

# UNDERSTANDING THE CHANGING TREATMENT CONCERNS OF OLDER PEOPLE LIVING WITH HIV (PLHIV) AND DIFFICULTIES WITH PATIENT-PROVIDER COMMUNICATION

Duncan Short,<sup>1</sup> Frank Spinelli,<sup>2</sup> Chinyere Okoli,<sup>1</sup> Patricia de los Rios<sup>3</sup>

<sup>1</sup>ViiV Healthcare, Brentford, Middlesex, UK; <sup>2</sup>ViiV Healthcare, Research Triangle Park, NC, USA; <sup>3</sup>ViiV Healthcare Canada, Laval, QC, Canada

## Introduction

- As people living with HIV (PLHIV) age, their treatment needs may evolve
- We compared perspectives on treatment-related concerns and on patient-provider communication in older PLHIV and explored differences based on duration of treatment experience

## Methods

- 'Positive Perspectives 2 (PP2)' is a multinational, cross-sectional, web-based survey of PLHIV (aged 18+) with data collected in 2019 (N=2389)
- This analysis focuses upon data from 699 individuals aged ≥50 years living with HIV and currently receiving antiretroviral (ART) treatment
- Individuals were stratified by duration of ART treatment: <2 years and ≥2 years
- Endpoints in this analysis included patient perspectives at initiation of treatment and at the time of the survey on the following topics:
  - Treatment-related concerns
  - Patient-provider communication
- Chi-square tests were used for statistical comparisons where noted (P<0.05)

## Treatment Concerns

- Participants were asked to select any and all of the options that applied for each question
  - "When you first started HIV treatment, other than ensuring that it was effective, what were your most important considerations?"
  - "And imagine that you were starting HIV treatment today. Other than ensuring that it is effective, what would be your most important considerations?"

## Patient Engagement in Care

- Participants were asked to what extent they agreed or disagreed with each of the following statements:
  - "My provider seeks my views about treatment before prescribing an HIV medication"
  - "My provider asks me if I have any concerns about the HIV medication I am currently taking"
  - "I would like to be more involved when it comes to decisions about my HIV treatment"
  - "My HIV medication prevents me from passing on HIV to others"
- Answers "Agree"/"Strongly agree" were coded as 1; "Disagree"/"Strongly disagree"/"Neither agree nor disagree" were coded as 0

## Patient-HCP Communication

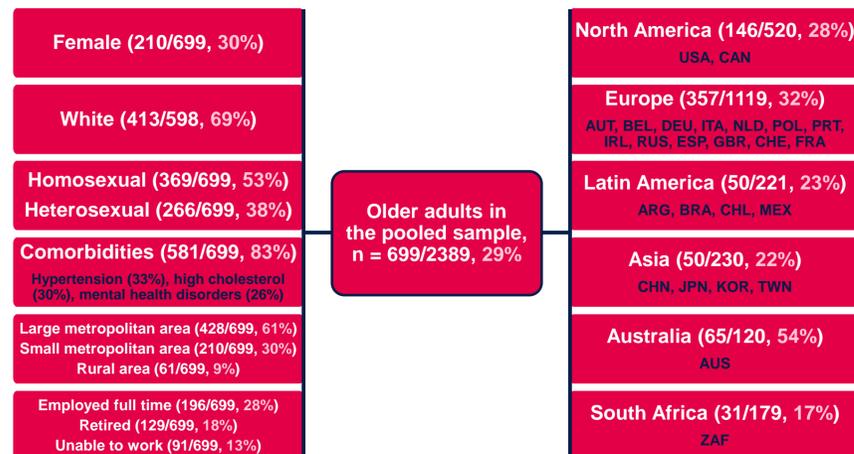
- All participants were asked about comfort level with communication with their HCP
  - "If it were a concern of yours, to what extent would you feel comfortable raising each of the following with your main HIV care provider?"
    - "Comfortable" or "Very comfortable" were coded as 1; "Uncomfortable," "Very uncomfortable," or "Neither comfortable nor uncomfortable" were coded as 0
  - "Why, if at all, would you feel uncomfortable raising concerns with your main HIV care provider?"
    - Answers were "None" or options to select "Yes" or "No" (see Figure 5)

## Results

### Participant Characteristics

- 699 individuals aged ≥50 years from 25 countries were included in this study (Figure 1)
- 632 individuals received ART for ≥2 years and 67 for <2 years
- Baseline characteristics were balanced between groups (Figure 1)

