S Marcotullio,[1] **B Spire,**[2] **D Garcia,**[3] **M Krehl,**[3] **M Muchenje,**[4] **A Namiba,**[5] **K Parkinson,**[6] **B Young,**[7] **B Allan,**[8] **Y Punekar,**[9] **A deRuiter,**[9] **F Barthel,**[10] **J Koteff,**[11] **A Ustianowski,**[12] **A Murungi**[9]

[1]Nadir Onlus, Rome, Italy; [2]French National Institute for Medical Research (INSERM), Paris, France; [3]European AIDS Treatment Group, Spain; [4]Women's Health in Women's Hands Community Health Centre, Toronto, ON, Canada; [5]Salamander Trust, London, UK; [6]Beacon Project, St Louis, MO, USA; [7]International Association of Providers of AIDS Care, Washington, DC; [8]Living Positive, Victoria, Australia; [9]ViiV Healthcare, Brentford, UK; [10]GlaxoSmithKline, London, UK; [11]ViiV Healthcare, Research Triangle Park, NC, USA; [12]Pennine Acute Hospitals NHS Trust, Manchester, UK

Introduction

- While treatment advances have dramatically improved the life expectancy of people living with HIV infection, several important needs remain
- We conducted an international survey of people living with HIV infection to explore 3 key themes
  - Psychosocial aspects of living with HIV infection
  - Dialogue between health care provider (HCP) and patient
  - Patients' satisfaction with their current antiretroviral (ARV) treatment
- This presentation focuses on patients' satisfaction with their current ARV treatment for the European respondents to the survey, namely
  - Experience with treatment and decision-making with HCP
  - Satisfaction with current treatment
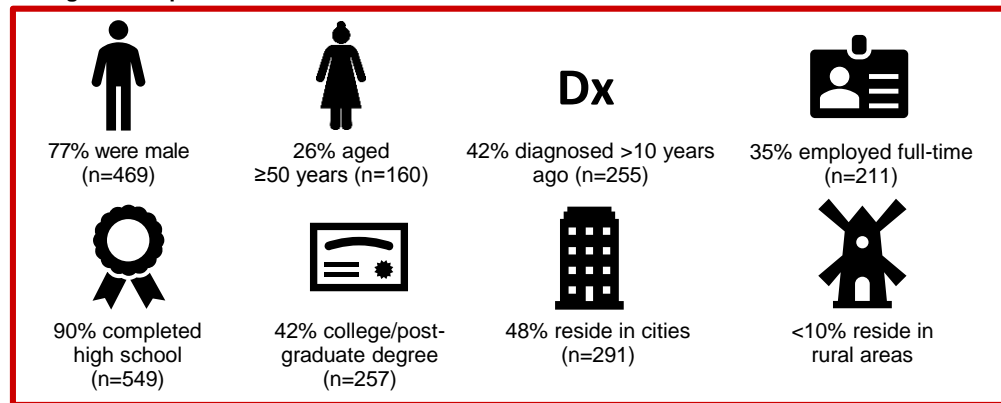 - Potential improvements to current ARV treatment

Methods

- Qualitative interviews (90 minutes) were performed with 24 people living with HIV infection (USA, UK, Spain, and Austria) to refine the hypothesis
- A steering committee (patient organization members and HIV clinicians) contributed to the development of the questionnaire and subsequent descriptive analysis
- The survey was conducted between November 2016 and July 2017 in 9 countries
- Participants were recruited via charities, patient support groups, nongovernmental organizations, online communities, and social media promotion
- All respondents were telephone-screened for eligibility (diagnosed with HIV infection and aged ≥18 years) before being sent a URL link to the online questionnaire for self-completion and compensated according to local guidelines
- Data were processed and aggregated into computer tabulations and reported primarily using descriptive statistics only (ie, respondent numbers and percentages)

Results

Population Baseline Characteristics

- Participants were enrolled from North America, Europe, and Australia (n=1111)
  - European patients came from the United Kingdom (n=160), Germany (n=140), Spain (n=132), Italy (n=121), Austria (n=50), and France (n=7)
  - This poster focuses on results from the European sample group (Figure 1)

Figure 1. Population Baseline Characteristics

- 77% were male (n=469)
- 26% aged ≥50 years (n=160)
- 42% diagnosed >10 years ago (n=255)
- 35% employed full-time (n=211)
- 90% completed high school (n=549)
- 42% college/post-graduate degree (n=257)
- 48% reside in cities (n=291)
- <10% reside in rural areas

Prevalence of Comorbidities

- 71% of participants reported ≥1 comorbidity; 51% of participants had ≥3 comorbidities
  - The 3 most common comorbidities were depression (26%), anxiety (25%), and hepatitis (24%)

Pill Burden and Dosing

- 97% of respondents were currently taking treatment
- Mean number of total pills (including non–HIV medication) taken daily by participants was 4.8
  - Mean number of pills taken daily for a given medication were: HIV treatment (2.1), other prescriptions (1.6), multivitamin and herbal supplements (0.9), and over-the-counter medications (0.2)
- 46% of participants on treatment were on a single-tablet regimen (STR), ranging from 33% (Austria) to 53% (Germany)

