

# Patient-centred care in enhancing Tuberculosis preventive treatment completion and uptake

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# Background

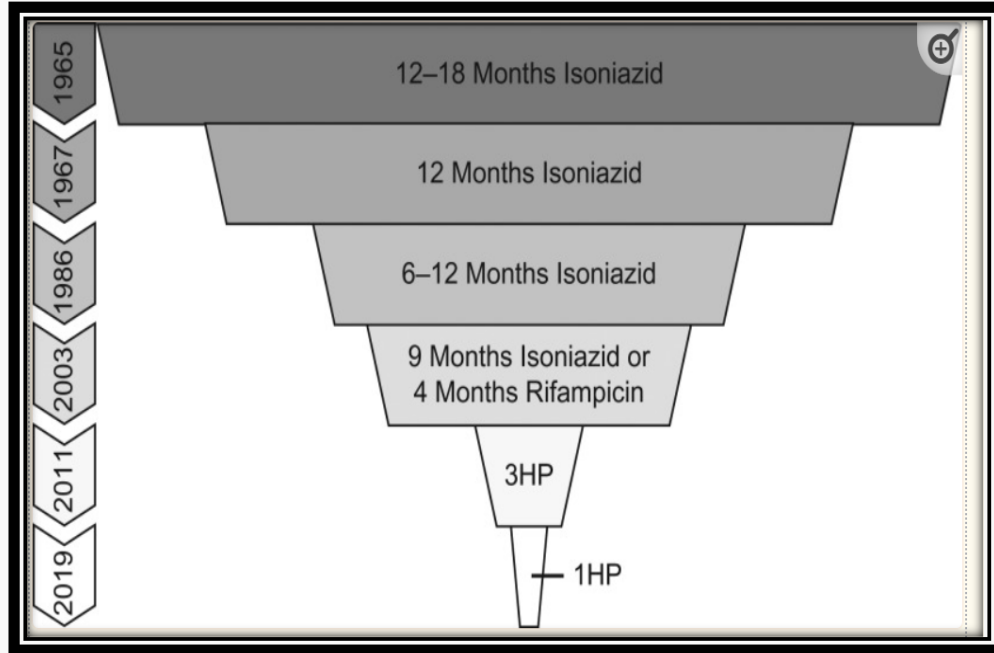
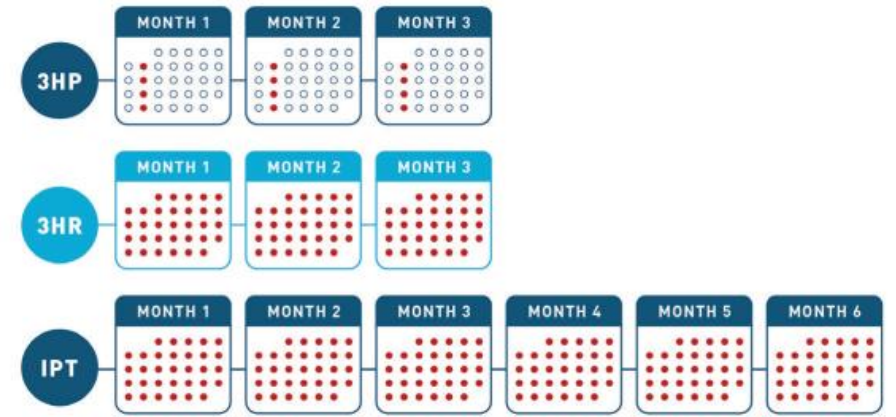
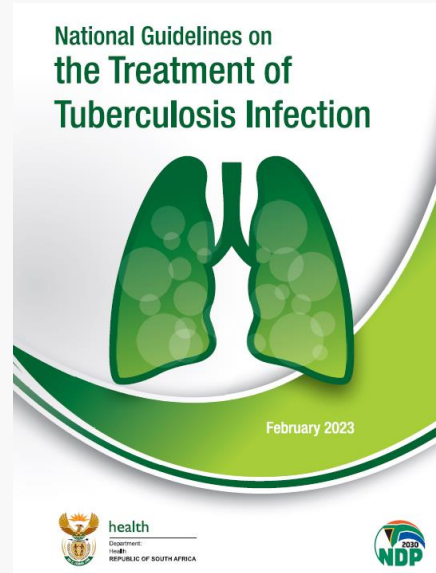