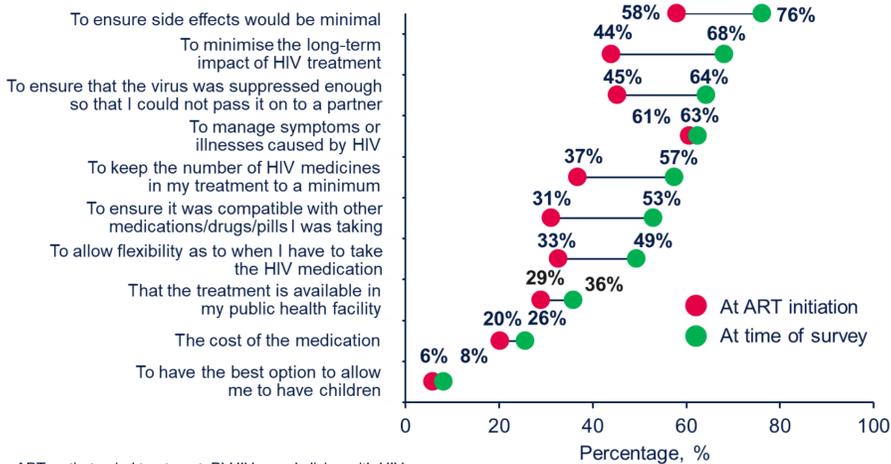
Figure 1. Survey Participants Aged ≥50 Years: Demographics and Location



## Change in Treatment Challenges Over Time

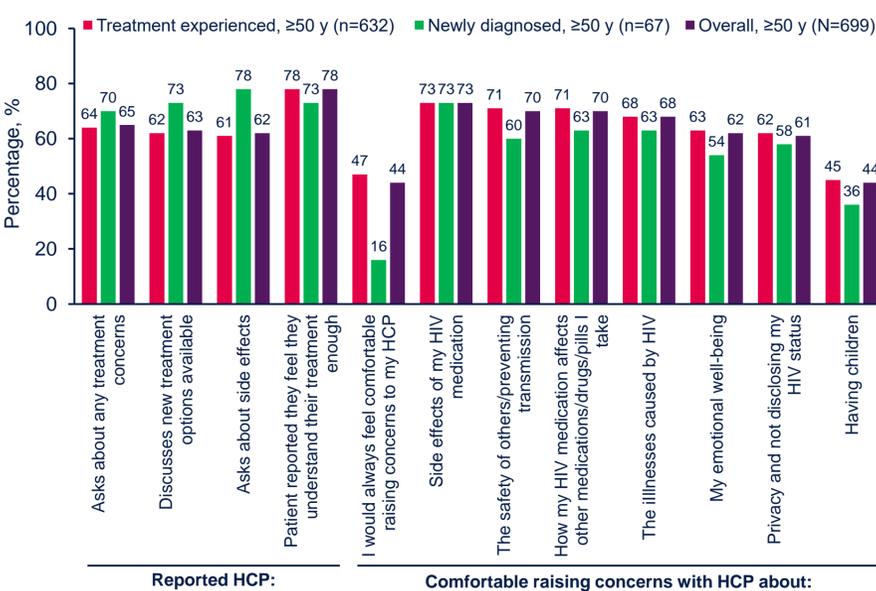
- Current treatment challenges reported as most important to treatment-experienced older PLHIV, including medicine-related concerns, were the following (Figure 2):
  - Ensuring minimal side effects (76%; n=482)
  - Minimizing long-term treatment impact (68%; n=431)
  - Ensuring viral suppression to prevent transmission to a partner (64%; n=406)

Figure 2. Change From ART Initiation in Most Important Treatment Challenges for Treatment-Experienced Older PLHIV (N=632)



ART, antiretroviral treatment; PLHIV, people living with HIV.

Figure 3. Perspectives of Interactions and Comfort Level With Healthcare Providers for Older PLHIV by Treatment Experience

