patient's relationship with his/her family and/or professional milieu; e) increasing if necessary social service support for the patient. this consultation with the nurse took place in a standardized fashion, which was set out in a document to guide the consultation. all the nurses involved in these consultations had received prior training in the field of viral hepatitis and its treatment, and on the details of this study. the consultation lasted between 30 and 45 minutes. at the end of the consultation, the nurse filled out a standardized questionnaire build for this study and comprising 34 items in 8 groups. the patient could call the nurse freeofcharge if necessary outside the standard consultation dates the prescription filling rate for the control group is based on the assumption that control patients used a participating pharmacy 8 blocks away that provided the drug free of charge and patients were apparently not asked if they filled their prescription elsewhere. the prescription filling rates could have been clarified for the control group. the course completed rate is based on self report on a telephone call and there was no indication that interviewers were blinded to group or if the exact question given. technically, this study qualified for the review, but the reliability and credibility of these measures is suspect. this intervention may be impractical in any setting where giving drugs out for free is not possible

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control: usual care as part of the chinese national art management program, patients are seen twice in the first month of art and receive medication for half a month at each visit and in the absence of side effects and presence of normal liver and renal function, visits are

reduced to once a month. the clinic's pharmacy dispenses medication monthly. clients on art also receive free laboratory test for cd4+ t cell counts every 3 6 months for evaluating the effectiveness of the treatment. hiv viral load test is not routinely provided in the national treatment program because of the limited fund. the patients visit the clinic once they have side effects or other health problems and need a laboratory test. the service of home visits or phone calls from health care providers are not routinely provided counseling based on electronic drug monitoring data: when intervention participants came to the clinic monthly, a study member downloaded and reviewed the subject's previous month's electronic drug monitoring device (edm) data. each subject found to be less than 95% adherent according to the edm data was 'flagged' for counseling with a clinic physician or nurse utilizing the edm information immediately following regular clinic visit activities. the data were provided to both the subject and his/her clinician as a printout summarizing the percent of doses taken, the percent of doses taken on time, and a visual display of doses taken by

time. this process of flagging and counseling was specific to each clinic visit. in each counseling session, the clinician reviewed the edm printout with the subject, explored reasons for missed or offtime doses, and inquired about problems or challenges the subject might be having. beyond this, counseling sessions did not follow a script. this was designed to accommodate each clinician's counseling style, allow for an individually focused discussion of adherence behavior, and encourage each subject/clinician pair to devise personalized strategies to improving adherence. 5ec8ef588b

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