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Review article

An integrative review of the efficacy of motivational interviewing in HIV management

Phillip K. Dillard^a, Julie Ann Zuniga^{b,*}, Marcia M. Holstad^a

^a Emory University, Nell Hodgson Woodruff School of Nursing, 1520 Clifton Rd, Atlanta, GA, 30322, USA

^b The University of Texas at Austin, School of Nursing 1710 Red River, Austin, TX, 78701, USA

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ABSTRACT

Objective: The purpose of this integrative review is to examine the use of motivational interviewing (MI) to improve health outcomes in persons living with HIV (PLWH).

Methods: We reviewed the existing literature, using the PRISMA model. The PubMed, Web of Science, Embase, and CINAHL databases were searched for all relevant studies, using the terms *HIV*, *AIDS*, and *motivational interviewing*.

Results: Of 239 articles identified initially, 19 met our criteria for synthesis. These studies were conducted throughout the world, including the U.S., Thailand, and South Africa. In general, studies that used MI, either alone or in conjunction with other interventions, reported improved adherence, decreased depression, and decreased risky sexual behaviors.

Conclusion: This review demonstrates a positive relationship between MI-based interventions and behavioral change, which may lead to improved health outcomes in PLWH.

Practice implications: Motivational interviewing can be an effective method of therapeutic communication for PLWH, who struggle with adherence, depression, and risky sexual behaviors.

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* Corresponding author.

E-mail addresses: phil.dillard@emory.edu (P.K. Dillard),
jzuniga@nursing.utexas.edu (J.A. Zuniga), nurmmcd@emory.edu (M.M. Holstad).

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1. Introduction

Motivational interviewing (MI) is a collaborative, conversational form of counseling that focuses on strengthening patients' motivation and commitment to change their behavior [1]. With MI, counselors use specific techniques or tools, such as reflective listening, open-ended questions, and affirmations, as they collaborate with their patients in a spirit of compassion and acceptance. Using motivational interviewing, counselors can help guide their patients toward change. MI counselors rely on mobilizing the patient's intrinsic motivation, based on his own values and goals rather than on outside forces.

Motivational interviewing has been a successful tool in guiding patients to change many kinds of behavior, including moderating alcohol and drug use, smoking cessation, healthy eating, physical activity, and reducing risky sexual activity [2]. Motivational interviewing can be successfully as a short one-time intervention or as several sessions over a period of weeks or months, depending upon the topic, population, and condition of interest [2].

Persons living with HIV (PLWH) have high incidence of drug abuse, smoking, and other behaviors that negatively affect their health [3,4]. Additionally, PLWH struggle with depression, stigma, side-effects of medication, which are all linked to non-adherence

to anti-retroviral therapy (ART), which is critical for survival [5]. MI has been successfully used to help stroke patients, who also often experience long-term disability and depression, adjust to their diagnosis and improve their mood and survival [6,7]. Because HIV is now a chronic – though still incurable – condition, patients will have to deal with lifelong self-management in order to maintain health. Therefore, MI-based interventions might contribute to successful disease self-management.

This integrative review builds on three previous recent literature reviews concerning MI. Rubak et al. [1] conducted a review to identify the effect of MI on people with many disparate diseases and behaviors, but not HIV. Their meta-analysis showed a significant positive effect for MI in three out of four studies, including positive effects for weight loss/physical activity/body mass index, total blood cholesterol, systolic blood pressure, and alcohol abuse. Rubak et al. reported that MI can be effective in brief encounters (15 min), and that multiple sessions with a patient increase the likelihood of an effect. Hill and Kavookjian [8] reviewed five RCTs in which participants were adults living with HIV. Their review identified three studies in which MI increased ART adherence, two studies that showed a decrease in viral load (the desired effect), and one study that showed an increase in CD4+ T-cell count. Finally, Mbuagbaw, Ye, and Thabane [9] focused on

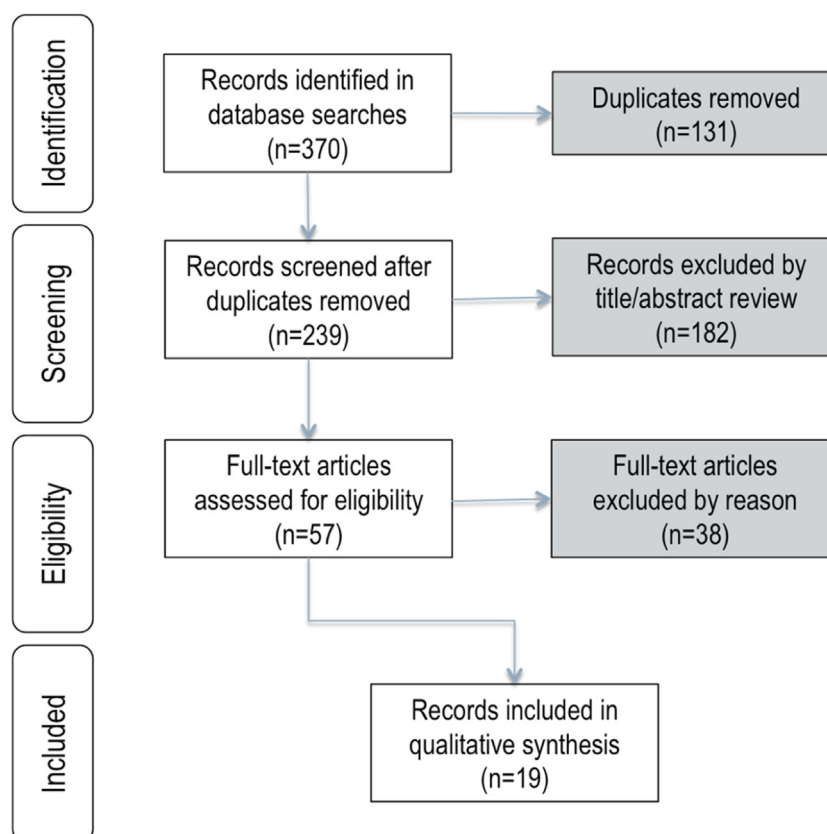


Fig. 1. Study selection.

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