

Treatment Satisfaction was Linked to Improved Adherence and Self-Rated Health in the Positive Perspectives 3 Study

WEPED080



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Key Takeaways

- Individuals satisfied with their treatment consistently reported better indicators of self-rated health and optimal adherence.
- Non-adherence to ART in the past 12 months was high; 1 in 3 mistakenly missed ART, and 1 in 4 intentionally missed ART
- Reinforcing the importance of adherence to prevent resistance, improving communication between patients and HCPs, regularly optimizing treatment to improve satisfaction, and addressing stigma may be potential pathways to improve adherence.

Introduction

- The Positive Perspectives studies are a series of global, cross-sectional surveys that have been co-created with community representatives from around the world to capture and amplify the experiences of people living with HIV.
- Adherence to antiretroviral therapy (ART) is important to suppress HIV viral load, improve personal and public outcomes.¹
- Emotional burden, treatment fatigue, stigma, and structural barriers may hinder adherence for many people living with HIV.²
- The aim of this analysis was to investigate ART adherence, including intentional and unintentional missing of doses, and its relationship with psychosocial factors (e.g., stigma, feeling unheard by HCPs) and awareness of adherence benefits.

Methods

- Cross-sectional survey of people living with HIV on ART. Participants were recruited via HIV clinics and patient support groups. This interim analysis includes 698 individuals across 16 countries (Argentina, Australia, Austria, Canada, Chile, Colombia, Ireland, Italy, Mexico, Poland, South Africa, South Korea, Switzerland, Taiwan, United Kingdom, United States).
- Analysis examined experiences and challenges of participants in the assessed domains, overall and by age.
- Between-group comparisons were done with Chi-square tests ($p < 0.05$).

Results

Table 1. Demographic and clinical characteristics (n = 698)

Variable	Category	N	Percentage, %
Gender identity	Female	279	40.0
	Male	386	55.3
	Transgender	14	2.0
	Non-binary	12	1.7
	Other gender/missing	7	1.0
Age	≤ 50 years	426	61.0
	> 50 years	272	39.0
Years since HIV diagnosis	Within the past year	171	24.5
	1-5 years ago	182	26.1
	6-10 years ago	129	18.5
	Over 10 years ago	216	30.9
Self-reported viral suppression	Undetectable viral load	492	70.9
	Detectable viral load	202	29.1

- In the overall population, 35.6% of participants reported having mistakenly missed a dose of ART, and 24.6% of individuals reported having intentionally missed a dose in the past year.

Figure 1. Sub-optimal ART adherence patterns in the past 12 months, by treatment satisfaction