### Treatment Satisfaction, Initiation, and Switching

- 86% of participants were "very satisfied" or "quite satisfied" with their treatment (Figure 2)

Figure 2. Treatment Satisfaction in European Participants

All: 2% Very dissatisfied, 2% Quite dissatisfied, 10% Neither, 34% Quite satisfied, 52% Very satisfied
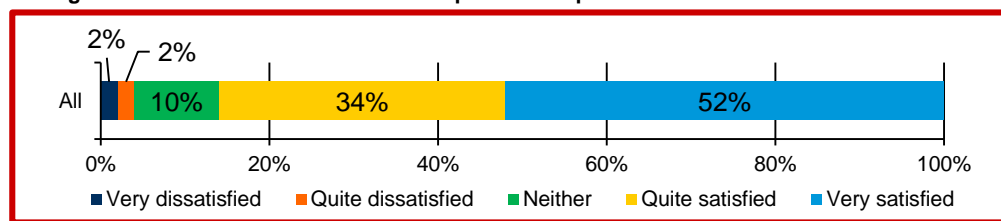
- 24% were still on their first ARV regimen
  - Newly diagnosed participants were more likely to be on their first ARV regimen compared with those diagnosed >10 years ago (62% vs 7%, respectively)
- 48% of participants started treatment within 6 months of diagnosis, with rates varying from 43% (Italy) to 57% (Germany)
- Newly diagnosed participants were more likely to start treatment within 6 months compared with those diagnosed >10 years ago (87% vs 31%, respectively; Figure 3)
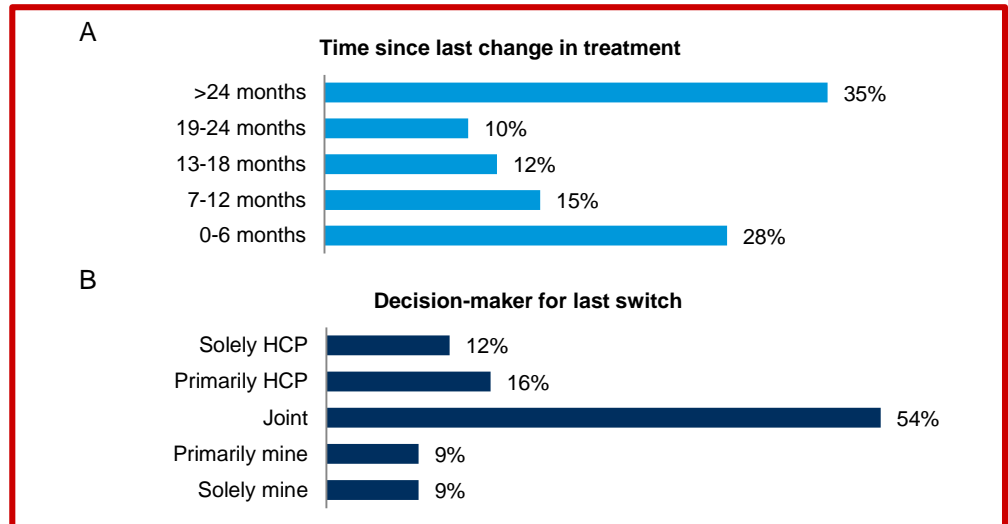
Figure 3. Time Between Diagnosis and Treatment Initiation in European Participants
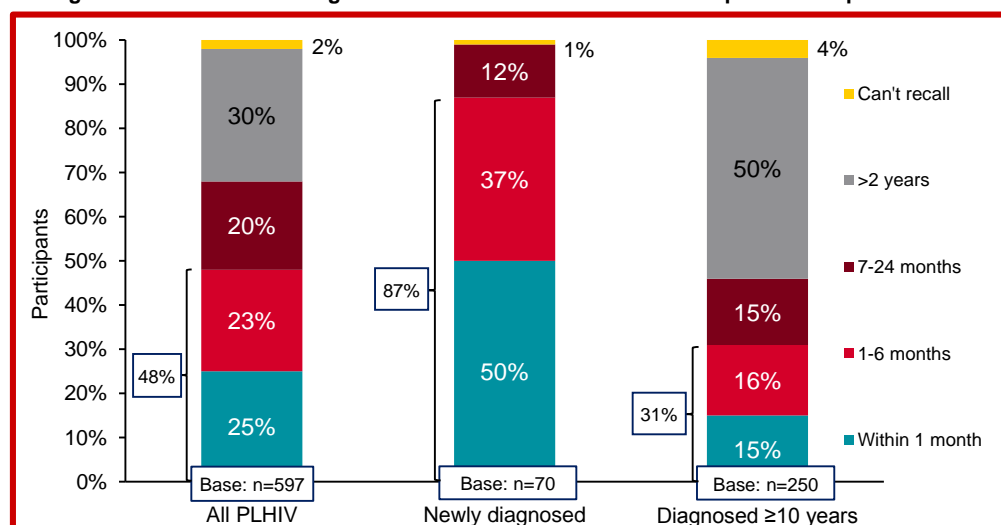
PLHIV, people living with HIV infection.

