Short Communication

Release of an Online Self-Reporting Tool for Assessing Adherence to Antiretroviral Therapy (CEAT-VIH)

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This short commentary serves as a means to inform the scientific community and health care professionals who work with people with human immunodeficiency virus (HIV) the availability of an online version of the self-report questionnaire to evaluate adherence to HIV therapy known as 'CEAT-VIH' [1]. The CEAT-VIH ('Cuestionario para la Evaluación de la Adhesión al Tratamiento Antiretroviral en Personas con Infección por VIH y Sida' in the original) was developed by the author during 1999 to 2001 and was first published in 2002 [2]. The instrument is a brief patient-reported outcome measure, and since its initial diffusion in Spain and after inclusion in the BiblioPRO (http://bibliopro.org; Barcelona, Spain), a virtual library of tools in Spanish for health-related quality of life and other patient-reported outcomes (PROs), several investigators have decided to integrate the CEAT-VIH in their patient's assessment protocol. The paper-and-pencil format of the instrument is currently available in six language versions (Spanish, Latin-American Spanish, English, Brazilian Portuguese, Portuguese, and Romanian), with a bilingual user's manual (Spanish/English), and its use requires authorisation and written consent from the author. Published psychometric information is available for several countries including Brazil, Chile, Colombia, Mexico, Panama, Peru, Portugal, Puerto Rico, Romania, and Spain (for a review, see [1]).

An online version is now available at the website http://www.ceat-vih.info as a free assessment tool that is scientifically validated [1,2], available online, and compatible with mobile devices, to assess adherence to treatment in HIV+ people who are taking antiretroviral medication. The CEAT-VIH was translated from a paper-and-pencil format to an online digital version in order to offer a quick, reliable, meaningful, and user-friendly option for diagnosis of the extent of antiretroviral treatment adherence. Lessons from online behaviour research [3] were applied in order to build the online version (e.g., designing and formatting, ethical issues, security and data protection, and feedback).

The complete assessment with the online version takes only a few minutes and requires only five steps (i.e., five screens of assessment) to achieve instant feedback. After completing the questionnaire online at http://ceat-vih.info, the patient receives a screen profile (i.e., a graphic with an individual score in each domain, assessed from 0 to 100) that shows graphically the overall level of adherence to treatment and information on five major indicators that explain individual differences in adherence behaviour: compliance; antecedents of non-adherence behaviours; doctor-patient communications; personal beliefs and expectations about their treatment; and treatment satisfaction. The results of the assessment can be sent to an email account if the person wishes.

The online version is available in four languages (i.e., English, Spanish, Portuguese, and Brazilian Portuguese), and can be used directly by patients for self-monitoring and/or by health care professionals for follow-up or as an intervention outcome.

Some of the main features of the online version of the CEAT-VIH tool are: it is multilanguage (Spanish, Portuguese, and English); it is

a self-reported patient outcome; its reliability and validity have been assessed in 10 countries [1,4]; it is brief and easy to answer, it has an instant scoring system; it is available worldwide through the internet; it is compatible with mobile devices; a record of the data (scores and profile) can be kept in your email; a profile is instantly shown at the end of the assessment; and interpretation of the adherence profile is easy.

Other than measurement properties of the CEAT-VIH (described in detail elsewhere [1]), some additional benefits for researchers and practitioners that may help them make the decision to choose the tool as a potential outcome measure are: it allows identification of patients who are struggling to comply with antiretroviral medications; it allows assessment of change after an intervention to foster adherence; it allows assessment of patient's satisfaction with the prescribed treatment and medical advice; and it allows assessment of cues to action to help patients overcome barriers to compliance.

These benefits are possible because the online self-reporting tool for assessing adherence to antiretroviral therapy presents a multidimensional conceptualisation of adherence that may be more useful and satisfying to patients and clinicians than a unidimensional model (i.e., global degree of adherence). Clinicians, nurses, and allied health care professionals often want to know more about adherence behaviour than whether the patient has followed their treatment prescription or not, or even if the adherence behaviour has simply deteriorated (i.e., non-compliance), and this could not be determined from an exclusively unidimensional measure.

Many want to know exactly which aspects of adherence-related behaviours have deteriorated or which aspects the patient is struggling with, so that they can better target their psychoeducational approach or therapeutic action. On the other hand, patients want to be able to tell health care professionals their specific worries, perceived barriers, or difficulties related to taking their medication. For those who believe that the above-mentioned aspects are important, a multidimensional adherence tool such as the online version of the CEAT-VIH [5] may be useful.

In summary, the online version of the CEAT-VIH is a useful assessment tool that is psychometrically robust and helpful for researchers studying adherence to antiretroviral therapy, and

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clinicians and health-related professionals interested in surveillance of their patient's adherence or evaluating their interventions to address adherence improvement. In addition, the instrument is recommended for the assessment of changes in adherence levels after an intervention or psychoeducational programme, for inventorying perceived barriers to complying with HIV medication, and for screening adherence levels in people with HIV receiving antiretroviral treatment.

References

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