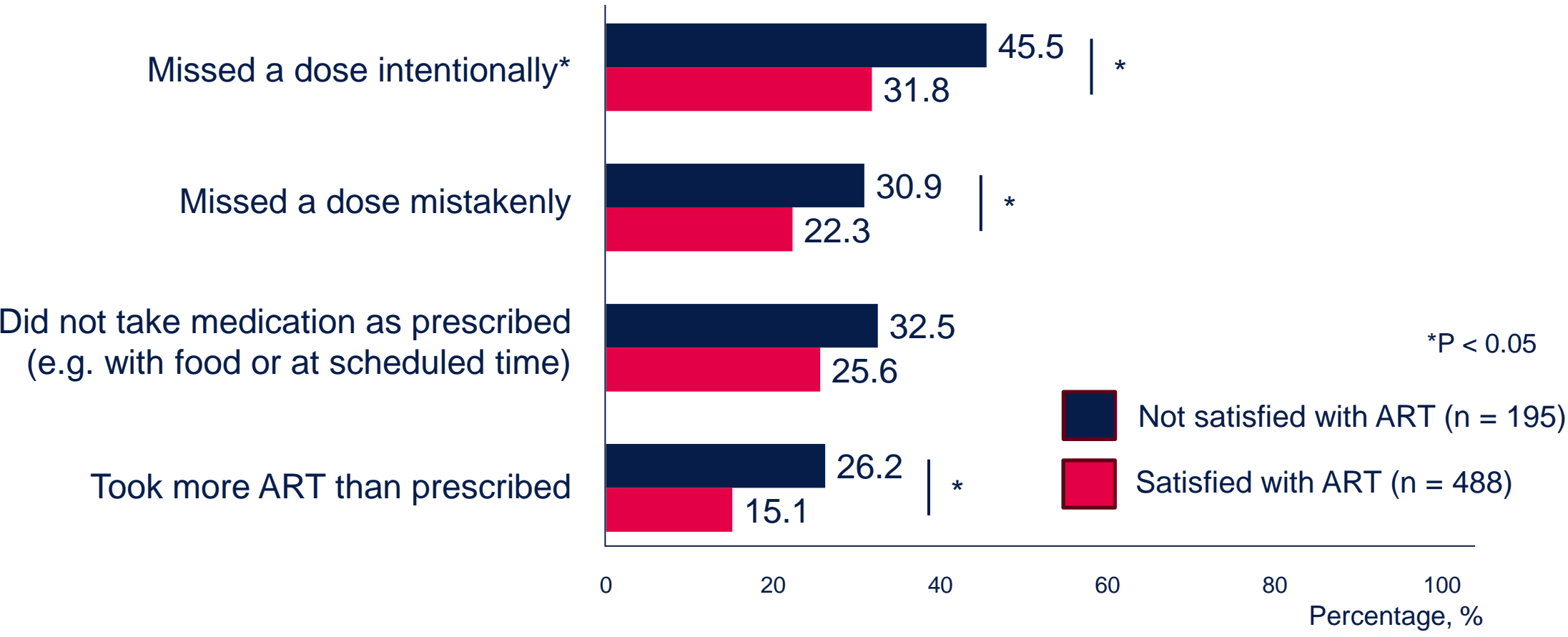
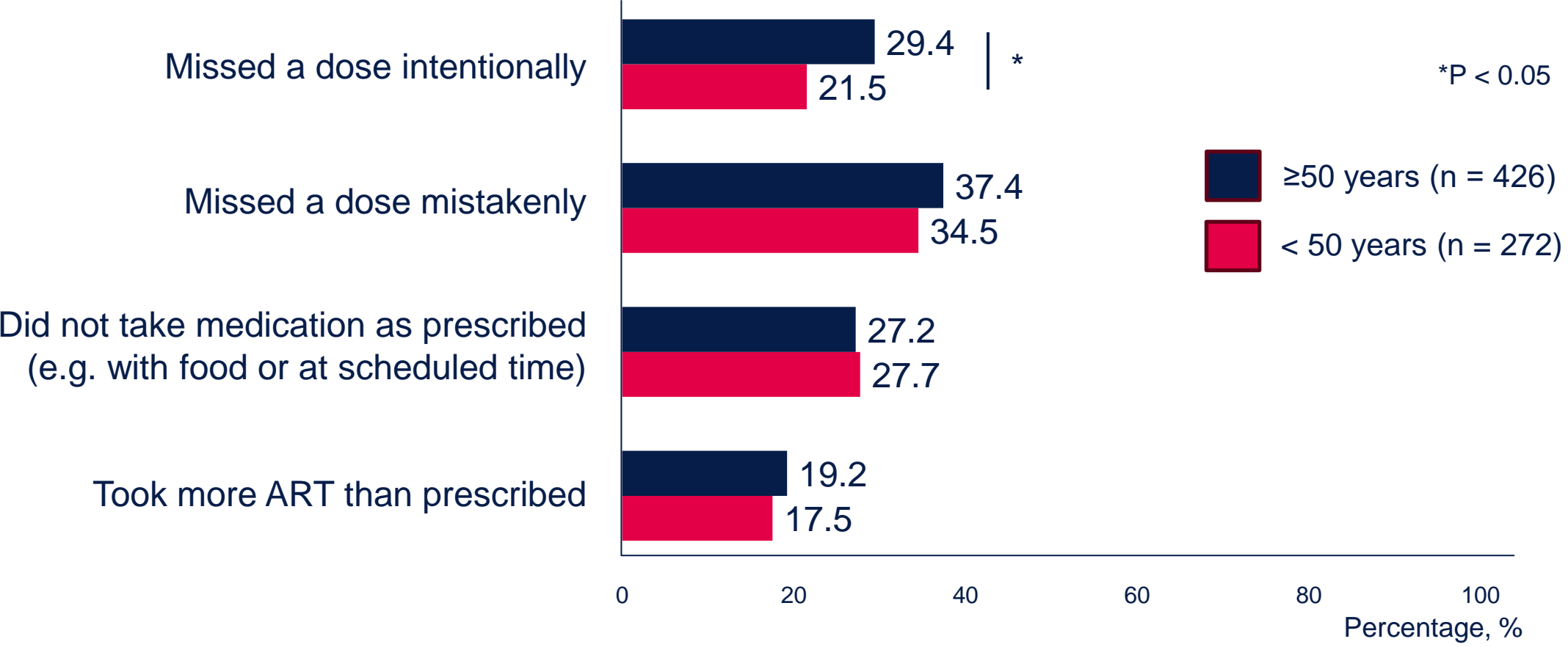