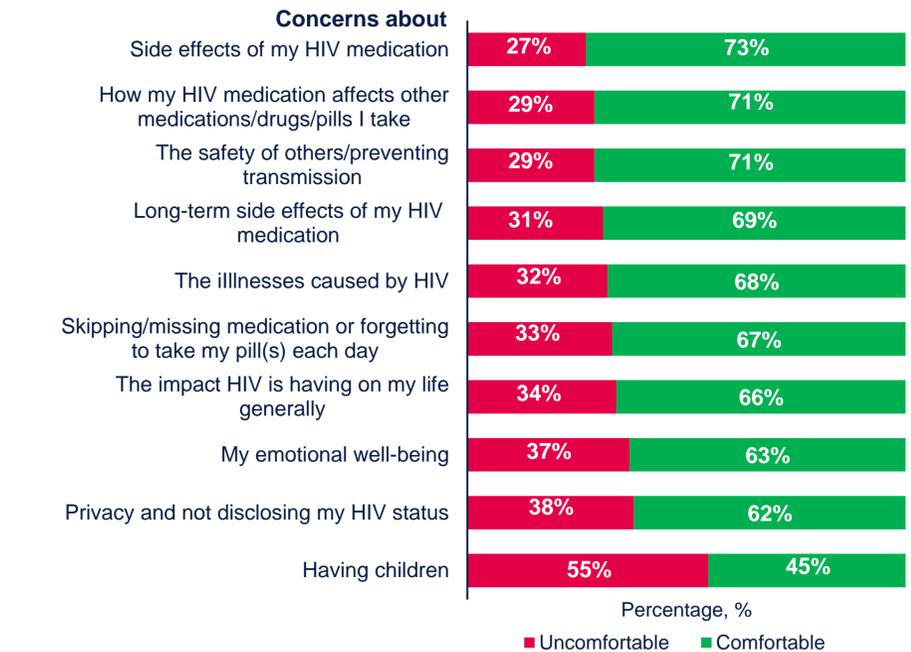


HCP, healthcare provider; PLHIV, people living with HIV.

## Interactions With Healthcare Providers

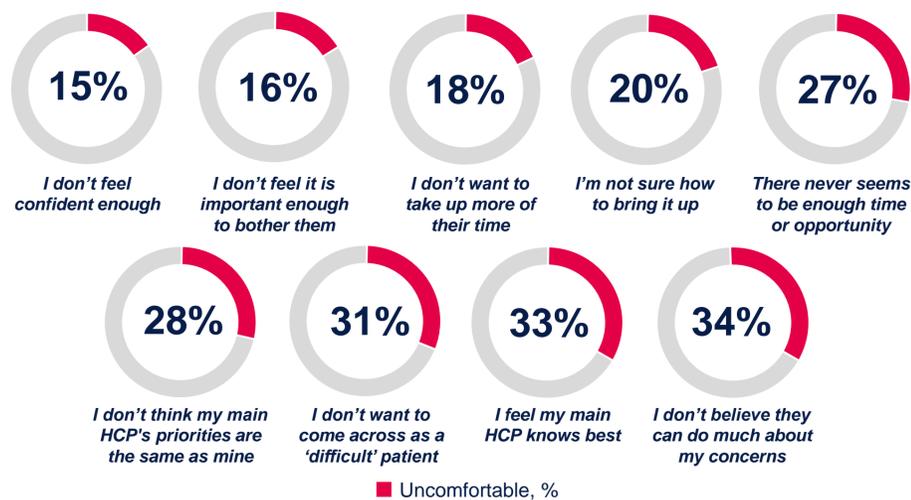
- Barriers to raising concerns to HCPs were reported between older PLHIV and their provider in 53% (335/632) of treatment-experienced and 84% (56/67) of newly diagnosed individuals
- Treatment-experienced older PLHIV were significantly less likely than newly diagnosed older PLHIV to be asked by their providers about their side effects experienced and new treatment options (P<0.05; Figure 3)
- Approximately one-third of all PLHIV aged ≥50 years reported being uncomfortable in raising or discussing concerns about long-term side effects, adherence, general impact on life, and emotional well-being (Figure 4)

Figure 4. Comfort Level With Discussing Concerns About HIV Treatment Among Treatment-Experienced Older PLHIV (N=632)



- Most commonly reported barriers to discussing treatment concerns with HCPs among treatment-experienced older PLHIV who perceived a barrier included perception nothing could be done, that HCP knows best, and fear of being labelled 'difficult' (Figure 5)

Figure 5. Barriers to Raising Treatment Concerns Among Treatment-Experienced Older PLHIV Who Perceived a Barrier (N=336)



## Conclusions

- Providers must acknowledge the evolving and unique needs of PLHIV as they age
- Patient-provider communication issues can hinder optimization of care by preventing some needs being broached
- Some PLHIV find it difficult to raise issues, including medicine-related concerns, with their current treatments

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## Conflicts of Interest

Authors are employees of ViiV Healthcare.

## Corresponding Author

Frank Spinelli; frank.a.spinelli@viiVhealthcare.com