Fig 1: TPT over time (Salazar-Austin N et al., 2019)



## Per-Dose Pill Count of 3HP and 1HP by Different Formulations of Rifapentine and Isoniazid

3HP = 900 mg isoniazid (INH) with 900 mg rifapentine (RPT), plus vitamin B6  
 1HP = 300 mg of INH with 600 mg of RPT, plus vitamin B6

● =Rifapentine (RPT)    ● =Isoniazid (INH)    ● =Vitamin B6    ● =INH/RPT

Pill count with tablets of INH=300mg and RPT=150 mg

300HP



1HP



Pill count with an INH/RPT fixed-dose combination (INH 300 mg, RPT 300 mg)

300HP



1HP



# Background

- In South Africa, in 2019 only 69% of newly diagnosed PLWHA were started on TPT (Ahmed et al., 2021).
- 50-60% of people in SA initiating TPT completed the course ~ sub-optimal (Melgar et al. 2020)
- Barriers that prevent individuals from not initiating or completing TPT include



Medication

Lack of awareness and knowledge; fear of side effects; stigma and discrimination;



Staff

Health system-related barriers



Socio-economic barriers

# Aims and Objectives

**AIM:** We aimed to explore the preferences and experiences of patients living with HIV regarding TB Preventive Therapy (TPT).

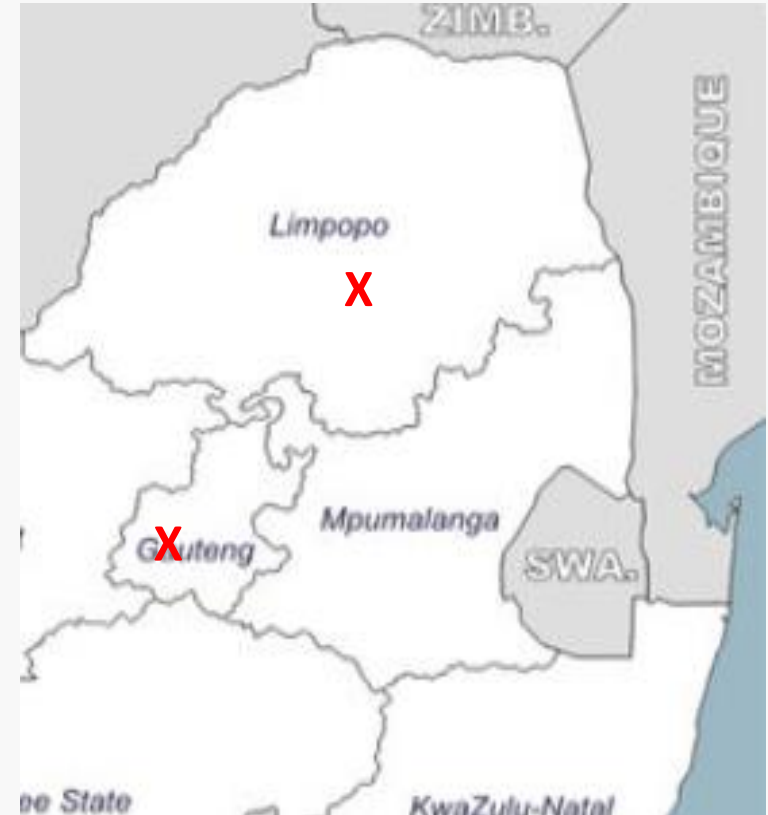


More specifically we focused on 3 key goals

1. Gather and understand qualitative insights on patient experiences with TPT
2. Identify factors influencing TPT uptake and completion
3. Inform strategies for improving TPT adherence and effectiveness