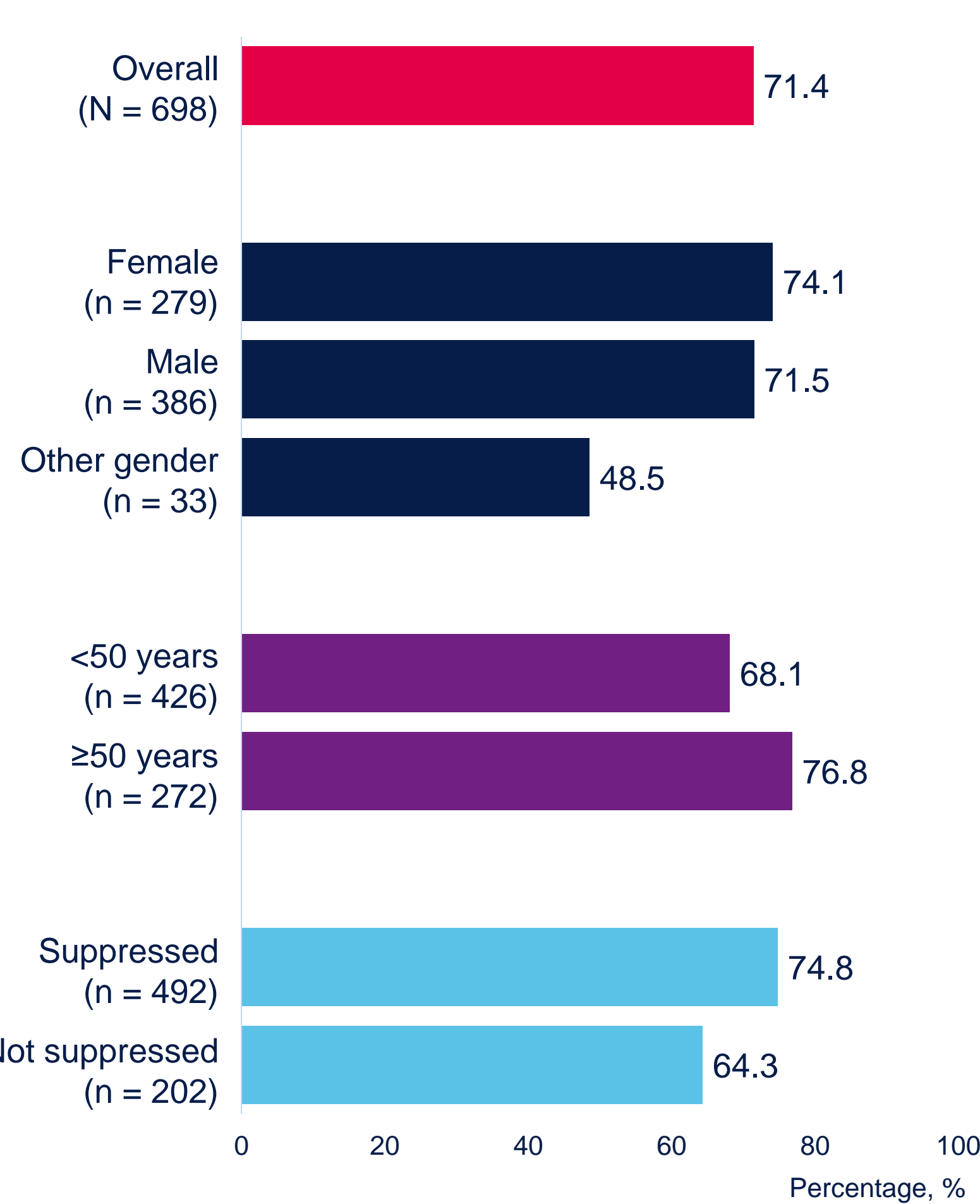
Figure 2. Sub-optimal ART adherence patterns in the past 12 months, by age



