Adolescent Case Study

Social and environmental factors
Case Study

- Luvo born in June 2002 to a single mother and lived with granny.

- He was diagnosed with HIV at RXH in Dec 2003

- Started on D4T/3TC/Klt in May 2005 and by Dec 2005 he was transferred to Gugulethu ARV already failing the regimen due to non adherence with CD4 of 860 and VL 31000.

- A lot of social issues: the mother was irresponsible, unreliable and not at home for weeks. she didn’t keep her appointments due to lack of transport fair.
• Adherence improved with the aunt becoming the primary caregiver in 2006, plus the counselling sessions, home visit and involvement of social worker helped Luvo and his family over the years.

• He was virally suppressed from 2006 till 2014.

• In 2015 the aunt approached the clinic and the social worker for assistance as he decided to stop taking his ARVs.
• He was missing doses. He wanted to spend time with friends out playing soccer, not having to remember or to be reminded that he needed to take his pills. At home no one could get reason of him reported the aunt.

• He then asked if he could go on pill holiday as he was tired.
intervention

• Acknowledge his feelings and views on the treatment
• Counsel on HIV and his understanding of the disease and risks of non adherence.
• Pill burden was identified as being the major challenge. we negotiated to have him adhere and if could maintain a supressed viral load ,we would change him to a regimen with lesser tablet.
• D4T was changed to ABC and he was extensively counselled which led to improved adherence. We gave him the fixed combination

• Viral load improved from 3742 to <40 but kept struggling to take meds regularly, his last VL being 711 in August 2016.

• His latest CD4 count is 983 and its been ranging from 812 – 1650 since 2005.
Learning needs

• While still little child, he depended on his mother and grand mother to be adherent and keep virally suppressed.

• Then as adolescent, he had other priorities than ingesting those drugs.

• Re-disclosure of his status and education on HIV helped us negotiating his ART intake.