

ACCEPTABILITY OF PRE-EXPOSURE PROPHYLAXIS (PREP) AND REPORTED ADHERENCE TO NON HIV MEDICATION REGIMENS IN HIV NEGATIVE PORTUGUESE MEN WHO HAVE SEX WITH MEN (MSM) ELIGIBLE TO PREP



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BACKGROUND AND OBJECTIVES

Consistent use of PrEP (>4 pills per week) reduces the risk of HIV transmission from sexual practices in MSM up to 100% [1].

Lisbon MSM cohort study estimates point that 80% of their participants at entrance (2183 from April 2011 to February 2014) would be eligible for PrEP (1687 vs. 496) according to CDC guidelines [2].

A previous study on PrEP acceptability in Portuguese MSM (110) found that 57% are willing to use it, especially if enrolled in a PrEP-related study (66%) with both daily and intermittent regimens (75%)[3].

Acceptability and reported adherence to previous non HIV medication regimens, such as antibiotics, of those who are eligible are key to effectiveness of PrEP implementation studies.

This study aims to assess the acceptability and eligibility for PrEP in HIV negative MSM, Portuguese or residents in Portugal, and their adherence to previous non HIV medication regimens.

METHODS

A street-based intercept survey, adapted from Mantell *et al* study[4], was used on MSM attending the 2014 Lisbon Queer Film Festival.

This survey included: sociodemographic data, PrEP readiness to use it, promptness to join PrEP implementation studies, 4-item Morinsky medication adherence scale[5], MSM risk index scale to PrEP eligibility[6].

RESULTS

Survey was completed by 195 MSM, with most prevalent age between 29 and 40 y.o. (38%) and 88% self-identify as gay.

Overall median MSM risk index score was 11 (score ≥10 indicates PrEP eligibility). Overall eligibility was 55%, only 46% of them are willing to accept it. Those eligible to PrEP prefer daily pill intake 57% (62), followed by injectable 26% (28) and intermittent dosage 17% (18).

Co-pay was acceptable to 69% of MSM.

Overall reported medication adherence score was 2 (medium). Of those eligible to PrEP 7% (8) reported high adherence to previous medication regimens, 49% (53) medium and 44% (47) low. Overall promptness to join a PrEP implementation study is 48% (94), of those eligible was 56% (53)

CONCLUSIONS

WHO recommended that people at "substantial" risk of HIV should be offered preventive antiretroviral treatment[7].

ECDC invited EU members to run PrEP implementation studies, starting with MSM[8].

Lisbon MSM, especially those enrolled in Lisbon MSM Cohort, seem to be the optimal population for recruitment for a pilot PrEP implementation study in Portugal.



195

Portuguese MSM HIV negative



88%

Gay

[29-40] Most prevalent age range (38%)

234 MSM were intercepted (excluded incomplete surveys and participants who reported being HIV positive or having other nationality than Portuguese and non-resident, n=39).



57% (112) MSM who were aware of PrEP



42% (82) MSM who were likely or very likely to use PrEP if available



48% (94) MSM who were likely or very likely to participate in a PrEP-related studies



55% (108) MSM at high-risk for HIV infection and eligible to use PrEP at survey time



76% (148) MSM who prefer to take oral PrEP



69% (117) MSM who accepted a co-pay regimen to get PrEP

Overall reported medication adherence score was 2 (medium): high in 8.72% (17), medium 49.23% (96) and low adherence 42.05% (82).

[1] Grant RM *et al.* Results of the (PrEx open-label extension (PrEx OLE) in men and transgender women who have sex with men: PrEP uptake, sexual practices, and HIV incidence. 20th International AIDS Conference, Melbourne, abstract TUAD0195SLB. 2014.
 [2] Barros, H *et al.* (2014) Eligibility for PrEP among members of a HIV-negative MSM Portuguese Cohort. New Orleans: oral communication at APHA 142nd Annual Meeting and Expo.
 [3] Rocha, L.M. *et al.* (2014) Acceptability of PrEP among HIV negative Portuguese men who have sex with men that attended 2014 Lisbon pride fair. J Int AIDS Soc. 2014 Nov 2;17(4 Suppl 3):19734. doi: 10.7448/IAS.17.4.19734. eCollection 2014.
 [4] Mantell J. E. *et al.* Knowledge and Attitudes About PrEP Among Sexually Active Men Who Have Sex with Men and Who Participated in New York City Gay Pride Events. *LGBT Health.* 2014 Mar 13;1(2):93-97.
 [5] Tan, X.; Patel, I.; Chang, J. (2014) Review of the four item Morisky Medication Adherence Scale (MMAS-4) and eight item Morisky Medication Adherence Scale (MMAS-8). *Innovations in pharmacy* 2014, Vol. 5, No. 3, Article 165.
 [6] CDC (2014) *PrEP for the Prevention of HIV in the USA: A Clinical Practice Guideline.* CDC: US Public Health Service. Online at <http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>
 [7] WHO (2015) *Treat all people living with HIV, offer antiretroviral as additional prevention choice for people at "substantial" risk.* News release at 30/09/2015, available at <http://www.who.int/mediacentre/news/releases/2015/hiv-treat-all-recommendation/en/>
 [8] ECDC (2014) *Pre-exposure prophylaxis to prevent HIV among MSM in Europe - Online at:* http://ecdc.europa.eu/en/activities/sciadvicelayouts/forms/Review_DispForm.aspx?List=a32164c-1040-4f51-9f77-a96046dbf77&ID=780



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