# Study Design and Methodology

- We recruited 4-5 ( $\geq 18$  years) adults living with HIV attending one of six high- or six low-volume healthcare facilities between April - October 2022.
- Participants were enrolled until saturation was reached.
- We conducted 58 in-depth interviews in the City of Johannesburg, Gauteng Province and Greater Tzaneen, Limpopo Province.
- Each interview took approximately 50 minutes. Consent and interviews were carried out in the local language.
- Thematic analysis with a deductive approach was used for data analysis in Nvivo 11 (Lumiero 2015).



# Results

## THEMES

**Knowledge gap & misunderstandings**

Among the total sample (n=58), median age was 38.5 years (IQR 32 – 43), 58% were men, 67% single, 50% lived in a town or suburb, and 52% were employed.

*“The chances are very small, I don't want to tell lies and end up with these pills. I have never heard of them coming to talk and teach people about this, so until I heard from you” (female, Gauteng)*

*They didn't explain to me why I should take the TPT. I was started on TPT when I got initiated with ARV'S. I was told that I need to take them and I was not told why. I don't know.” (male, Limpopo)*

**TPT regimen preference**

*“Children are still growing and since they are still growing, you wouldn't put them in the same one as adult to take once a week” (female, Gauteng)*

*“Because I take it once... three times a week... I mean once a week for three months. So, since I am scared of taking medication, taking once a week for three months would be fine” (male, Limpopo).*

**Patient - centred health support**

*“Community health care workers should educate us about the TPT” (male, Gauteng)*

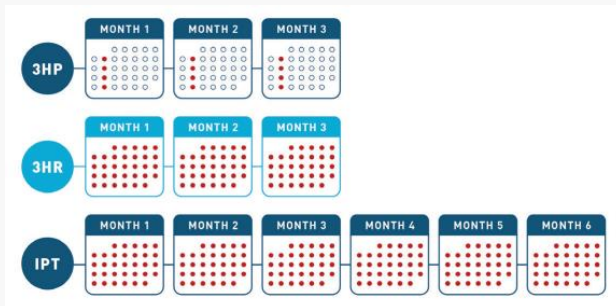
*“there's some people who are reluctant to come to clinic because they have other beliefs, there's need for out-reach in the community” (female, Gauteng)*



# Results: Preferences for TPT Regimens

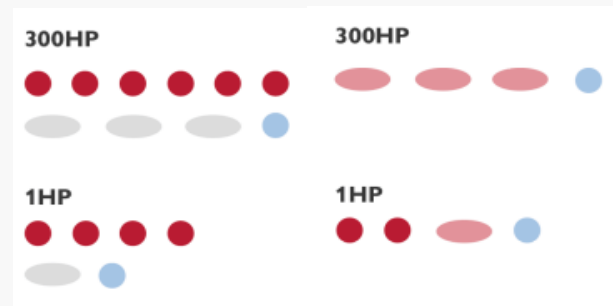
## Treatment Duration

Participants strongly favored the shortest possible treatment duration.



## Pill Burden

Minimizing the number of pills required for treatment was a key preference.