- 30% (n=174) of participants reported experiencing unpleasant side effects with their medication
  - 60% (n=104) usually discussed these with their HCPs
- 43% had changed treatment in the last year (range, 36% [Italy] to 52% [Germany]), with the main driver being change due to side effects
- 54% of participants reported that the decision to switch was made jointly with their HCP; 90% of European participants were "very" or "quite" comfortable raising issues of concern with their HCP (range, 86% [Spain] to 96% [UK]) (Figure 4)
- 66% were open to changing to an ARV regimen with fewer drugs as long as their viral load remained suppressed (range 55% [Austria] to 70% [Germany])

Figure 4. (A) Time Since Last Switch in HIV Treatment Regimen and (B) Decision-Maker for Last Switch Among European Participants

A — Time since last change in treatment: >24 months 35%; 19-24 months 10%; 13-18 months 12%; 7-12 months 15%; 0-6 months 28%

B — Decision-maker for last switch: Solely HCP 12%; Primarily HCP 16%; Joint 54%; Primarily mine 9%; Solely mine 9%
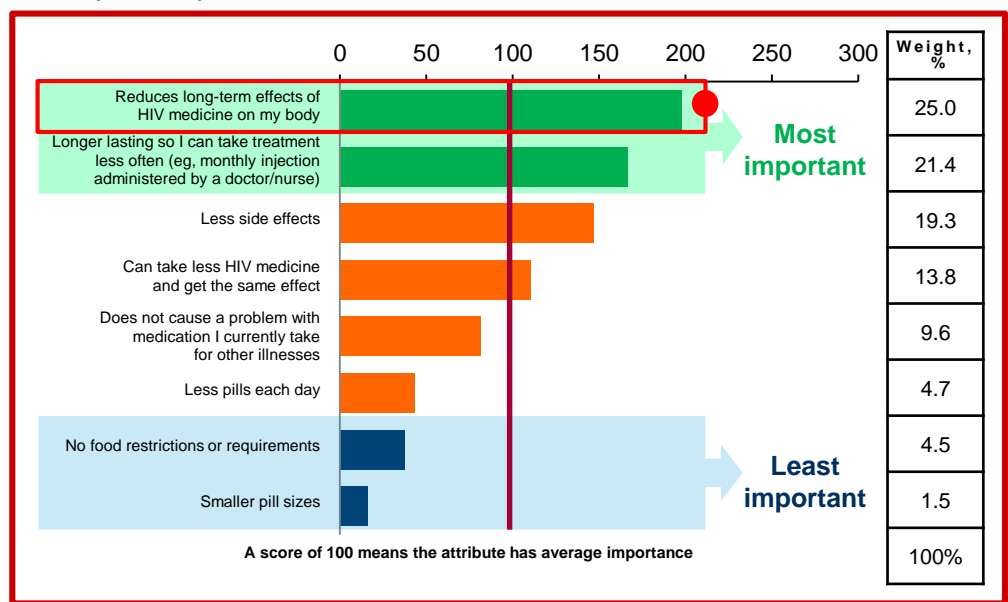
HCP, health care provider.

Participant Concerns

- 73% of participants sometimes worried about the long-term effects of their HIV medication
  - 65% had raised these concerns with their HCPs, 29% had not, and 7% could not recall
- Participants endorsed specific actions for reducing the long-term adverse effects of their HIV medication, with the top 3 being the following:
  - Educating themselves by reading articles, testimonials, and forums
  - Speaking to their HCP for support and information
  - Changing or planning to change medication
- Reduction of long-term adverse effects and longer treatment intervals were viewed as more important potential medication improvements than reduction of side effects and pill burden (Figure 5)

Figure 5. Derived Importance of Potential Improvements to HIV Medication in the European Sample

Potential improvement	Weight, %
Reduces long-term effects of HIV medicine on my body (Most important)	25.0
Longer lasting so I can take treatment less often (eg, monthly injection administered by a doctor/nurse)	21.4
Less side effects	19.3
Can take less HIV medicine and get the same effect	13.8
Does not cause a problem with medication I currently take for other illnesses	9.6
Less pills each day	4.7
No food restrictions or requirements	4.5
Smaller pill sizes (Least important)	1.5
	100%

A score of 100 means the attribute has average importance

Conclusions

Results from this international survey showed that the respondents:

- Mostly were satisfied with their current ARV regimen
- Were comfortable raising issues with their HCPs; more than one-half were jointly involved in the last decision to switch treatment
- Rated reducing the long-term adverse effects of ARVs and longer-lasting treatment as the most important potential improvements

Limitations

- The survey sample may not be representative of the population of people living with HIV infection within each country/region
- The questionnaire was only available online, possibly introducing a selection bias of respondents comfortable with this mode of communication