Not All Women Are On Board With Injectable HIV Meds

Whether for treatment or prevention, women's interest in injectable antiretrovirals varied based on their relationship with injection.

January 21, 2021 By Heather Boerner

Half of women would prefer injectable HIV treatment and prevention medications. But a significant minority said they either weren't interested in more injections. What's more, women with a history of injection drug use worried that receiving the shots might trigger a return to unwanted drug use.

These are the findings of a qualitative study of 59 women living with HIV and 30 women who might qualify for HIV pre-exposure prophylaxis (PrEP). The findings were published in the journal AIDS Patient Care and STDs.

The study comes as the first complete injectable regimen for HIV treatment hits the market. Drug makers are also racing to be the first to market with long-acting drugs for HIV prevention.

ViiV Healthcare's injectable cabotegravir is being tested as a bimonthly option for HIV prevention for cisgender women and for cisgender men and trans women who have sex with men. On January 21, the Food and Drug Administration approved Cabenuva, a combination of injectable cabotegravir and injectable rilpivirine, for HIV treatment.

Merck, meanwhile, is developing its new antiretroviral medication islatravir as a weekly pill for HIV treatment and as monthly injections and an implant for prevention.

As cabotegravir injections get closer to FDA approval, researchers have started to ask whether cisgender and transgender women will accept it. Such studies are important after the FDA approved Descovy for HIV prevention but not for people exposed through vaginal sex, citing lack of research into the pill in women.

So Morgan Philbin, PhD, of Columbia Mailman School of Public Health, and colleagues conducted in-depth interviews with 89 women in New York City, Washington, DC, Atlanta, Chicago, San Francisco and Chapel Hill, North Carolina, about their past experience with injections and how that might color their interest in receiving injectable treatment or prevention drugs.

The women were generally older (median age 51), African American (76%), mothers (78%) and

publicly insured (82%). A sizeable minority of women, 47%, had incomes below $12,000 a year. The study did not identify whether the women were cisgender or transgender.

Two thirds of the women had received injections in one form or another in their lives, from flu shots (72%) to Depo-Provera for contraception (27%) to other medications for diabetes or other health conditions (62%). More than half of the women (55%) had ever used illegal drugs, but only 15% of those had a history of injection drug use; just one woman reported that she currently injected drugs. Nearly one in five of the women (19%) received regular injections of medications.

Overall, half of women living with HIV and 58% of women who were candidates for PrEP expressed interest in using a long-acting medication. But those findings broke down by their history with injections:

- Women with limited experience of medication injections, such as for birth control or to manage illnesses, had few concerns about long-acting injectable HIV treatment or prevention.
- Women who frequently had to inject themselves to manage diabetes or other conditions weren't interested in any more injections, even for long acting HIV treatment or prevention.

When it came to women who had ever or currently injected recreational drugs, the answers were more varied. Some would reject long-acting antiretrovirals for fear of returning to injection drug use. But others, including the one woman who was currently injecting drugs, had few concerns.

"These divergent findings are consistent with recent research which found that some people who formerly inject drugs viewed [long-acting injectables] as a potential trigger, while others were less concerned because of their experience with needles," wrote Philbin and colleagues. "Thus, providers must consider each patient's unique history and perceptions when deciding between [long-acting injectables] and daily pills."

Click here to read the full study.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/women-board-injectable-hiv-meds