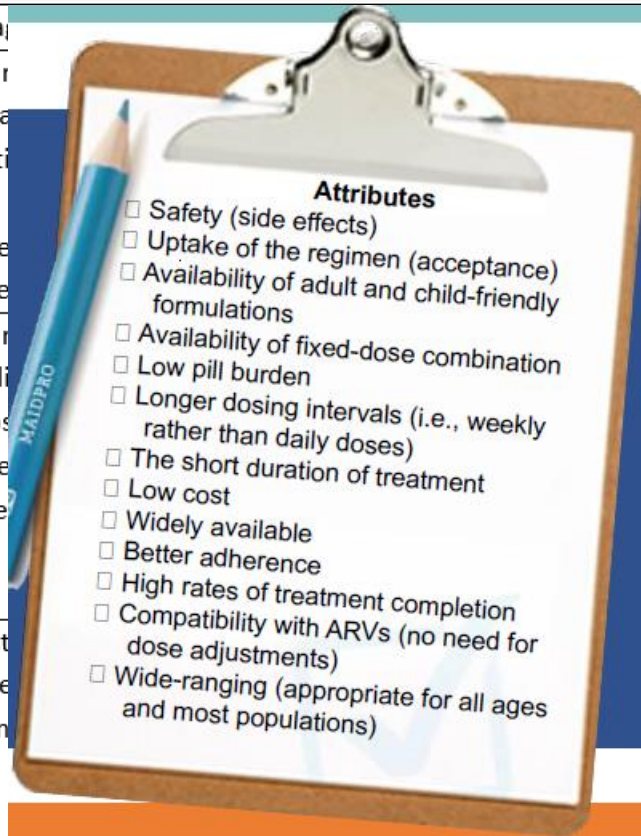
## Safety for Young People

Participants expressed a strong emphasis on the safety of TPT for young individuals.



# Results: Preferences for TPT Regimens

Regimen	Advantages	Disadvantages
<b>3HR</b>	Shorter duration higher rates of completion lower pill burden. Widely available once/week	Interactions with LPV/r or NVP (e.g., pregnant women). Higher cost. No data for children <2 years.
<b>3HP</b>	Shorter duration availability of fixed dose available (90 doses)	Interactions with LPV/r, NVP, DTG (e.g., pregnant women). More expensive hard of care. Some hormonal effects. Children <2 years).
<b>IPT</b>	Low cost decrease TB, compatible	Low uptake, long duration side effects. High pill burden – daily regimen lack of child-friendly formulations



Participant preferences of regimens

Regimen	Ranking Adults	Ranking Children
A	1st	3rd
B	3rd	2nd
C	2nd	1st

Regimen	Preference Adults (n=47)	Preference for Children (n=46)
A	22 (38%)	9 (16%)
B	6 (10%)	11 (19%)
C	19 (33%)	25 (43%)



Regimen	Ranking Adults	Ranking Children
A	1	2
B	3	3
C	2	1



# Results: Patient-centered health support

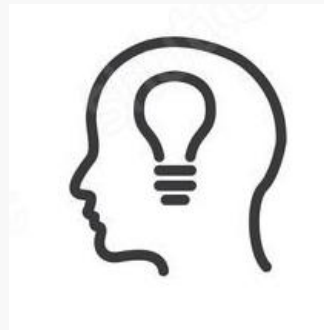
## Enhanced Health Literacy

Participants emphasized the need for increased awareness and education about TPT through a variety of channels.



## Empowered patient decision-making

Providing clear and comprehensive information about TPT, including its purpose, benefits, and risks, can empower patients to make informed decisions about their own healthcare.



## Building trust in HCWs

Patients expressed a desire for open communication and trust in healthcare providers, emphasizing the importance of providing honest and transparent information.



# Conclusion: Key takeaways and implications

## Knowledge is Power

Patients highlighted the importance of accessible and accurate information about TPT.

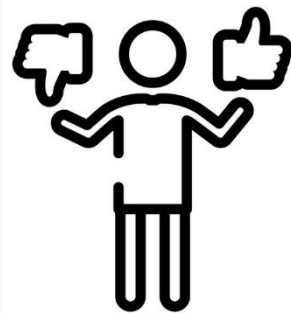
Participants had varying levels of TPT knowledge and familiarity.



Knowledge

## Addressing Patient Preferences

The study revealed a strong preference for shorter treatment durations, fewer pills, and a focus on the safety of TPT for young individuals.



Preference

## Empowering Communities

Community-based initiatives, including health education campaigns and outreach programs, can play a vital role in increasing awareness of TPT and encouraging uptake.



EMPOWERMENT

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# The HE<sup>2</sup>RO Study team



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