ANTIRETROVIRAL INSTRUCTION LEAFLETS FOR CHILDREN
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Objective
Usually, infants and children contract the HIV infection from the mother during pregnancy, delivery or breastfeeding: AIDS is a chronic disease. Effective treatment requires a combination of several different antiretroviral medications one to three times a day. It is a complex treatment especially for children. Patient compliance is a determining factor of the AIDS therapy. Adherence to medications among children and adolescents appears to be frequently suboptimal(1, 2). The major point of clinical pharmacy is to provide children and their families with knowledge, skills and tools to manage antiretroviral treatment(3, 4). The aim of this study was to elaborate antiretroviral instruction leaflets for children as an help to adjust to treatment.

Methods
First of all, we identified the more often prescribed antiretroviral drugs in our teaching paediatric hospital (for in and outpatients). Then, we selected information in drug data we needed to write leaflets. We contacted all laboratories and patient associations concerned. All existing documents concerning children, disease or other leaflets were reviewed. The instruction leaflets must be innovative, interactive and culturally appropriate. A drawer was contacted and elaborated them in collaboration with the pharmaceutical staff. All leaflets were validated by nurses, physician in charge of HIV children, a psychologist. They were tested on HIV young patients in general paediatric unit.

Results
We have considered seven oral solutions: zidovudine, didanosine, lamivudine, stavudine, abacavir, lopinavir-ritonavir and nelfinavir. None of the available documents from laboratories and associations corresponded to our objective. However, it inspired and helped us to choose size, communication support and targeted age bracket. For each drug chosen, instruction leaflets included drug easy identification (taste, bottle picture), use directions, specific drug toxicity symptoms and possible side-effects. The selected age brackets were 3-6 years and 7-11 years. After nurses, physician, psychologist and pharmacists corrections, instruction leaflets were printed.

Conclusion
This study is an innovative HIV education program. The leaflets corresponded to a real attempt from patients and medical staff. Next step will be evaluating the impact of those leaflets on patient compliance and treatment understanding.

References