



# Clinicians' attitudes to HIV Pre-exposure prophylaxis

Dean Murphy

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# Background & description

- Research on attitudes among gay men to PrEP, TasP (and microbicides) but less attention paid to people who work in HIV field
  - Although some studies on attitudes of service providers (mainly clinicians) to TasP and PrEP
- Study of people working in the HIV sector in NSW (*Priorities in Prevention Study*)

# Provider attitudes in the United States

Intention to prescribe PrEP influenced by beliefs/concerns about:

- Risk 'disinhibition'; changes in behaviour (Krakower 2014; Tellalian 2013)
- Side effects and toxicity (Krakower 2014; Mimiaga 2013; White 2012)
- Adherence (Calabrese 2014; Tellalian 2013)
- Resistance (Tellalian 2013; White 2012)
- Efficacy/effectiveness (Puro 2014; Krakower 2014; Mimiaga 2013; Puro 2014)
- Diversion of funds from other prevention activities (Mimiaga 2013; Puro 2014)
- Most appropriate patients for PrEP (Arnold 2012; Calabrese 2014)
- Guidelines (Puro 2014; Krakower 2014; White 2012)
- Preference for topical microbicides over PrEP (White 2012)



# Priorities in Prevention Study

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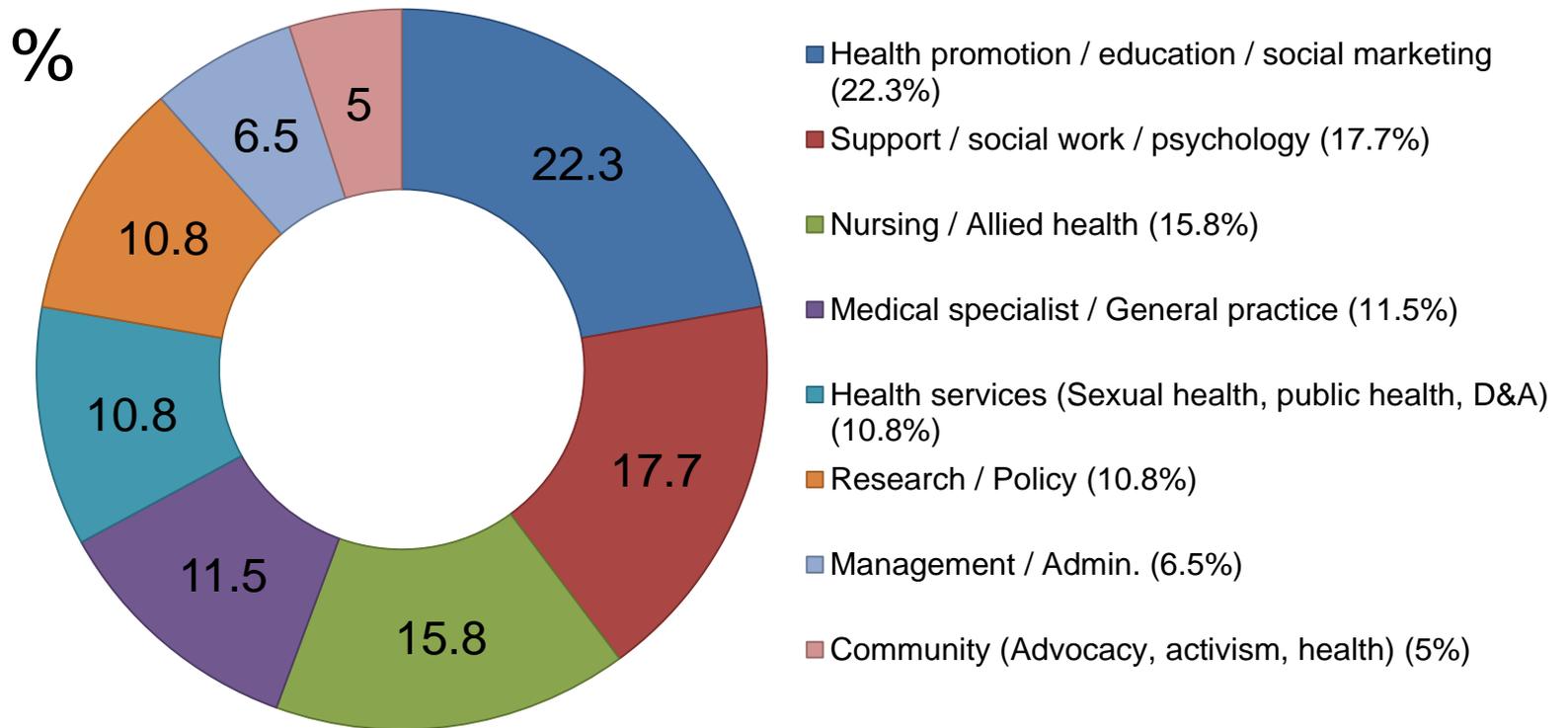
# Priorities in Prevention study

