

## Compliance with treatment groups: an interdisciplinary strategy for assistance to HIV/AIDS patients

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**Abstract:** The objective of this research was to identify the benefits of adherence group to HIV / AIDS and evaluate the work of an interdisciplinary team of health. It is a descriptive and exploratory study of qualitative approach, with 5 volunteers and 3 professionals who provide care in the Specialized Care Service (SAE) of Sinop/MT. Data were collected through semi-structured and recorded interviews. The answers were transcribed and analyzed in categories. The results showed that the participation of people living with HIV / AIDS in the adherence group offered a significant help for their adherence to treatment and improved quality of life, and the work of professionals in the group contributed effectively to patient compliance treatment as an alternative therapy. The group also provided the user of the Unified Health System (SUS) assistance of paid way. Thus, it was found that the use of group activities may be a possibility of nursing care, constituting a valuable space for the patient to find the necessary support to adhere to the treatment.

**Keywords:** Public Health; HIV; Nursing

### Introduction

AIDS (Acquired Immunodeficiency Syndrome) has reached alarmingly increasing a number of young people in productive phase, causing great social and family concern (SOUZA, VIETTA, 2004). It is an emerging disease, which is one of the today's biggest health problems because of being pandemic and its severity (BRASIL, 2005).

HIV (Human Immunodeficiency Virus) is a retrovirus that acts by destroying the CD4 lymphocytes, responsible for maintaining the body's immunity (MATOS et al., 2009). When a reduction in the defense system response, the individual is vulnerable to opportunistic diseases that can lead to death if untreated.

When receiving the diagnosis of HIV infection, many patients explicit, directly or indirectly, possible barriers to treatment adherence (SOUZA, VIETTA, 2004). Besides, they faced an inexplicable anguish and lost in pessimists thought of life now considered corrupted (ALMEID, LABROCINI; 2007).

One of the challenges for health professionals has been patient adherence to treatment regimens recommended by the Ministry of Health, as the good adherence to antiretroviral treatment one of the

factors that promote good control of HIV infection (NARCISO, PAULILO; 2003).

Non-adherence to treatment is directly related to the development of viral resistance, with subsequent treatment failure and the emergence of multidrug-resistant viral strains.

There are several activities developed to minimize the difficulty of adhering to treatment, one of them is the adherence to treatment groups.

The group interventions enable its members to develop a positive sense of self, be more active and safe by promoting an increase in self-esteem and find new meaning in life (Rasera, JAPUR; 2003).

This research aimed to identify the benefits of adherence to HIV/AIDS group, as well as to assess the work of an interdisciplinary team of Specialized Care Service (SAE).

### Methods

This is an exploratory, descriptive research with a qualitative approach. The survey was conducted in the Specialized Care Service (SAE) of the municipality of Sinop/MT. The institution assists the entire northern region of Mato Grosso, and it is

responsible for outpatient care to people living with HIV/AIDS, STD, and viral hepatitis. The SAE has an interdisciplinary staff: nurses, pharmaceutical, medical, social worker, and psychologist.

The main objective of the SAE is to establish the promotion goals and to improve the quality of life, as well as assistance through paid service with an interdisciplinary team of people with HIV/AIDS.

The research was conducted with HIV/AIDS and professionals who provide services to this audience and participated in the survey five women with HIV/AIDS and three professionals of SAE.

For data collection, two semi-structured interview scripts were used, one directed to patients in the adherence group, involving some personal data and issues related to the group, and the other for the professional SAE assessing the perception that working in the group of adherence.

The research was conducted from January to February 2012, according to the schedule of adherence group meetings. For the selection of the subjects of the study, the following criteria were adopted: having been diagnosed with HIV/AIDS; 18 or older; be a participant in the adherence group in SAE with a minimum of one year.

Voluntary people under 18, who did not participate in the adherence group of SAE, those who did not agree to sign the Instrument of Consent Form (TCLE), and clients who had perceived or already diagnosed mental disorders were excluded.

All conversations were recorded and then transcribed, and analyzed, and the lines organized into two categories: participation in the support group and evaluation of SAE professionals.

### *Ethical principles*

This research was submitted to the Research Ethics Committee of the University Hospital Julio Muller - Cuiabá/MT and approved within the ethical principles and the applicable law, under the protocol number 144/CEP-HUJM/2011

The research was conducted by Resolution 196/96 of the National Health Council/Ministry of Health (BRASIL, 1996), ensuring the anonymity of the interviewees. Therefore, they had fictitious names assigned (flower names for SAE professionals and precious stones for members of the group patients), so as not to identify them at the time of dissemination of results.

