

Background



➤ Men who have sex with men (MSM) have a high likelihood of HIV acquisition, yet information about pre-exposure prophylaxis (PrEP) persistence among MSM remains scarce

➤ **OBJECTIVE:** We examined PrEP persistence and associated characteristics among a nationwide sample of US MSM

Methods

Recruitment

- Online recruitment through banner ads on social media, sex-seeking and gay interest websites
- Participants completed the online survey between December 2023-August 2024



Eligibility

- 15 years of age or older
- Cisgender male
- Had oral or anal sex with a man at least once in the past OR identify as gay/bisexual (15-17yo only)
- US residence

Additional analytic criteria

- Oral or anal sex with another man in the past 12 months
- No self-report of prior HIV diagnosis

Measures

- Participants who reported current use of PrEP were asked, “How many months in a row have you been taking PrEP?” with response options: less than 2 months, 2–6 months, 7–12 months, 13–24 months, or more than 24 months
- PrEP persistence was described as continuous use of PrEP for more than 12 months
- Other measures were PrEP use, modality and switching

Statistical Analysis

- Poisson regression models were used to examine associations between various sociodemographic and behavioral characteristics, mental health service use in past 12 months, depression, and PrEP persistence
- Depression was defined using Patient Health Questionnaire-9

Results

➤ Of 3953 MSM not living with HIV (Median age 47 years)

- 73% (2837/3953) were non-Hispanic White
- 68% (2632/3953) had private health insurance
- 40% (1570/3953) were currently using PrEP

➤ PrEP persistence was

- 72% (n=641) among 885 Emtricitabine/Tenofovir Disoproxil Fumarate users,
- 73% (n=463) among 634 Emtricitabine /Tenofovir alafenamide users,
- 39% (n=20) among 51 Cabotegravir users

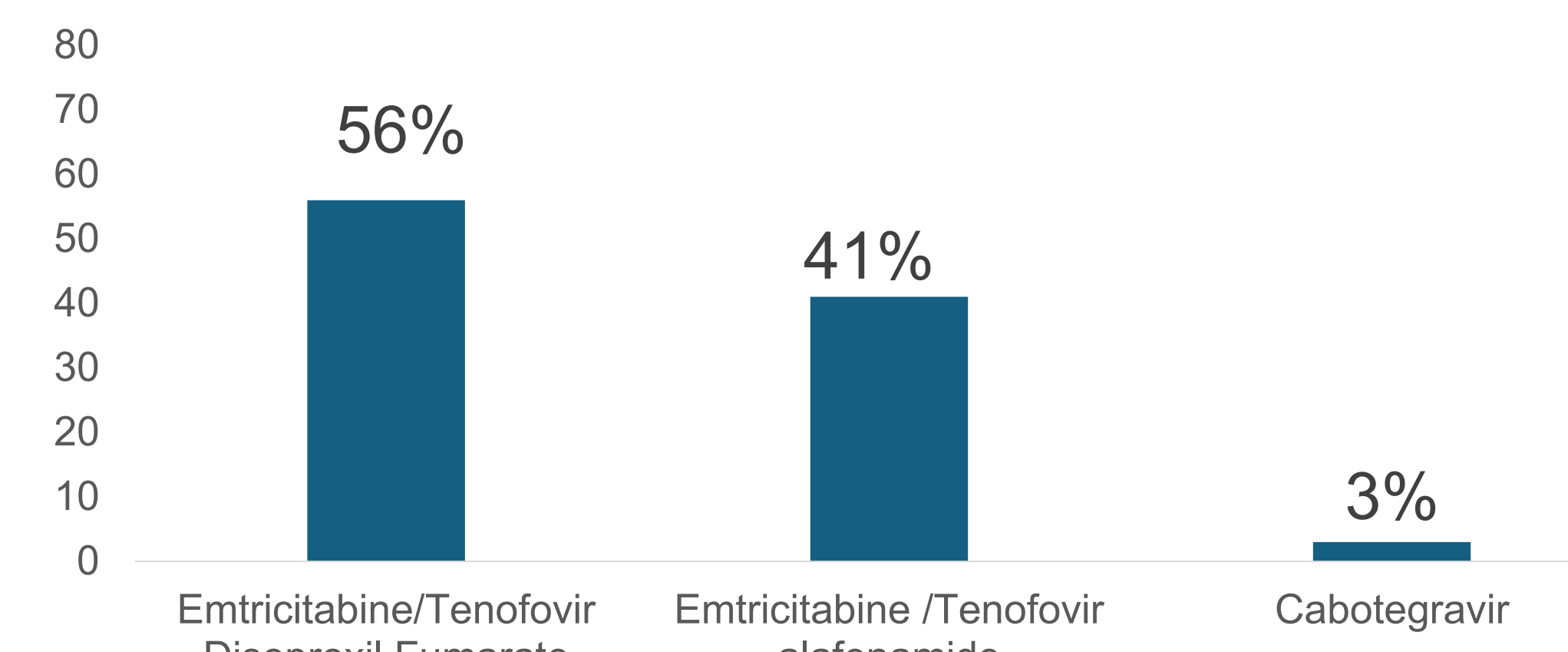
➤ Among participants who used PrEP 12 months or less (n=439), 16% (n=70) switched to a least one other medication:

- 43 (58%) participants switched to Emtricitabine/Tenofovir Disoproxil Fumarate
- 28 (38%) participants switched to Emtricitabine /Tenofovir alafenamide
- 3 (4%) participants switched to Cabotegravir

➤ In multivariable modelling:

- MSM aged '25-29' and uninsured MSM were less likely to persistently use PrEP (**Table**)
- MSM who had more than one male sexual partner and condomless anal were more likely to persistently use PrEP (**Table**)
- There was no association of race/ethnicity, mental health service use, illicit drug use, or depression with PrEP persistence

Among 1570 (40%) MSM who were current PrEP users:



Among all participants (3953 MSM):

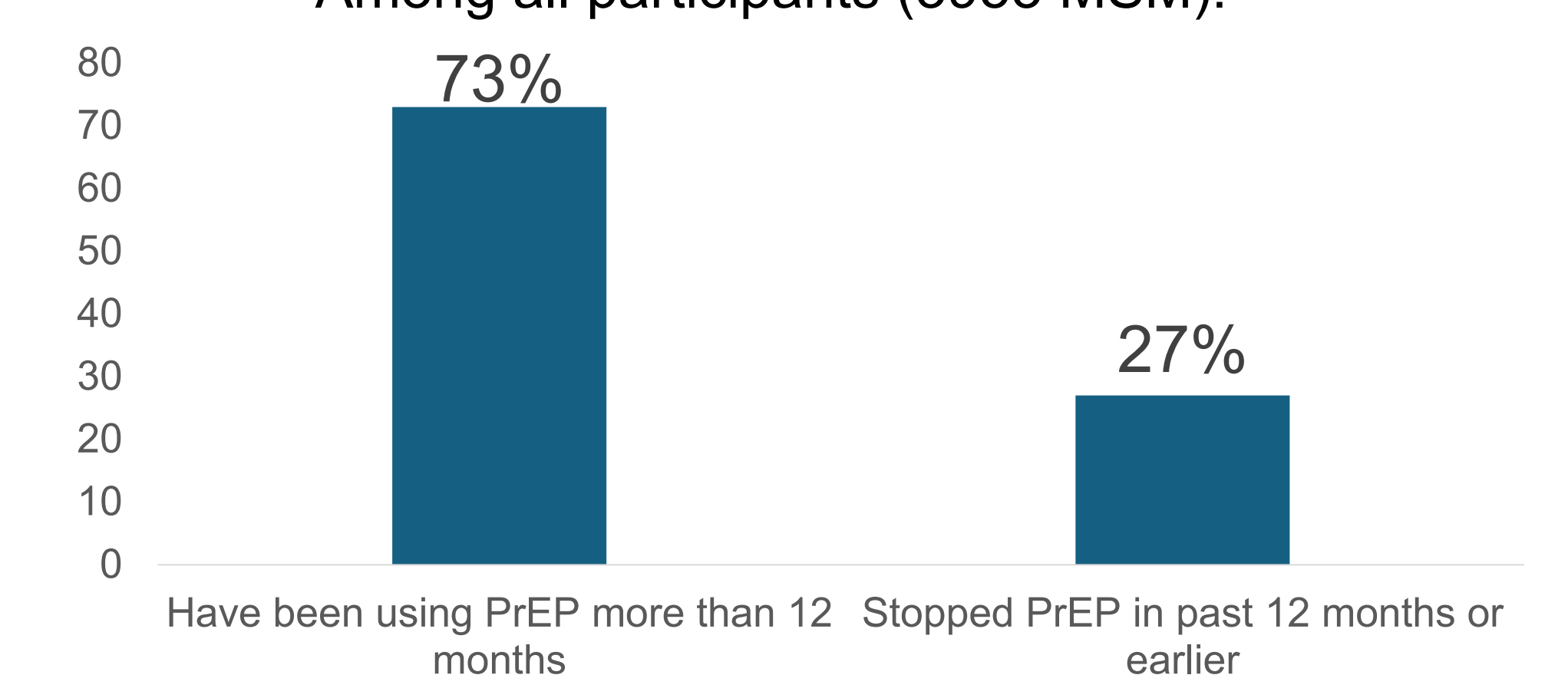


Table: Association between sociodemographic characteristics and PrEP persistence for more than 12 months, among AMIS participants, 2023-24

	Persistent with PrEP n (%)	Non-persistent with PrEP n (%)	Prevalence Ratio (95% CI)	Adjusted Prevalence Ratio* (95% CI)
Age (years)				
15-24	19 (45.2)	23 (54.8)	0.57 (0.36 , 0.90)	0.61 (0.37 , 1.01)
25-29	65 (56.0)	51 (44.0)	0.71 (0.55 , 0.92)	0.75 (0.57 , 0.98)
30-39	264 (66.8)	131 (33.2)	0.85 (0.74 , 0.98)	0.87 (0.74 , 1.02)
40+	776 (78.8)	209 (21.2)	ref	ref
Health insurance				
None	20 (40.0)	30 (60.0)	0.52 (0.33 , 0.81)	0.60 (0.37 , 0.96)
Private only	880 (76.7)	267 (23.3)	ref	ref
Public only	152 (62.6)	91 (37.4)	0.82 (0.69 , 0.97)	0.84 (0.70 , 1.02)
Other	27 (65.9)	14 (34.1)	0.86 (0.59 , 1.26)	0.95 (0.63 , 1.44)
Public and private	40 (81.6)	9 (18.4)	1.06 (0.78 , 1.46)	1.04 (0.75 , 1.44)
STI diagnosis in past 12 months				