- Intentionally missing ART was significantly higher among those who were not satisfied with their current regimen compared to those who were, and adults over the age of 50 compared to those <50 years.
- Polypharmacy (taking 5+ non-HIV medications) was significantly higher in adults over the age of 50 compared to those <50 years (38.2% vs. 20.7%, $p < 0.05$).

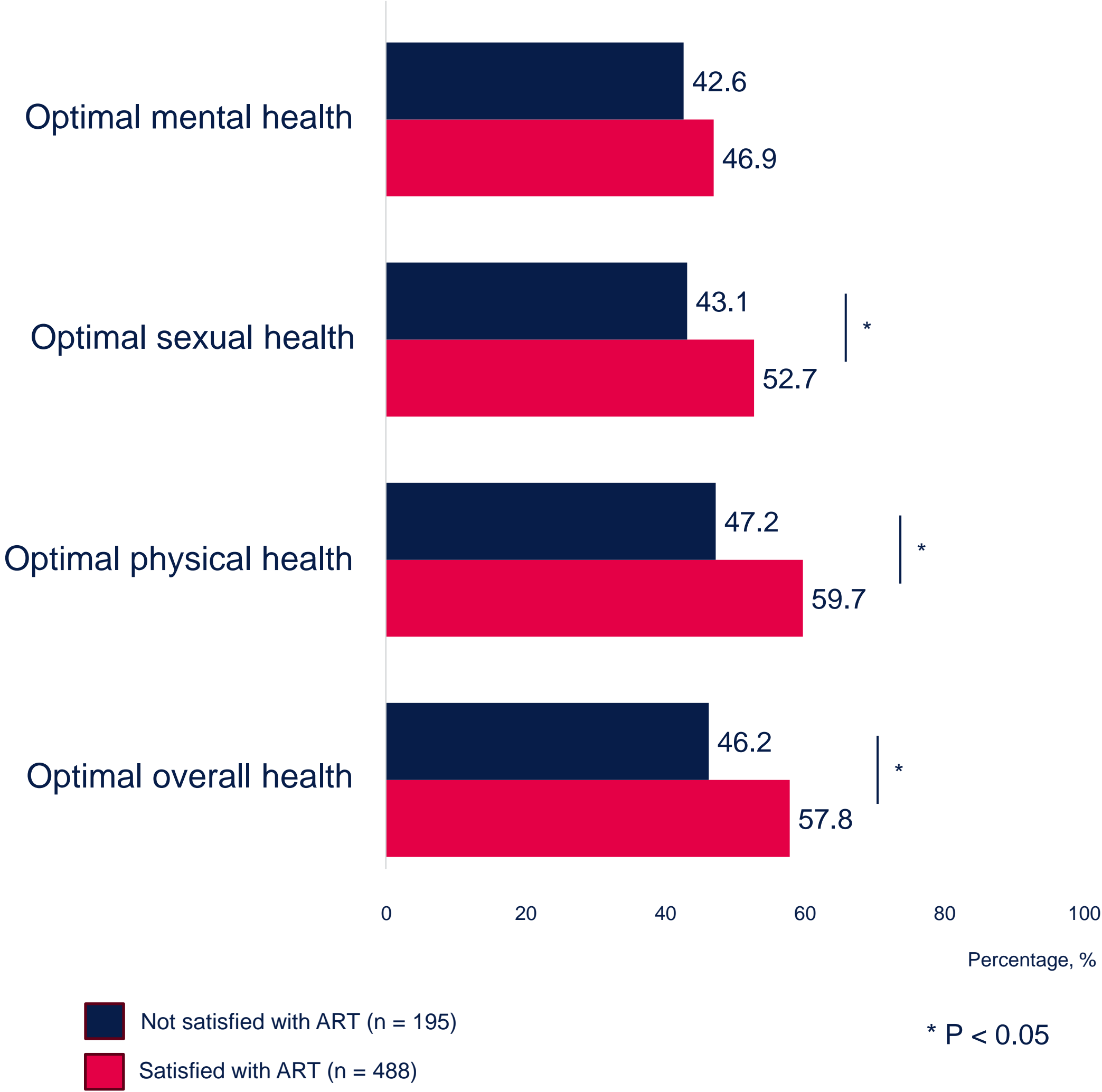
Acknowledgments: The authors thank the HIV patient organizations and study participants for their time. Medical writing was supported by Zatum LLC.

