



Some People With HIV Still Experience Treatment Challenges

Surveys reveal difficulties associated with daily pills and a desire for long-acting injectable therapy.

October 10, 2019 By [Liz Highleyman](#)

In an era of effective and well-tolerated antiretroviral therapy, most people living with HIV are generally satisfied with their treatment, but some still report challenges associated with daily pill-taking, including forgetting to take medications every day and the constant reminder that they are HIV positive. Long-acting injectable drugs administered once monthly or less could help such individuals overcome some of these difficulties, and many people with HIV say they would prefer this type of regimen.

These findings come from a set of studies presented at IDWeek 2019 by ViiV Healthcare, which is developing a long-acting injectable regimen of cabotegravir plus rilpivirine. This combination has been proven effective in Phase III clinical trials, both [for first-time treatment](#) and as [a switch option](#) for people with undetectable viral load. Participants in these trials reported a [high level of satisfaction](#), and most said they preferred monthly injections over daily pills.

Benjamin Young, MD, senior global medical director at ViiV, and colleagues presented findings from the [Positive Perspectives study](#), an international survey conducted by ViiV to better understand the attitudes of a diverse group of people with HIV about their treatment experiences and challenges related to antiretroviral therapy.

This analysis included 828 men, 272 women and seven transgender people living with HIV in the United States, Europe and Australia who completed an online survey in 2016 and 2017. A third were age 50 or older, 41% were ages 35 to 49 and 26% were 18 to 34. About half had been diagnosed with HIV for more than 10 years. Almost all were currently on antiretroviral therapy.

Overall, most participants (87%) reported that they were very satisfied or quite satisfied with their current treatment. Satisfaction was similar regardless of gender, age and time since diagnosis.

Asked about emotional challenges associated with treatment, 30% reported they felt stress and pressure around taking their medications at the right time every day. A quarter said they felt that being tied to daily medications limits their day-to-day life, while 19% said treatment disrupts their life. More than a third (37%) reported that they felt the need to conceal their HIV medications. And

two thirds said taking daily medication is a constant reminder of their HIV status.

Younger people and those who were more recently diagnosed were more likely to report stress or pressure around taking pills on schedule. Concealing medication was most commonly reported by those who said they experienced stigma around HIV and felt a “high emotional impact” of HIV. Nearly a quarter of those who reported satisfaction with their treatment nevertheless said daily medication limited their day-to-day lives.

Regardless of gender, age or time since diagnosis, participants said reducing long-term side effects and lessening the frequency of dosing were their most important priorities for improvements in treatment.

“Despite high overall satisfaction with current [antiretroviral therapy], considerable challenges and daily impact of treatment persist,” the researchers concluded.

Long-Acting Treatment

Another study assessed satisfaction with current treatment and [attitudes about switching to long-acting injectable therapy](#) among people living with HIV and physicians who treat HIV in the United States and Canada.

This analysis included more than 500 HIV-positive people who had been on antiretroviral therapy for at least six months and had an undetectable viral load. About two thirds were men, a third were women and a small number were transgender. Less than 10% were men who have sex with men, which is not representative of the HIV population in these countries. In addition, the study included more than 400 physicians who had been treating people with HIV for 13 years on average.

The survey revealed that only about 30% of people with HIV and 10% of physicians were totally satisfied with available antiretroviral treatment. HIV-positive people gave an average satisfaction rating of 5.5 on a scale of 1 (totally unsatisfied) to 7 (totally satisfied).

The most common reasons for patient dissatisfaction were having to take pills every day, side effects, food requirements that affect when people can eat and being reminded daily that they have HIV. Among physicians, the most common reasons for recommending a regimen change were drug resistance, side effects, virological failure and suboptimal adherence.

About half of the HIV-positive people reported that they had forgotten to take their medications at least once during the past month, and a quarter said they had deliberately avoided doing so. Switching regimens was common, and many had done so three or more times. A majority of participants said they experienced stigma, felt they had to hide the fact that they have HIV and were worried about others finding out.

Given three choices, 11% of people with HIV said they would prefer to stay on their current regimen, 59% would like to switch to long-acting injectables and 30% would rather switch to a

better oral regimen. About 60% of physicians said they were open to recommending long-acting injectable therapy.

Finally, a third study looked at [attitudes about long-acting treatment](#) among women living with HIV.

“While most of the trial participants have been men, as [long-acting antiretroviral therapy] gets closer to becoming available for routine clinical use, it is critical to understand how this option is perceived by women,” said Wendy Davis of American University in Washington, DC, and colleagues.

The researchers conducted in-depth interviews with 53 people living with HIV—including 20 women—who participated in the Phase III [ATLAS](#) and [FLAIR](#) trials at in the United States and Spain.

Key themes that emerged from the interviews were generally positive experiences transitioning from daily oral therapy to monthly injectables, the importance of clinical efficacy, learning to manage injection site reactions and the logistical and psychological freedom associated with long-acting therapy.

While the women interviewees shared many of the same attitudes as men, they also had some unique perspectives, noting how long-acting treatment was easier to integrate into their daily lives and helped them manage their multiple roles and responsibilities, which often involved working full-time and taking care of family and children as well as themselves, the researchers reported.

[Click here](#) to view the IDWeek 2019 program.