- Online data collection January – April 2014
- General questions on opinions about different prevention approaches – biomedical, risk reduction, ‘safe sex’, behavioural
- Specific views on 5 different strategies (effectiveness, acceptability, comfort with recommending, likelihood of recommending):
  - TasP
  - PrEP
  - Condoms
  - Serosorting
  - Rectal microbicides
- TasP definition used in survey:
  - ‘The use of antiretrovirals (ARVs) by people living with HIV to decrease the chance of HIV transmission to sexual partners’ (‘ARVs for prevention’)
- 139 eligible completed surveys

# Description of participants

- Time in sector:
  - <5 years (25.2%); 5–10 years (21.6%); >10 years (53.2%)
- Gender:
  - Female (46%); Male (51.1%)
- Born in Australia:
  - 74.1%
- Education:
  - Post-graduate degree 74.1%
- Age:
  - Mean 43.9 years
- Workplace:
  - Public / government (72.7%); Community / NGO / private (27.3%)
- Location:
  - Sydney (79.9%); Other (20.1%)

# Professions





# Attitudes to prevention

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# General attitudes about prevention

- 22 items on general attitudes
- Principal components analysis – 2 reliable scales
- 1) ‘Promise of biomedical prevention’
  - 10 items ( $\alpha = 0.83$ )
    1. *We now have the tools to end the HIV epidemic in Australia in the near future*
    2. *Antiretroviral-based strategies are a ‘game-changer’ for HIV prevention among gay men*
    3. *New biomedical prevention strategies (such as PrEP, and treatment as prevention) have not been proven to work effectively in the real world\* [reversed]*
    4. *Biomedical prevention strategies mean giving control of HIV prevention to medicine\**
    5. *Biomedical prevention strategies will lead to increases in HIV infections\**
    6. *New biomedical prevention strategies will strengthen HIV prevention for gay men*
    7. *HIV risk reduction strategies have caused confusion for gay men\**
    8. *Gay men need to be informed about all the ways they can reduce the risk of HIV*
    9. *Gay men need to be given non-judgemental information about different HIV prevention options*
    10. *Gay men are looking for new ways to prevent HIV transmission*
- Mean = 3.60 (SD = 0.57)
- Higher score on ‘Promise of biomedical prevention’ was associated with less time employed in the sector, and not working in public/govt institution

# General attitudes about prevention

- 2) Frustration and fatigue (regarding condom use)
  - 7 items ( $\alpha = 0.66$ )
    1. *Gay men are becoming complacent about HIV*
    2. *Gay men are no longer afraid of HIV*
    3. *We need to find new ways of reinforcing the safe sex message for gay men*
    4. *Condom use is declining irreversibly among gay men*
    5. *It's hard to make condoms exciting*
    6. *It's difficult to promote the use of condoms for anal sex when gay men are no longer interested*
    7. *Risk reduction strategies have diluted the safe sex message*
- Mean = 3.34 (SD = 0.59)
- Score on 'Frustration and fatigue' was not associated with any demographic characteristic or location in the HIV sector



