

“Only if it was better”: Perspectives and Preferences on Long-acting Injectable Antiretroviral Use Among People Living with HIV

Humberto Gonzalez Rodriguez¹, Andrea Volcan², Breana J. Uhrig Castonguay², Matteo Peretti³, Angela Suarez⁴, Clare Barrington¹, Deanna Kerrigan⁵, David Wohl²

¹ Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, North Carolina, United States ² School of Medicine, University of North Carolina at Chapel Hill, North Carolina, United States. ³The Fenway Institute, Fenway Community Health, Boston, Massachusetts, United States ⁴La Clinica Del Pueblo, Washington, District of Columbia, United States ⁵Department of Prevention and Community Health, Milken Institute School of Public Health, George Washington University, Washington, District of Columbia, United States

BACKGROUND

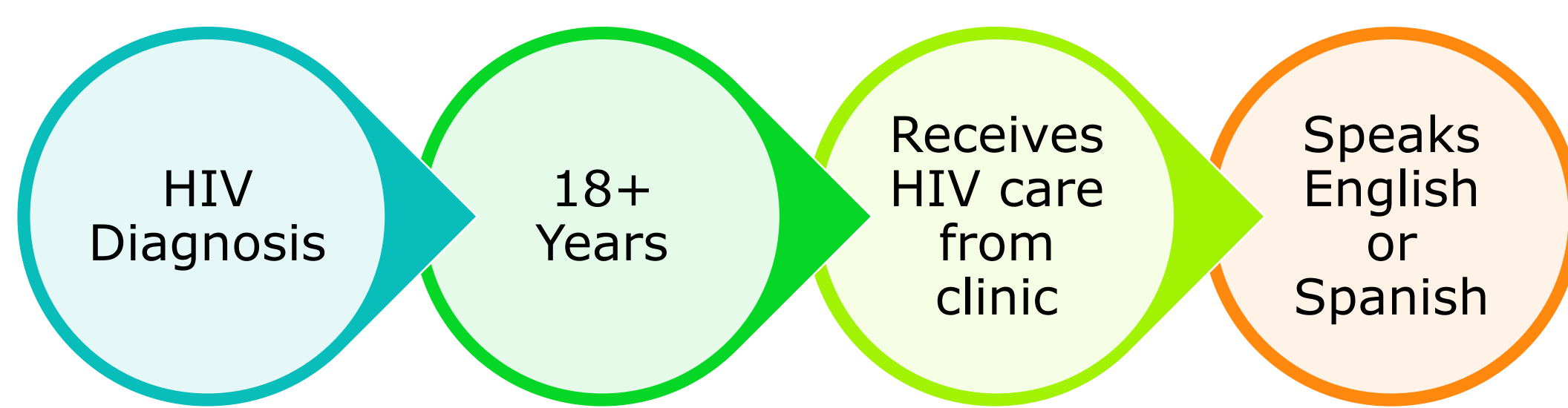
Long-acting injectable antiretroviral therapy (LAI) has received US Food and Drug Administration (FDA) approval for HIV treatment. Two in-clinic administered LAI dose options, a four-week and an eight-week dose, provide people living with HIV (PLWH) additional options in treatment frequency and delivery, while also raising new questions and concerns.

PURPOSE

Characterize perceptions, concerns, and preferences for LAI among PLWH as part of the Shared Decisions when Choosing between Long-Acting Injecting or Oral Therapy (SELIGO) study.

METHODS

Eligibility Criteria



Sampling and Recruitment

From December 2019 to April 2021, we purposively recruited PLWH from three clinics in North Carolina, Massachusetts, and the District of Columbia by viral suppression status, gender identity, and Latino ethnicity. Virally unsuppressed PLWH had a viral load greater than 1,000 copies/ml.