Figure 3. Percentage of individuals reporting treatment satisfaction, overall and by subgroups



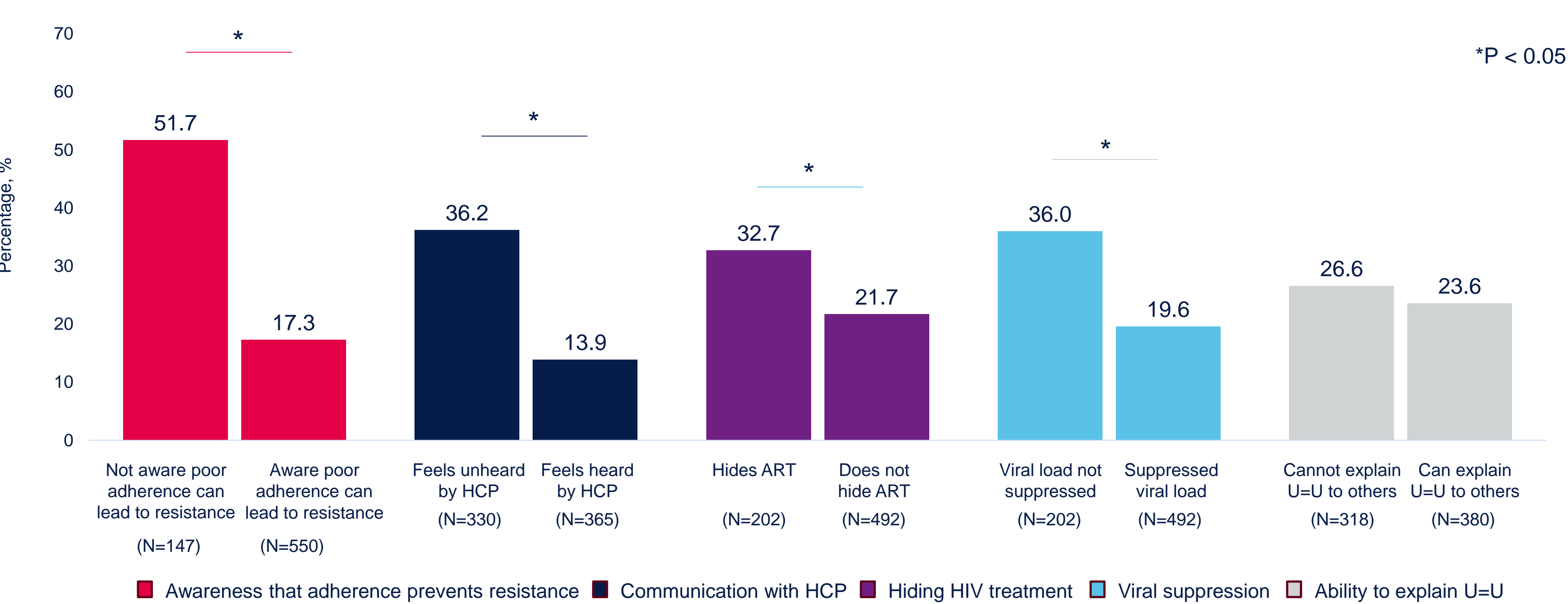
- Treatment satisfaction was lowest among those outside of the male/female gender binary.
- A higher proportion of individuals ≥50 years, and those with a suppressed viral load reported treatment satisfaction compared to those <50 years, and those not suppressed, respectively.