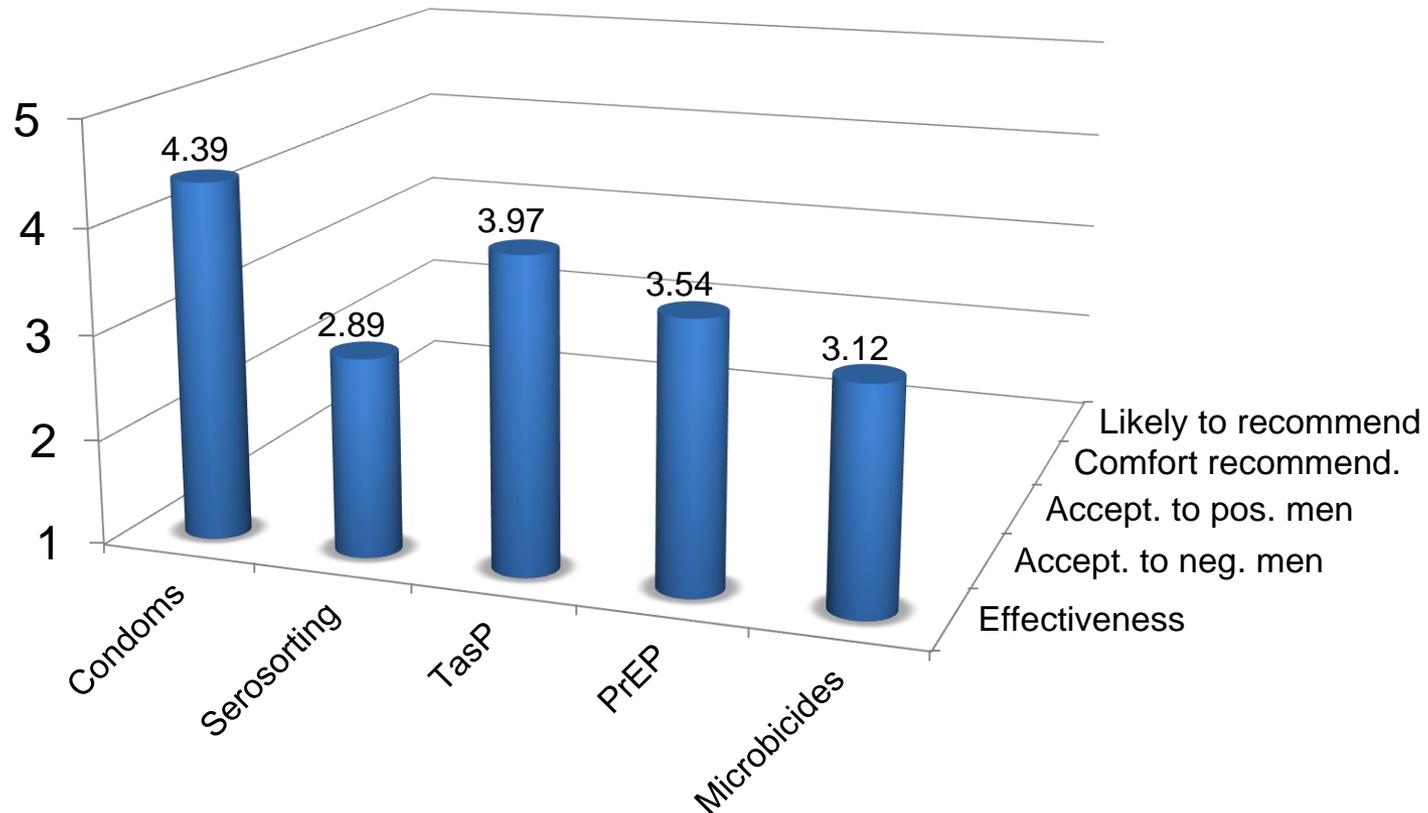
# Prevention strategies

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