No	844 (69.8)	365 (30.2)	ref	ref
Yes	280 (85.1)	49 (14.9)	1.22 (1.07 , 1.40)	1.14 (0.99 , 1.32)
Condomless anal sex with a male partner				
No	55 (45.8)	65 (54.2)	ref	ref
Yes	1069 (75.4)	349 (24.6)	1.65 (1.25 , 2.16)	1.41 (1.05 , 1.88)
Number of male partners				
One	48 (34.5)	91 (65.5)	ref	ref
More than one	1033 (76.8)	312 (23.2)	2.22 (1.67 , 2.97)	2.13 (1.56 , 2.92)

Abbreviations: STI: Sexually-transmitted infections, PrEP: Pre-exposure prophylaxis, PHQ: Patient Health questionnaire

*Age, race/ethnicity, health insurance, National Center for Health Statistics rural-urban category, census region, STI diagnosis in past 12 months, condomless anal sex in past 12 months, number sex partners, marijuana use in past 12 months, any illicit drug use other than marijuana in past 12 months, mental health service use in past 12 months and depression (defined by PHQ-9 scores) were included in theodels to estimate adjusted prevalence ratios. Bold text indicates statistical significance.

Conclusions

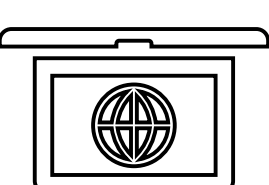
➤ Nearly three-quarters of PrEP users persisted in their use for over 12 months


➤ Age, insurance status, and sexual behaviors play crucial roles in PrEP persistence


➤ Interventions should prioritize younger MSM and those without health insurance to improve PrEP persistence

➤ Novel approaches, such as long-acting PrEP, can further enhance persistence and strengthen HIV prevention among MSM who are young, have no insurance, who report STI diagnosis, condomless anal sex and multiple sex partners.

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