BACKGROUND AND OBJECTIVES

A long acting injectable (LA) antiretroviral (ART) regimen of cabotegravir plus rilpivirine is in development for monthly or every other month administration. - In patients in the clinical trial reported a higher preference for LA compared with daily ART. However, it is important to understand patient preferences for HIV treatments outside of clinical trials.

METHODS

An online survey was conducted among people living with HIV (PLHIV) and physicians treating PLHIV in the US and Canada, using existing panels. Survey questions included sociodemographic and clinical characteristics, stigma and satisfaction with current HIV treatment, and patients’ and treating physicians’ preferences for switching from an oral to a LA mode of administration and characteristics associated with preferences for LA ART.

RESULTS

Sample

456 physicians completed the survey; patient demographics are described in Table 2. Of the 456 physicians, 134 (29.4%) had never prescribed LA ART. Among physicians, mode of administration and risk of side effects were also significant predictors of recommending a switch (both to oral and injectable). Forgivability, dosing frequency (for oral ART), and that many PLHIV experience internalized stigma. These issues may be, at least partially, addressed by a novel long-acting injectable treatment.

CONCLUSIONS

Recruitment was conducted via patient and physician panels, and patients self-reported their HIV diagnosis. The sample included a higher than expected proportion of patients identifying as straight, therefore results may not be completely representative of the population of North America living with HIV.

REFERENCES