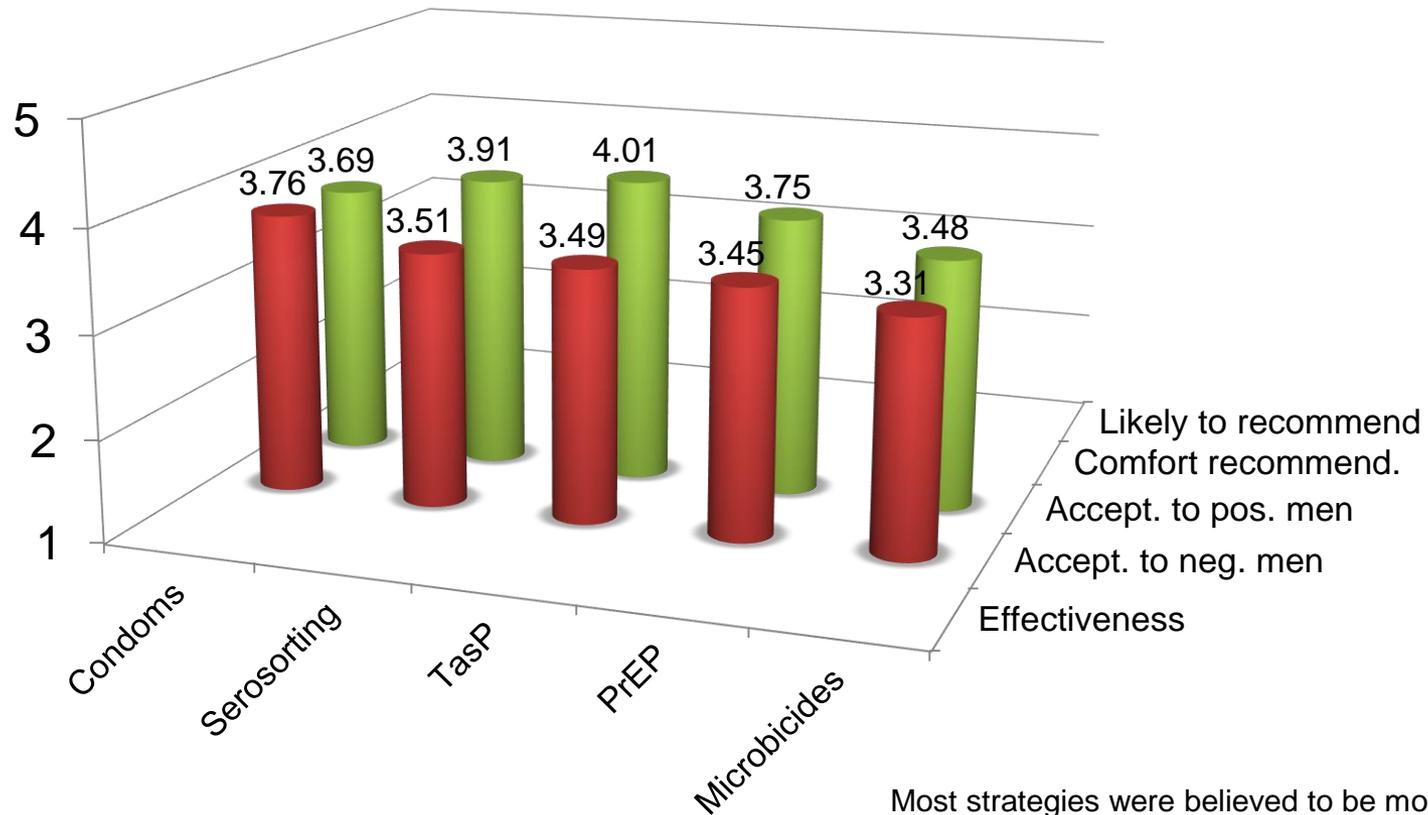
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# Effectiveness