### **Results and Discussion**

#### *The meanings of participation in the support group in SAE Sinop- MT*

All five interviewees who have to monitor in the SAE between 2 and 9 years said that participation in the group offered a significant help for their adherence to treatment. The group has also helped to increase the self-esteem of the participants, decrease isolation and improved quality of life, as seen in these lines when asked: "Did the group change something in your lives?":

*It changed! It has changed my self-esteem because I was very sad because I had no one to be opened... I was afraid to live, not today, today I like to live, I cannot wait the day to participate (...) Another thing that has changed in my life was between boyfriend and husband, because after I had found out, I had the disease, I got trauma of men, and of the group, I am a little more open, (...) (Pearl). For me, yes. Hence I have someone to talk I know, divide things with those who are in the same situation as me. (Diamond)*

The different modalities in the care of people living with HIV/AIDS show that "(...) among the most used classifications in work developed by the HIV-positive population, there are self-help groups, support groups and psychotherapeutic groups" (RASERA, 1999).

The recognition of the therapeutic potential of the group is further evidenced by the way they refer to the group as shown in the reports:

*Ah, talking right, the exchange of ideas, so... the relaxation, and the issue also to meet other people, make new activities. So, people end up coming because you know that over there [in the group] we will find a shoulder to lean right, real people who know they have the right problem. (Bright). I feel good with them there in the SAE; I know they also have this problem I have. (Emerald)*

In the group, the individual interacts with others in a prepared space to facilitate coexistence and interaction, creating links and redoing corrective relational experiences. This allows them to experience a rich number of situations where they realize their way to work in contact with each other.

Following this line of thought, the confirmation of this process can be seen in the reports:

*(...) We are open to them, and they will open with us right. Sometimes the same... I do not take medicine, people who take medicine, they say it is the reaction of the medicine, as it is living with the medicine, and I still do not know what that is, thank God I do not take, then we exchange experience with it to know how it is, that one day I will have to take it and I already know how I can feel. (Pearl). (...) I think that contributed to; I seek more, ... more questions of my rights, it was learned how to do, where to go, where to go, the means that I have, these things so I, I think easier. I think it gives more power to us right. (Bright)*

The process that the members of a group provide feedback to each other is highly effective to induce interpersonal change (KAPLAN, SADOCK, 1996)

Collective work and dialogue are intended to identify difficulties, sharing them and discussing

possibilities specifically directed to drug treatment, or other issues, such as relational and emotional aspects. This reflection space allows the construction of new alternatives aimed at health promotion (GRIGOLLI, 2006; SILVEIRA, RIBEIRO, 2004).

Reports reveal the tendency to change the way of looking at the situation, a greater willingness to fight for life and a sense of value and importance of coexistence.

The group is effective when constructing conditions for better coping with HIV/AIDS, providing support and encouragement, decreasing the fears and anxieties, as they learn from the experience of other new alternatives to care that produce an increase in self-esteem:

*(...) Today I learned to live with it, I learned to coexist, it will not take my kids, get in other more we have to prevent, use condoms right, not to contaminate others and leads to further equal life I am taking. I want to live quite yet! (Pearl)*

The group can also provide information to patients about the disease, such as treatment, signs, and symptoms, transmission, among others, also helping as a therapeutic process because the doubts are resolved to their pathology bringing tranquility to the patient:

*We get to know a little more about various subjects, you know, sometimes you have any questions, the people behind the support group so right ... so, this information (...). (Bright)*

The adherence groups allow the construction of space for reflection between professionals, patients, and home caregivers, and enables the discussion of new alternatives for the individual, institutional and social perspectives, aimed at promoting health, enabling evaluation processes and proposals.

The fact that the patient realizes that the difficulty of the other can be equal or similar to his situation, makes the group work a field conducive to the development of emotional conditions, as can be seen in the reports below:

*I think I may have contributed to deal with the problem right (...). (Bright). I feel so, I need them, and they also need us to talk. (Emerald)*

The interaction between the participants of the support group, often exceeds the group setting, turning into friendship in the social environment, providing a new direction in the way of "living in the outside world" to realize that they have someone on their side where they can be themselves, because they know that the person next to understand and helps them coping with the disease and moving on:

*Thank God my relationship with everyone in the group is good, we sometimes talk you know? We go out together; we do things together. (Ruby)*

Such homogeneous composition of groups with common goals can be kept in various clinical settings (VINOGRADOV, YALOM, 1992).

As the group is incorporated, it becomes an important constituent of the group reference and fulfills the important function to behave like a proper continent needs and anxieties of each patient who view the group as social support.

#### *Job evaluation in the group by SAE professionals*

The role of professionals in the group contributed effectively to the patient's adherence to treatment as an alternative therapy of essential value for this type of patient, the minimum period of professional performance in SAE comprised between 3 and 14 years.