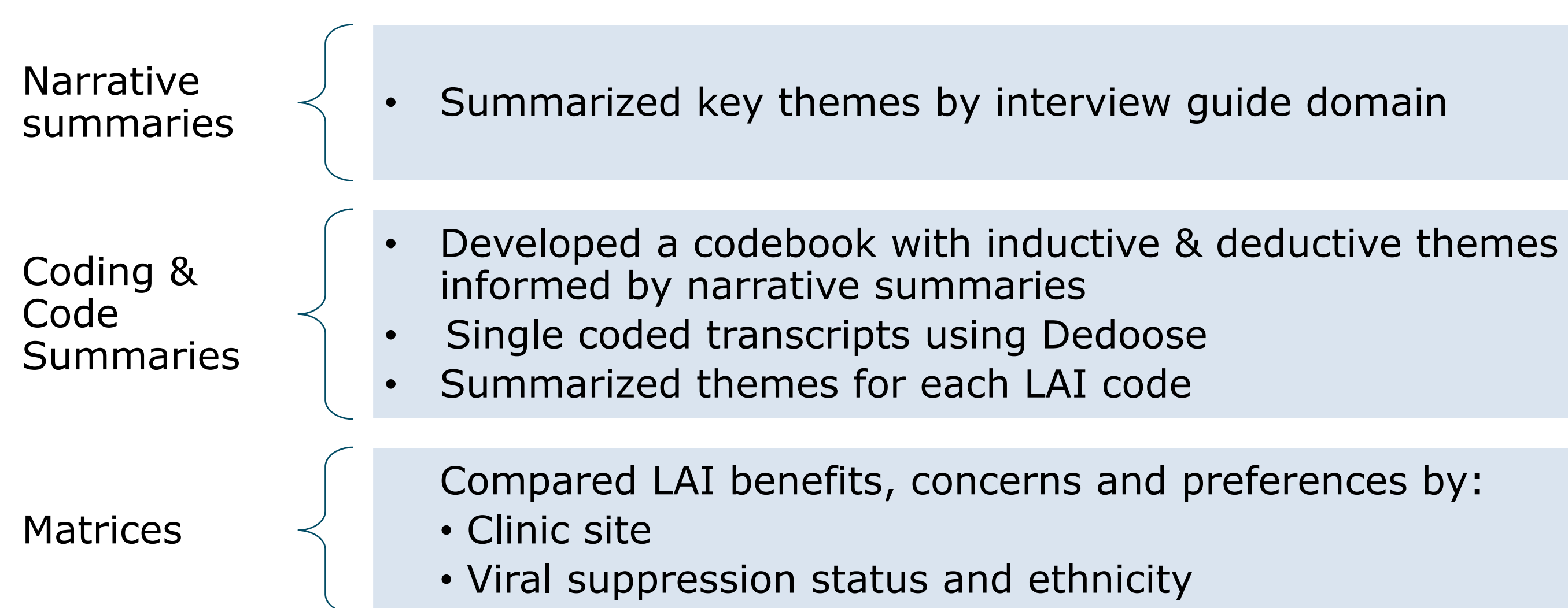
Data Collection

Semi-structured interviews were audio-recorded and explored four key themes:

1. Overall experience living with HIV
2. Experiences receiving HIV care
3. HIV treatment decision-making process with HIV care provider
4. LAI awareness

Data Analysis

Interviews were transcribed verbatim. We used a combination of inductive and deductive analytical approaches in three phases described below:



RESULTS

Participant Demographics

Table 1. Participant Demographics (N=71)

Description	n (%)
Gender Identity	
Cisgender male	39 (55%)
Cisgender female	19 (27%)
Transgender woman	12 (17%)
Non-binary	1 (1%)
Race*	
Black/African American	17 (24%)
White	17 (24%)
Multi-racial	5 (7%)
Other*	30 (42%)
Asian/Pacific Islander	2 (3%)
Hispanic or Latino	36 (51%)
Born outside the US	32 (45%)
Viral Suppression	
Suppressed	52 (73%)
Unsuppressed	19 (27%)

*29/30 of those who identified their race as “Other” identified as Hispanic or Latino.

Table 2. Age & Clinical Characteristics

Characteristic	Mean (Range)
Age	46 (24-72)
Years on Daily Oral ART	14 (<1-34)
Clinic Travel (minutes)	44 (10-120)



The SELIGO Study

RESULTS (Continued)

LAI Awareness

Most participants had not heard of LAI, and those who had heard of LAI knew little about it.

Perceived LAI Benefits

Compared to daily oral ART, potential LAI benefits included:

Less Adherence Burden	More Privacy & Discretion	LAI could be “better”
<p>“LAI would especially put my mind at ease knowing that since I didn’t forget to take a dose, I’m not putting anyone around me in danger, either.”</p> <p>–Cisgender Male, White, 49, Unsuppressed</p>	<p>“I ain’t gotta worry about going in the bathroom, sneaking, taking the pills [or] about somebody going in my medicine cabinet ...and seeing pills.”</p> <p>–Cisgender Male, Black, 60, Unsuppressed</p>	<p>“One shot is always better than a pill because a shot works much faster and goes directly to the organism, while a pill goes through the stomach first.”</p> <p>–Cisgender Male, Latino, 54, Suppressed</p>

Perceived LAI Concerns

- Could be less effective than daily oral ART** → “I would have to be sure that it really works. ...that, it wouldn’t change my, undetectable status.”
–Cisgender Male, Latino, 58, Suppressed
- Short & long-term side effects** → “What is it gonna do to my body? ...my liver, my kidneys, my heart?”
–Non-binary, White, 50, Unsuppressed
- Resources for increased clinic visits** →
 - Out-of-pockets costs to get LAI
 - Time off work, traveling to clinic
 - Arranging transportation

LAI Preferences to Facilitate Use

- High preference for 8-week LAI dose to reduce clinic visits** → “Every 8 weeks. Yeah, the less, the less injections, the better.”
- More LAI information to answer questions, address concerns** → “Is it safe?”
“How soon does it start working?”
“What happens when you inject yourself all the time?”
- Convenient LAI visits to optimize use**
 - Appointments: alerts and easy rescheduling
 - Fast injections
 - Bundle LAI appointments with other medical care services
 - Transportation support

CONCLUSION

1. Many participants felt LAI could alleviate daily oral ART adherence-related burdens but also voiced concerns about LAI’s effectiveness, side-effects, and access as increased clinic visits required more resources.
2. Most preferred the 8-week LAI dose over the 4-week option and wanted more information to learn more about LAI and compare both dose options to each other and to other available oral ART options.
3. Our findings suggest discussions to introduce and promote uptake of LAI must balance interest with concerns and preferences to help PLWH determine which HIV treatment fits their needs and circumstances.
4. Increased clinic visits may pose logistical barriers to accessing LAI for some PLWH. Transportation assistance, fast appointments, and flexibility to reschedule or bundle LAI visits with other medical services can facilitate and optimize its use.