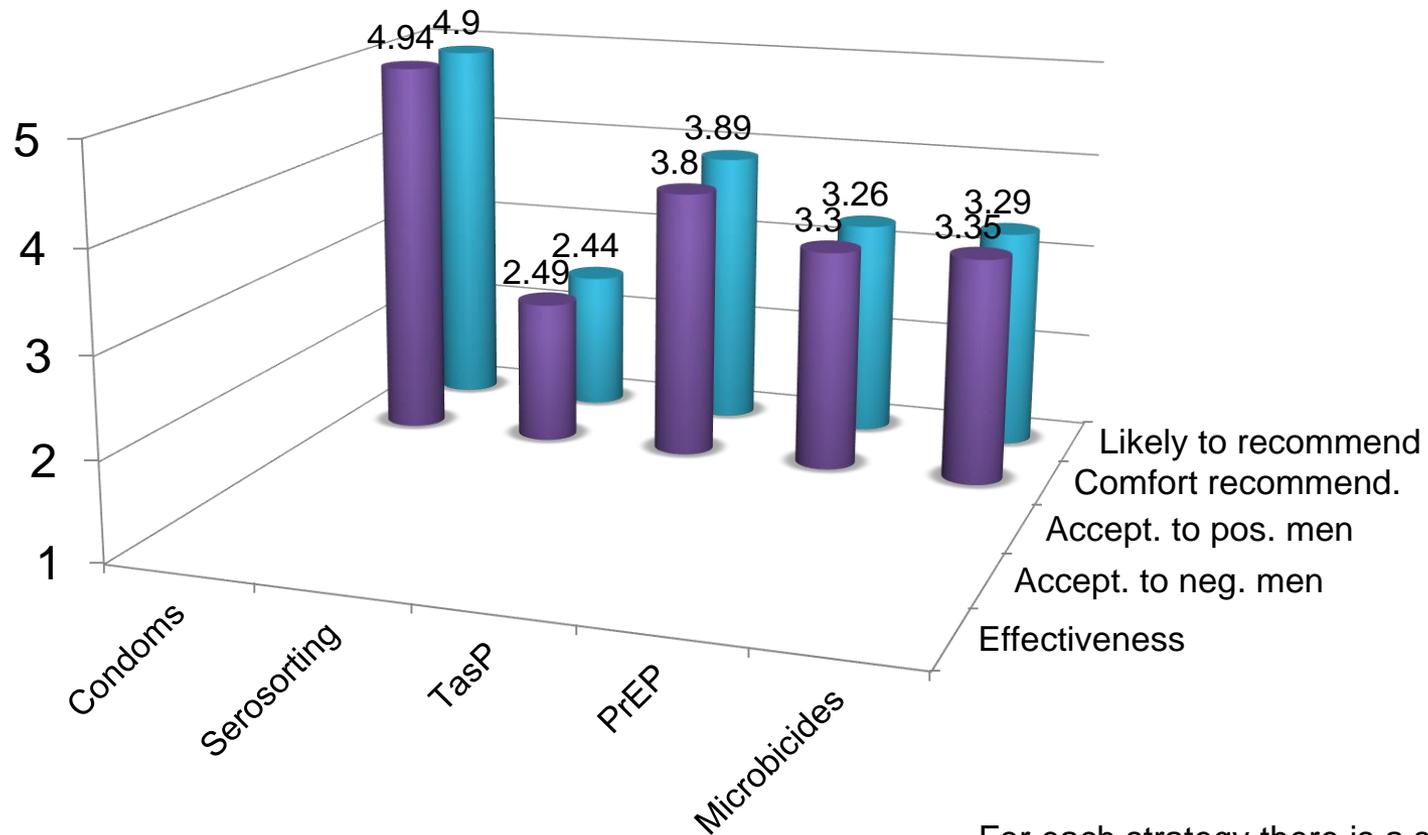
A clear hierarchy exists in relation to the perceived effectiveness of different strategies