The group provided to the patient of the Unified Health System (SUS) an integrated assistance, as demonstrated in the following speech:

*(...) Most of the problems, the difficulties encountered, they happen in every person who is identified as a patient of AIDS virus, and what is cool in the group, is that each has a way to deal, to find a way out, a solution, and the contribution of these solutions found, also facilitates the one not found a solution(...). (Carnation)*

The experience of this work confirms these findings, understanding the importance of the existence of these papers to meet the total size of a human being.

The HIV/AIDS patients with their diagnosis, move away from their friends, family and also the team that assists, an inevitable and understandable act early to feel only on this face.

When it comes to this society isolation, the adherence of the group treatment has contributed to improving the quality of life, helping the patient to face the disease:

*The group adherence is a time that people have to contribute the right experiences... (...) they think they are unique, different, that this problem is immense which has a huge scale and that only he is going for that problem. The great advantage of the adherence to the group is to bring them the same dialogue where they will realize that the difficulties are multiple, and almost of all of them (...). (Carnation)*

All the professional respondents noticed significant changes in patients and ambulatory environment after the formation of the group, changes as positive and favorable for treatment adherence. After the implementation of the

adherence of the group for treatment at SAE, there was a decrease in treatment noncompliance.

The hosting of the patient in the clinic also offered a feeling of acceptance, more motivation and participation of patients to treatment, open dialogue, increased self-esteem and awareness of the importance of drug therapy, and other guidance on health education.

When cohesive, this support to the patients enables the formation of two important aspects of the individual: the first is that they feel that can be taken care, loved and valued; and the second is that the individuals are contained, enclosed in their room, in their responsibilities and their participation in interpersonal communication processes (ZIMERMAN, 1993).

The subjects started to demand more of their rights and citizenship, by establishing emotional bonds between patients, more physical contact, greetings and closeness in the relationship between patients and staff, allowing more spontaneity and conviviality as confirmed in the report of the professional:

*There are several benefits, but what we clearer realized is the trust... it is the credibility with the patient and the professional. It seems that it gives more tranquility at the time of the consultations, they feel more welcomed, calmer, even at the time of reporting, you know, any complaint, and the conversation, it becomes less informal, they feel calmer, safer. (Orchid)*

The speech described that professionals could show us how adherence of patients to treatment is subject to the type of relationship established between the patient, staff, and participation in the support group, which allows the improvement of the quality of care for these patients.

The coexistence of homogeneous/open group in patients enables the exchange of experiences and individual empowerment. The space therapy becomes a resource discovery space, capacity and strengthening the experiences that patients take the individual characteristics and also external resources as well as being a reflection of their behavior about other (CAIXETA et al., 2011).

Regarding the expectations of the support group formed in the SAE of Sinop, professionals were very optimistic in claiming that they cheer to continue and that every day will be more participants involved in this activity because this involvement only tends to bring benefits to this participant, and also with the group, not only the participant learn in this environment, but also professionals.

Today, the possibility of meeting in patients with chronic disease groups set up a revolutionary direction of our health practices and care in the mass of our people. It is a job that is only crawling, before enormous possibilities that open to its future (MELLO, 1986).

Professionals realize how much they can benefit from learning and knowledge about the disease, to understand what is going on with the patient and improve this living, growing as people and professionals, as follows:

*I think the group is only going to improve, who also deals with the group, we also learn a lot. Before working in Sinop, I also worked a few years in Cuiabá and also worked with group support, and it gave me a very high growth..., patients will share with us all the difficulties faced (...) it helps us much to have a better view of this right patient for this group, and also seeks to review right, what we put for the patient, what we can this contribute to the quality be better, then so, I see that the group tends to grow, I see that the methodology in that everyone listens, users and professional, everyone grows and the trend is to improve and get a better response. (Carnation)*

With the training and conducting the group, the opportunity to restore the dignity is concretized, and it mainly shows that the work of professionals in group activities is extremely important for humanized care.

However, the patient before attending the clinic to get his medicine today sees the clinic as a place where hospitality, support, friendship, comfort, relief of physical and emotional pain, and especially the rescue of their human dignity. Thus, health professionals, such as nurses, as assistants and educators have contributed to improved quality of care.

## **Conclusion**

The group activity is extremely important for the adherence treatment of the person with HIV/AIDS. Thus, this research can find that the group proposed by the SAE team of Sinop/MT in partnership with the Nursing Course UFMT/Sinop has contributed effectively to the improvement of self-esteem and coping diseases, as well as decreased abandonment of drug treatment.

The hosting in the group promotes new identifications that may favor the construction of a sense of identity. It is a space that fit the joint stocks of equality and difference, valuing the socialization capacity.

It appears that the use of group activities in the institutions can be constituted as a possibility of care in nursing, constituting a valuable space for patient reflect and evaluate individual and group issues, increasing their level of learning and cooperation, enriching their understanding and solving their problematic situation.

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