

INHSU 2016

From the nurses point of view.

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Prisonproject 2011-2013

- A way to reach out to people who we often can not get in contact with otherwise



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To reach the untouchable



- To offer them the same kind of treatment and care as we offer the rest of the population

Prison health care

Everybody will be offered to see a nurse shortly after arriving.

Not all will accept (because they do not know what they are offering?, are they too frustrated getting into prison? Or?)

They are only asked once!

The nurse will ask if they want to be tested for HIV/HEP (do they ask the right way?)

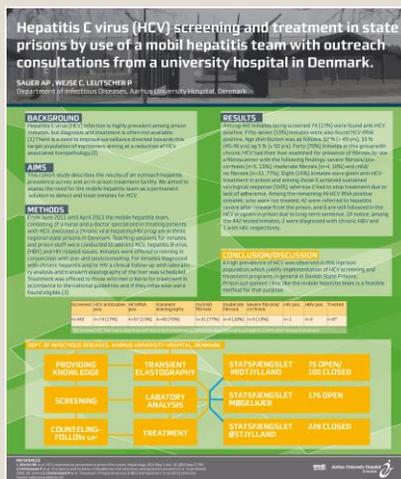
More focus is needed on this subject

Data 2011-2013

- The project started in June 2011 having several sessions of meetings (22) with the inmates in 3 different prisons. Giving informations about hepatitis, hiv, transmission and treatment
- A year after 442 had been screened, 65 were founded positive and have been to a consultation and made a plan for treatment or not. Forty were fibroscanned the rest were transferred to a department of infectious diseases.
- Until now (2016) we have treated 10 person (8 SVR, 2 had to stop treatment due to lack of cooperations). Only 1 on DAA! - due to the strikt laws of whom to treat.

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Sharing knowledge through nurse symposiums



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Challenges

So what kind of challenges do we have with this group of patients?

We know that:

- Anxiety gives you lack of concentrations
- Birth defects – if the mother were using drugs during pregnancy
- The druguse itself can give you cognitive problems
- Hepatitis C can give you fatigue
- ADHD can give you cognitive problems (like other psyciathrics diagnosis)

That is why it makes sense taking actions towards this group of patients and make an effort to help them.

- And doing it in a settlement which offen are less stressfull than living on the streets, surging for drugs and so on.

What about their anxiety?



A good thing surviving a tiger-attack!

But what if it keeps you from doing things that you want to do?

Like seeking help for your hepatitis?

Anxiety towards situations characterized with negative expectations because of:

- Distrust to other people - especially people like us - because of their history – ending up being scared of becoming scared

GP or therapist uses cognitiv terapi to try to break these patterns

Is it not what we are trying to do - in a smaller scale – taking us the time to have these conversations with our patients about what to expect and what is going to happen?

How can we help?

So how can we help this group of patients in the best way knowing and dealing with their negative expectations?

- Make it clear what to expect from the doctor. What will he most likely ask about
- To let them know that their are going to be aknowledged – what are their story and needs?
- To gain enough knowlegde (empowerment) so that they feel comfortable being part of the desicions together with their doctor
- Making it very clear to them what it means being a patient. The "Deal or no deal"

And how do we do it right?

Our responsibilities:

- Correct misunderstandings
- To make things right again if the patient have interpreted something different from what was our intentions

Or said in an another way: If the patients have not heard it – we have not said it!

The use of the instruktions at Q in order to gain:

- A prober search for their history is crucial for further cooperation
- Focus on harm reduction
- Keeping the patient in treatment, a pragmatic approach through an open and earnest communication in hope to gain trust from the patient
- To keep in mind treating the drugaddict like any other patient, but with the awareness that he most likely have some special needs