

PREFER-LA: People With HIV (PWH) in the United States With Prior Adherence Challenges With Oral Antiretroviral Therapy (ART) Prefer Cabotegravir + Rilpivirine Long-Acting (CAB+RPV LA) Therapy After Switch

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Background

For individuals living with HIV, sticking to a daily pill routine can be tough due to factors like stigma, pill fatigue, and forgetfulness. The LATITUDE trial showed that an injectable treatment, cabotegravir plus rilpivirine long-acting (CAB+RPV LA), works better for those who find daily pills challenging. This study, called PREFER-LA, looks at real-life experiences of people in the U.S. who switched to this injectable option after struggling with daily oral medication.

What treatment was studied here?

This research focused on CAB+RPV LA, an injectable treatment given less often than daily pills. It aims to improve adherence by reducing the need for daily medication. The study explored the experiences of individuals who moved to this injectable treatment after facing challenges with oral ART.

What was the purpose of this study?

The study aimed to explore how people with HIV feel about their treatment after switching from daily pills to CAB+RPV LA injections. It looked at changes in their perceptions and evaluated the benefits and challenges of this injectable therapy.

Who took part in the study and how was the treatment studied?

The study included 159 individuals with HIV in the U.S. who had trouble sticking to daily pills. Participants were mostly Black or African American and had been diagnosed with HIV for a median of 12 years. They used CAB+RPV LA for about a year, and data were collected through surveys and medical chart reviews. The study also included 13 healthcare providers who were caring for these individuals.

What are the research findings?

Ninety-eight percent of participants preferred CAB+RPV LA over daily pills. The top 3 reasons for preferring CAB+RPV LA were believing that injections were more reliable than daily pills (71%), not worrying about others seeing/finding pills (71%), and not thinking about HIV every day (64%). Concerns about injections decreased significantly, with concerns about pain or soreness decreasing from 50% before using CAB+RPV LA to 28% after switching and with 21% of participants reporting “no concerns” before using CAB+RPV LA to 49% after switching. Participants experienced improved health (67%), quality of life (79%), and HIV control (79%) with the injectable treatment compared to pills, and 90% would recommend CAB+RPV LA to people with similar adherence challenges. Healthcare providers also observed better adherence (77%) and patient engagement (92%).

What does this mean for people with HIV?

Switching to CAB+RPV LA can enhance adherence and health outcomes for people living with HIV. The injectable option fits better into daily life, reducing stigma and the constant reminders associated with daily pills, benefiting those who struggle with oral ART.

Conclusions

CAB+RPV LA is favored by individuals with HIV who have difficulty with daily pills. The injectable treatment offers improved adherence, better health outcomes, and a higher quality of life, presenting a manageable alternative to daily oral ART.

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