Figure 4. Association between ART satisfaction and outcomes and quality of life



- Participants satisfied with their treatment consistently reported higher rates of optimal health (sexual, physical, and overall) compared to those that were not satisfied.

Figure 5. Percentage of individuals who reported intentionally missing their HIV medication in the past 12 months



- A significantly higher proportion of individuals who were not aware that poor adherence can lead to resistance reported intentionally missing ART compared to those who were aware.
- A significantly higher proportion of individuals who felt unheard by their HCP, and hid their HIV medication reported intentionally missing ART compared to those who felt heard, were satisfied with ART and did not hide ART, respectively.
- As expected, a significantly higher proportion of individuals that reported they had an unsuppressed viral load reported intentionally missing ART compared to those who reported viral suppression.
- There was no difference in the proportion of individuals who intentionally missed ART between those who were aware of U=U and could explain it to others compared to those who could not explain U=U to others.

Conclusions and Implications

- Treatment satisfaction was high among the overall population and satisfied individuals were more likely to report optimal mental, sexual, physical and overall health. Notably, treatment satisfaction was lowest among those outside of the male/female gender binary, potentially reflecting gaps in care in this underserved population.
- Suboptimal ART adherence was common, with over 1 in 3 participants reporting a missed dose and 1 in 4 intentionally missing ART in the past 12 months. Intentionally missing ART was more common among those who did not understand the importance of adherence, felt unheard by their HCP, hid their HIV medication, were not satisfied with their ART regimen and were ≥50 years age.
- The reasons for intentionally missing ART are likely to be complex and may be related to beliefs about a particular treatment/regimen or treatment in general, or to specific barriers to taking treatment such as side effects, stigma or emotional burden.

Limitations

- Non-probability-based sampling: Snowball sampling may overrepresent certain groups (e.g., those connected to HIV clinics or online communities), potentially skewing results and limiting generalizability.
- Preliminary data: The analyzed dataset achieved 23.7% of the target sample (n=2940), which may reduce statistical power and representativeness of findings.
- Self-Reported Data: Reliance on self-reported adherence and satisfaction introduces recall bias and social desirability bias, potentially affecting data accuracy.
- Cross-sectional design: Single snapshot in time; only associations can be inferred.

References: 1. Robbins et al., Optimizing ART Adherence: Update for HIV Treatment and Prevention. Curr HIV/AIDS Rep. 2014 Dec;11(4):423–433. (2) de Los Rios P, Okoli C, Punekar Y, et al. Prevalence, determinants, and impact of suboptimal adherence to HIV medication in 25 countries. Prev Med. 2020 Oct;139:106182. doi: 10.1016/j.ypmed.2020.106182. Epub 2020 Jun 25.

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