

Patients' attitudes towards telehealth for HIV care: a single center survey

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Introduction The emergence of SARS-CoV-2 has indeed accelerated the use of telehealth for providing HIV care and treatment. However, limited information is available regarding the impact and acceptability of telemedicine among PLWH. In this context, our study aimed to conduct a survey to understand the perspectives of PLWH on using telemedicine for HIV care compared to traditional in-person visits.

Methods

We conducted a cross-sectional, single-center survey on PLWH treated with cART at the HIV Outpatient Unit in Padova from August 2021 to August 2022 using an anonymous, self-administered questionnaire.

The questionnaire covered 11 items divided into four categories: 1) information on the availability of tools for telehealth; 2) willingness to substitute in-person visits with online contacts; 3) benefits perceived by using telehealth; 4) concerns felt towards the use of telehealth. We analyzed the demographics and clinical characteristics of our sample and conducted a multivariate regression analysis to understand how these factors influence the likelihood of using telehealth, including reported benefits and concerns.

Results

587 PLWH were included in the survey.

Main characteristics of study population are detailed in Table 1.

13 % of respondents did not have a device for video calls. Individuals aged 50-59, over 59 and foreign subjects were less likely to have digital tools (OR 0.18, 0.06 and 0.36, respectively).

58% of PLWH were in favour of integrating telemedicine into clinical practice. The benefits cited include better schedule organization and avoiding physical visits to the clinic (both at 62%).

Concerns were most frequently related to the doctor not being able to accurately assess the patient's condition (47%). Having access to digital tools reduces the likelihood of perceiving concerns about telehealth (OR 0.28). Older patients (>50) were more likely to perceive concerns related to exchanging personal data online. Individuals with comorbidities were more likely to worry about not being able to communicate effectively. While 38% of subjects reported no concerns, 10% opposed telemedicine and 18% were unwilling to accept it.

Table 1. Characteristics of patients included in the analysis (587 patients)

Sex, (%)	
Male	78
Female	21
Transgender	1
Median years (range)	53 (18-86)
Foreign (%)	10%
Risk factor (%)	
MSM	66
ET	24
IDU	10
Education level (%)	
Degree	4
High school	87
None	3
ART regimen (%)	
Triple therapy	66
Dual therapy	33
Other	1
HIV viral load (%)	
HIV-RNA undetectable	98
HIV-RNA < 200 cp/ml	2
HIV-RNA > 200 cp/ml	0
Distance from the hospital (%)	
Live in the city or district	67
Live out of district	33
CD4+ cell count (%)	
CD4+ < 500 cell/μL	28
CD4+ > 500 cell/μL	72
Nadir CD4 < 200 cell/μL (%)	37
Time of HIV infection (%)	
>15 years	49
< 15 years	51
Coinfections (%)	13
HCV	7
HBV	5
HCV/HBV	1
Comorbidities (%)*	
Hypertension	42
Dyslipidemia	30
Diabetes	6
Obesity (BMI > 30)	12
CVD	8
COPD	6
Multimorbidity (%)	71

MSM: Men who have sex with men; ET: heterosexual; IDU: Injecting drug users; ART: Antiretroviral therapy; BMI: Body mass Index; CVD: cardiovascular disease; COPD: Chronic obstructive pulmonary disease; *each patient may have more than one.

Conclusion

The study reveals that PLWH see telemedicine as a valuable option, especially in stable clinical conditions. However, it is not a substitute for traditional visits, especially for the most vulnerable individuals. This highlights concerns about potential healthcare inequalities, particularly for the more vulnerable HIV population.

References

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