Understanding perspectives and experiences of older people living with HIV: Survey findings from the Ask Us Europe study

Poster P091

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Plain Language Summary

- This large European survey explored perspectives of people with HIV who were > 55 years on whether they had reviewed their treatment with their healthcare provider. It also explored whether long-acting treatments (HIV treatments that do not have to be taken everyday) were discussed.
- Currently, the only long-acting treatment available in Europe is called cabotegravir and rilpivirine (CAB+RPV) (two injections every 2 months). Other long-acting treatments are being developed such as a pill that is taken once a week.
- Compared with participants under 55, over 55's were more likely to take more than one pill a day for their HIV treatment.
- Over 55's were less likely than younger participants to have discussed whether their treatment was right for them and less likely to have discussed CAB+RPV with their healthcare provider.
- Over 55's were as interested in CAB+RPV as younger participants.
- Over 55's were as interested in a future weekly pill as younger participants.

Background

- Older adults living with HIV experience complex health concerns such as multi-pill regimens, polypharmacy and drug resistance
- Data in adults older than 55 years old living with HIV is scarce.
- We explored perceptions of treatment optimisation discussions with their healthcare providers (HCPs) and awareness/interest in long-acting treatment modalities including injectable cabotegravir+rilpivirine (CAB+RPV) in people living with HIV older than 55 years old.

Methods

- Ask Us Europe is an **equity-focused, multi-country, cross-sectional online survey**, **co-produced** with 18 community members, in partnership with the European AIDS Treatment Group and the UK Community Advisory Board, and open between July 22 2025-May 20 2026.
- Eligible participants: people living with HIV, aged ≥18, living in a European country where CAB+RPV treatment is currently licensed, available and reimbursed.
- Dissemination of the survey was via social media and community / clinical networks.
- Descriptive statistics across age groups: CAB+RPV eligibility and uptake, where participants first heard of CAB+RPV, interest in longer-acting injectables and weekly pills.
- Exploratory analyses: logistic regressions adjusted for confounders on: 1) CAB+RPV discussions with HCP, 2) interest in CAB+RPV

Results

Socio-demographic characteristics:

- 1935 total participants, 755 (39.0%) aged ≥55, 516 (26.7%) aged 55 -64, 194 (10.0%) aged 65-74 and 45 (2.3%) aged ≥75
- Compared to <55, those ≥55 were more likely to be cisgender women (21.6% vs 16.3%), White (81.1% vs 70.5%), and financially stable (75.8% vs 68.4%), with 36.8% diagnosed >30 years ago
- Median time on HIV treatment in those ≥55 was 24 years (IQR=16-30).
- More older participants were taking multi-pill regimens (23.9% vs 8.6% in <55) and fewer reported missed doses (18.0% vs 27.7%).

CAB+RPV eligibility and uptake:

- 85.1% of <55; 72.7% of 55-64 and 72.8% of ≥65 clinically eligible for CAB+RPV
- CAB+RPV uptake decreased with age: 19.2%, 10.1%, 8.8% in <55, 55-64, ≥65 respectively.

Table 1. Characteristics of survey participants by age group

	<55 (N=1180)	55-64 (N=516)	≥65 (N=239)
Gender (n=1886)*			
Cis man	853 (74.2%)	334 (66.5%)	182 (77.4%)
Cis woman	192 (16.7%)	126 (25.1%)	37 (15.7%)
Trans, non-binary, gender diverse	104 (9.1%)	42 (8.4%)	16 (6.8%)
Ethnicity (n=1878)			
White	826 (72.3%)	409 (81.6%)	197 (84.2%)
Black	88 (7.7%)	35 (7.0%)	8 (3.4%)
Latinx	120 (10.5%)	33 (6.6%)	16 (6.8%)
Other	109 (9.5%)	24 (4.8%)	13 (5.6%)
Education (n=1623)			
Higher education	544 (55.3%)	219 (50.0%)	102 (50.5%)
No higher education	439 (44.7%)	219 (50.0%)	100 (49.5%)
Financial stability (n=1684)	699 (68.4%)	335 (74.3%)	167 (79.1%)
Shared/insecure housing (n=1694)	109 (10.6%)	23 (5.1%)	6 (2.8%)
Current HIV medication (n=1935)			
One pill taken once daily	866 (73.4%)	355 (68.8%)	155 (64.9%)
Two or more pills, taken once daily	69 (5.8%)	75 (14.5%)	44 (18.4%)
Two or more pills taken twice daily	33 (2.8%)	41 (7.9%)	20 (8.4%)
Injections, once every two months	203 (17.2%)	44 (8.5%)	18 (7.5%)
Other	9 (0.8%)	1 (0.2%)	2 (0.8%)
Missed dose sometimes, often, or always (unintentional) (n=1475)	238 (27.7%)	81 (19.3%)	30 (15.2%)
Treatment interruption more than 3 days sometimes, often, or always (n=1465)	60 (7.0%)	19 (4.6%)	6 (3.1%)
Fits eligibility criteria for CAB+RPV (n=1930)**	1002 (85.1%)	373 (72.7%)	174 (72.8%)
Ever on CAB+RPV (n=1935)	227 (19.2%)	52 (10.1%)	21 (8.8%)

** (n=xx) indicate denominators for each variable. This vary due to missing data and/or survey attrition.*
*** Clinical eligibility for CAB+RPV was determined according to the licensed indication. Participants were ineligible if their HCP had described their HIV viral load as detectable, indicated that their HIV medication was ineffective or had developed resistance, or if they were being treated for Hepatitis B infection.*

CAB+RPV discussions with HCPs, and interest in CAB+RPV

Among those not on CAB+RPV and after adjusting for covariates*, older participants (aged ≥55) were less likely to have discussed CAB+RPV with their HCP than those aged <55, but there was no statistical evidence that they were less interested in it.