# Acceptability to HIV-negative and HIV-positive men



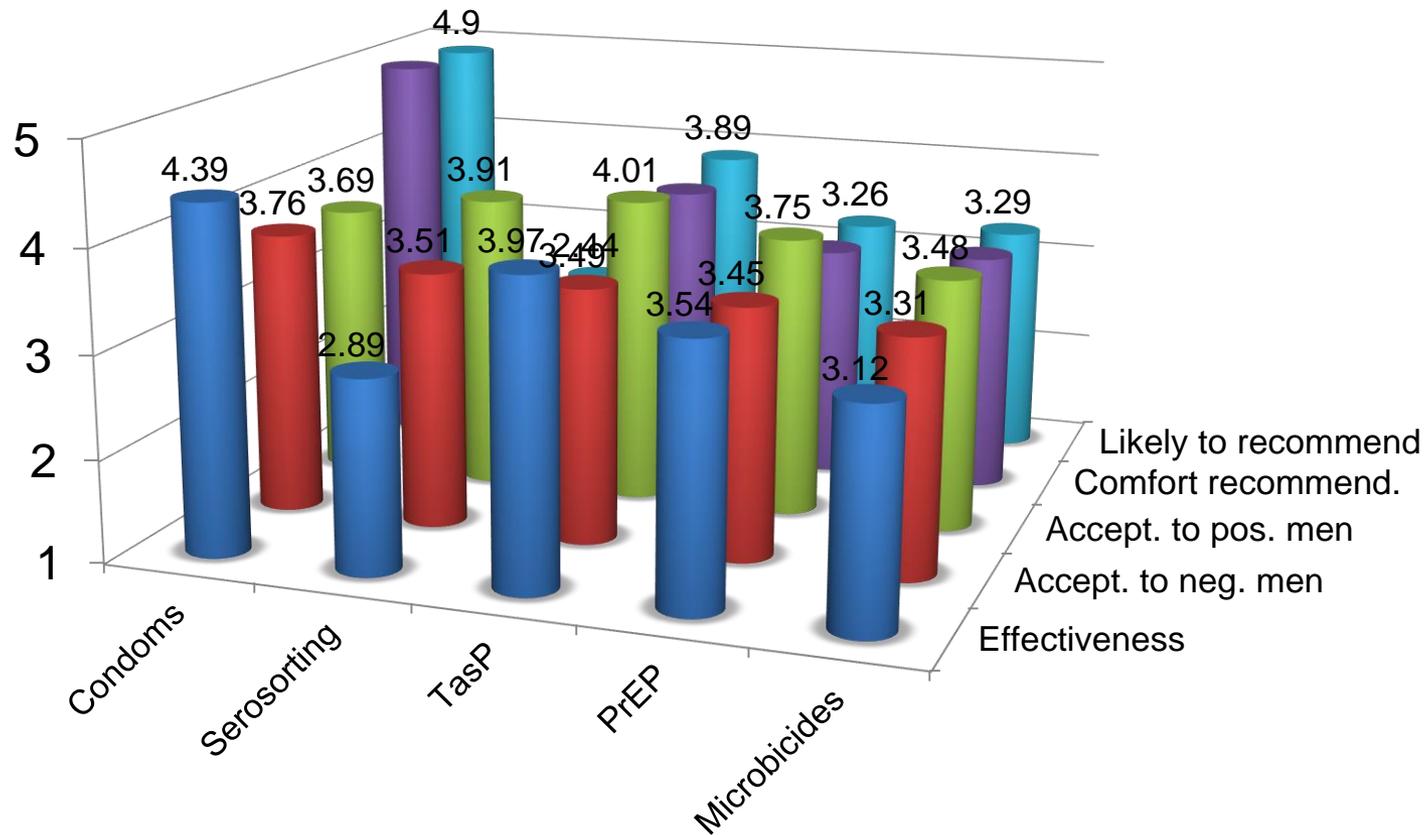
Most strategies were believed to be more acceptable to HIV-positive men. (No significant difference on Acceptability of condoms.)

# Comfort and likelihood recommending



For each strategy there is a strong relationship between *comfort* with, and *likelihood* recommending

# Effectiveness vs. acceptability vs recommending



# Differences in opinions based on demographic characteristics

- Believing condoms are less acceptable to HIV-positive men was associated with:
  - being employed in the sector for longer time
  - working in Sydney
- Believing PrEP less acceptable to HIV-negative men was associated with:
  - older age
- Greater comfort and likelihood recommending PrEP was associated with:
  - working outside public/govt. sector
  - working outside Sydney
- No demographic characteristics associated with opinions about serosorting, PrEP, or rectal microbicides

# Discussion

- Views/opinions of people who work in the field are important
- Complex interaction between opinion about effectiveness, beliefs about acceptability, and comfort/likelihood of promoting strategies
- Divergence between beliefs about effectiveness and opinions about acceptability
- Definite differences in perceived acceptability of most strategies based on serostatus of gay men
  - HIV-positive men seen as more amenable to ARV-based prevention
- Few differences based on demographic characteristics

# Open-ended responses on PrEP

- 1) Cost
- 2) Adherence
- 3) Efficacy
- 4) Side effects
- 5) Choice
- 6) Approval, availability, guidelines
- 7) Targeting

# Limitations

- Broad measures of opinions about individual strategies
  - Comfort and willingness to recommend in particular circumstances/scenarios not measured and would be likely to vary significantly
- No strategy exist (completely) independent of other strategies
  - Within community, in partnerships, or by individuals
- Changes
  - PARTNER Study preliminary results released during data collection

# Acknowledgements

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# Questions