

Insights into patients perspectives: identifying barriers in the transition from oral to injectable antiretroviral treatment

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Introduction/Summary

■ The introduction of long-acting injectable antiretroviral treatment (LA ART) has marked a cornerstone in the management of HIV infection (1). However, clinical observation has revealed a subset of People Living with HIV (PLWH), who, despite meeting the inclusion criteria for this treatment, firmly reject its prescription.

Study Design

■ Retrospective multicentric observational cohort study aimed to investigate potential social, cultural, or clinical determinants underlying this phenomenon, with the goal of assisting clinicians in formulating individualized therapeutic strategies.

Methods

■ From January 1, 2023, to February 15, 2024, all eligible PLWH in charge at the Infectious Diseases Outpatient Clinics of the University Hospitals of Bari and Foggia, were proposed a switch to injectable ART during routine follow-up visits. Reasons for both switch acceptance and refusal were collected through both in-person and telephone interviews conducted by medical staff.

■ Clinical and sociodemographic characteristics of both patients groups were recalled from medical records. Descriptive statistics was performed. A univariate and multivariate Cox regression model was developed to identify factors associated with an increased likelihood (Odds Ratio, OR, with 95% Confidence Interval, CI) of LA ART refusal.

Conclusions

■ Our findings underscore the influence of demographic and clinical factors on patients' acceptance of switch to LA ART, highlighting the importance of thorough counseling, particularly for patients with longer ART history and lower levels of education, as transitioning to a newer ART regimen may require a shift in mindset.

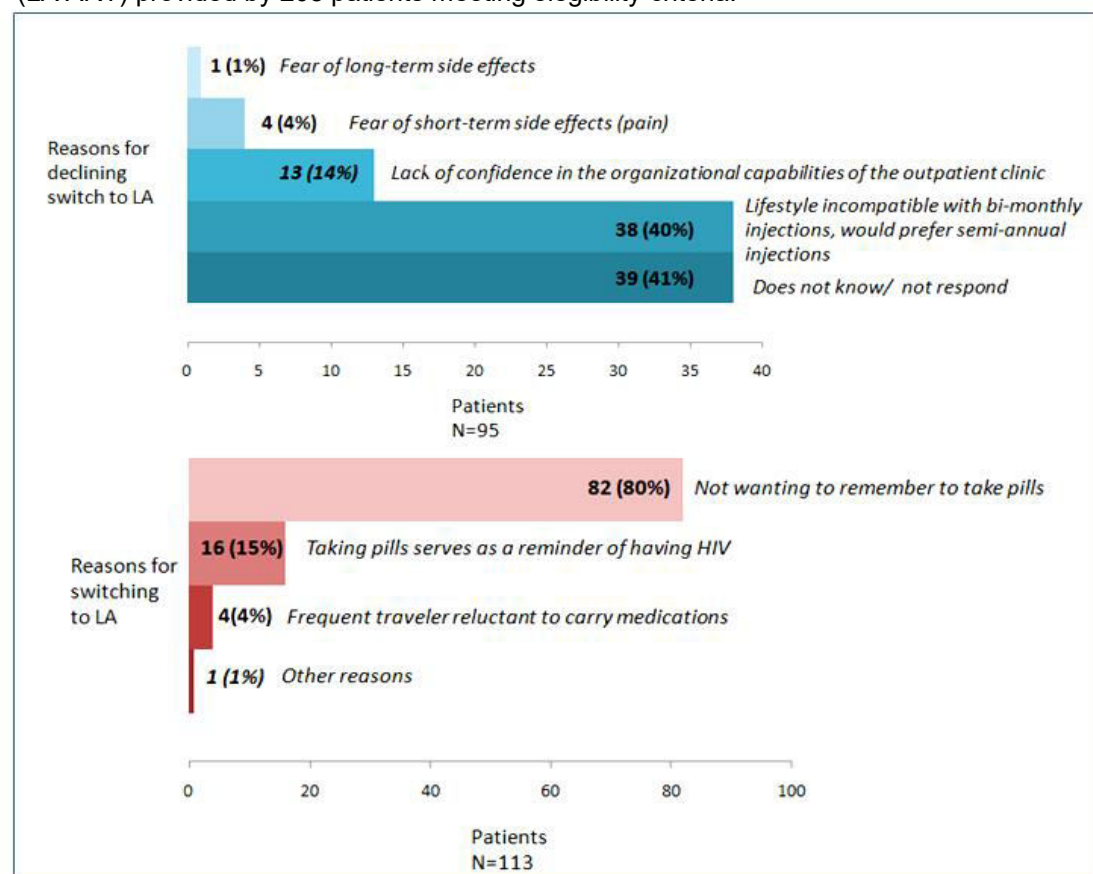
Reference

1. Ramgopal, M. et al.(2023). Efficacy, safety, and tolerability of switching to long-acting cabotegravir plus rilpivirine versus continuing fixed-dose bicitegravir, emtricitabine, and tenofovir alafenamide in virologically suppressed adults with HIV, 12-month results (SOLAR): a randomised, open-label, phase 3b, non-inferiority trial. *The lancet. HIV*, 10(9), e566–e577. [https://doi.org/10.1016/S2352-3018\(23\)00136-4](https://doi.org/10.1016/S2352-3018(23)00136-4)

Results

- Overall, 208 PLWH were offered LA ART. Of these, 95 (46%) declined.
- Compared to those who accepted, PLWH declining LA ART were significantly older, with higher number of comorbidities and longer history of HIV infection and ARV treatment. On average, lower level of education and higher rate of unemployed subjects were noticed in this group.
- Histogram in **Figure 1** depicts reasons provided for accepting or declining switch to injectable LA ART.

Figure 1. Reasons for accepting or declining switch to long- acting antiretroviral treatment (LA ART) provided by 208 patients meeting eligibility criteria.



Results of 2

- At univariate analysis, a duration of ART ≥ 10 years (OR 4.73, 95% CI 2.64-8.70, $p < .001$), the use of comedications (OR 3.04, 95% CI 1.58-6.10, $p < .001$), and an age ≥ 50 years (OR 2.64, 95% CI 1.51-4.67, $p = .001$) correlated with a higher likelihood of refusal of LA ART, whereas male gender and a higher level of education appeared as predictors of treatment switch acceptance (OR 0.46, 95% CI 0.24-0.88, $p = .02$ and OR 0.24, 95% CI 0.09-0.56, $p = .002$).
- At multivariate analysis, prolonged ART (OR 3.05, 95% CI 1.07-9.53, $p = .04$) was associated with a higher likelihood of refusing LA ART, while higher education degree was predictive of LA ART acceptance (OR 0.31, 95% CI 0.11-0.80, $p = .02$).