Outcome	Adjusted odds-ratio* (95% CI) for Age (reference <55)
Recalls having a CAB+RPV discussion with HCP	**0.66 (0.50-0.87)**
Is interested in CAB+RPV or would like to know more	**0.80 (0.62-1.03)**

** Adjusted for gender, ethnicity, education, immigration status, neurodivergence, physical disability, financial stability, housing situation, need for tailored specialist support, time since diagnosis and CAB+RPV clinical eligibility*

Figure 1. Where did participants report first hearing of CAB+RPV by age group

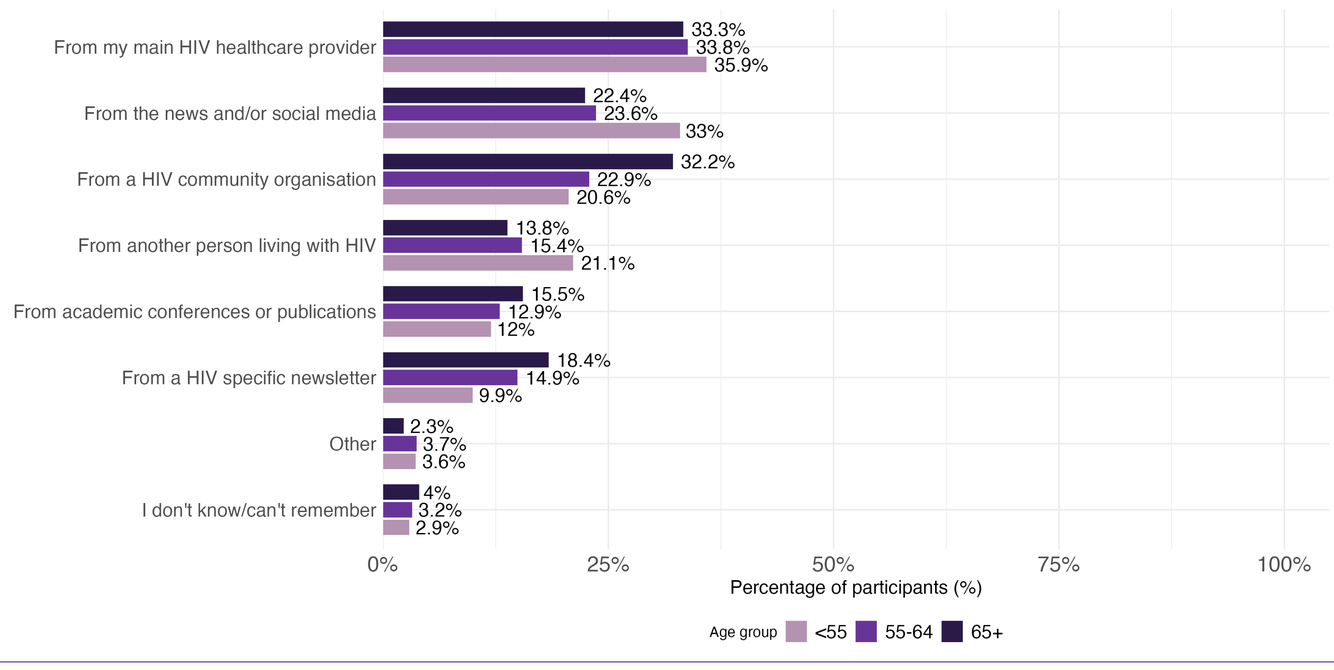
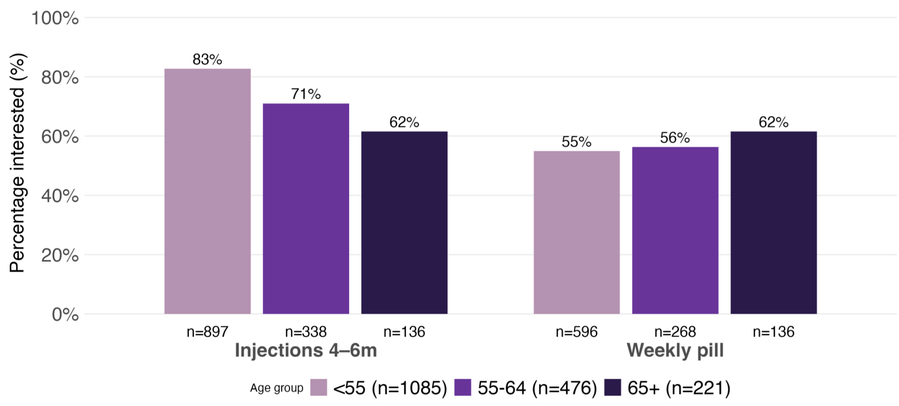


Figure 2. Percentage of participants interested in future LA modalities by age group



Discussion and Conclusions

- Participants ≥55 years were more likely to take multi-pill regimens.
- Participants ≥55 years had fewer CAB+RPV discussions with their HCP than those <55 years, but similar adjusted interest in CAB+RPV.
- Interest in 4-6 monthly injectable therapies decreased with age, while interest in weekly pills was similar across all age groups.
- Community organisations play a more important role in information-sharing for those ≥65 who answered our survey than those <65 years.

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