"WHAT ABOUT ME?" THE UNMET NEEDS OF MEN WHO HAVE SEX WITH WOMEN AND DIFFERENCES IN HIV TREATMENT EXPERIENCES, PERCEPTIONS, AND BEHAVIORS BY GENDER AND SEXUAL ORIENTATION IN 25 COUNTRIES

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Introduction

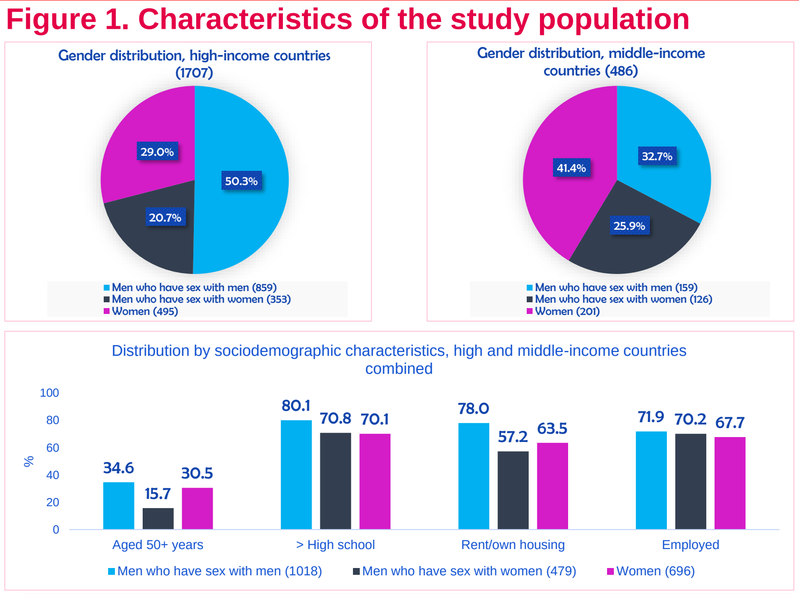
- Understanding differences in unmet needs and treatment preferences among men who have sex with men (MSM), men who have sex with women (MSW), and women is critical to achieve treatment success.
- We investigated differences in self reported health outcomes among MSM, MSW, and women living with HIV in high-income countries (HICs) and middle-income countries (MICs).

Methods

- We analyzed data from the 2019 Positive Perspectives Study, a web-based survey of 2389 people living with HIV (PLHIV).
- Classification of respondents as MSM, MSW or women was derived from two variables for self-classified gender and sexual orientation. Of respondents, 196 had missing data for gender and/or sexual orientation. Thus data from 2193 participants were analyzed: MSM, n = 1018 (46%); MSW, n = 479 (22%); and women, n = 696 (32%).
- The survey assessed for various self-reported health outcomes and experiences in relation to antiretroviral therapy (ART):
  - "Optimal health" was assessed within the past four weeks; self-rating of health as "Good" or "Very good" was classified as "optimal" (vs "Neither good nor poor", "Poor", or "Very poor")
  - Concerns regarding HIV treatment and interactions with healthcare providers (HCPs). Responses of "Agree" or "Strongly agree" were classified as a positive indication that the concern existed (vs "Strongly disagree", "Disagree", or "Neither agree nor disagree").
  - Suboptimal adherence was defined as having missed HIV medication 5+ times in the past month because of 1+ reason.[1]
  - Difficulty swallowing pills was defined as scores ≥3 (on a numeric scale from 1 to 5, with higher numbers denoting greater difficulty) in response to the question: "In general, how easy or difficult do you find it to swallow pills?" Scores of 1 or 2 were classified as absence of difficulty.
  - Respondents were classified as having treatment satisfaction if they answered "Satisfied" or "Very satisfied" (vs "Neither satisfied nor dissatisfied", "Dissatisfied", or "Very dissatisfied") in response to the question: "Overall, how satisfied are you with your current HIV medication?"
  - A report of being comfortable discussing health concerns with HCP was defined as a response of "Very comfortable" or "Comfortable" (vs "Neither comfortable nor uncomfortable", "Uncomfortable", or "Very uncomfortable"). [2]
- Analyses: prevalence estimates computed and compared with χ^2 tests at $p < 0.05$

Results

Figure 1. Characteristics of the study population



- MSW were on average 4-6 years younger than MSM or women (all $p < 0.001$). Mean ages were 43.4, 36.6, and 41.0 for MSM, MSW, and women respectively
- MSM generally had higher socio-economic position than MSW or women.
- MSW comprised 25.9% of participants in MICs, but only 20.7% in HICs
- In high-income countries, median HIV duration was 9, 4, and 5 y for MSM, MSW, and women, respectively. In middle-income countries, it was 3, 6, and 6 y for MSM, MSW, and women, respectively

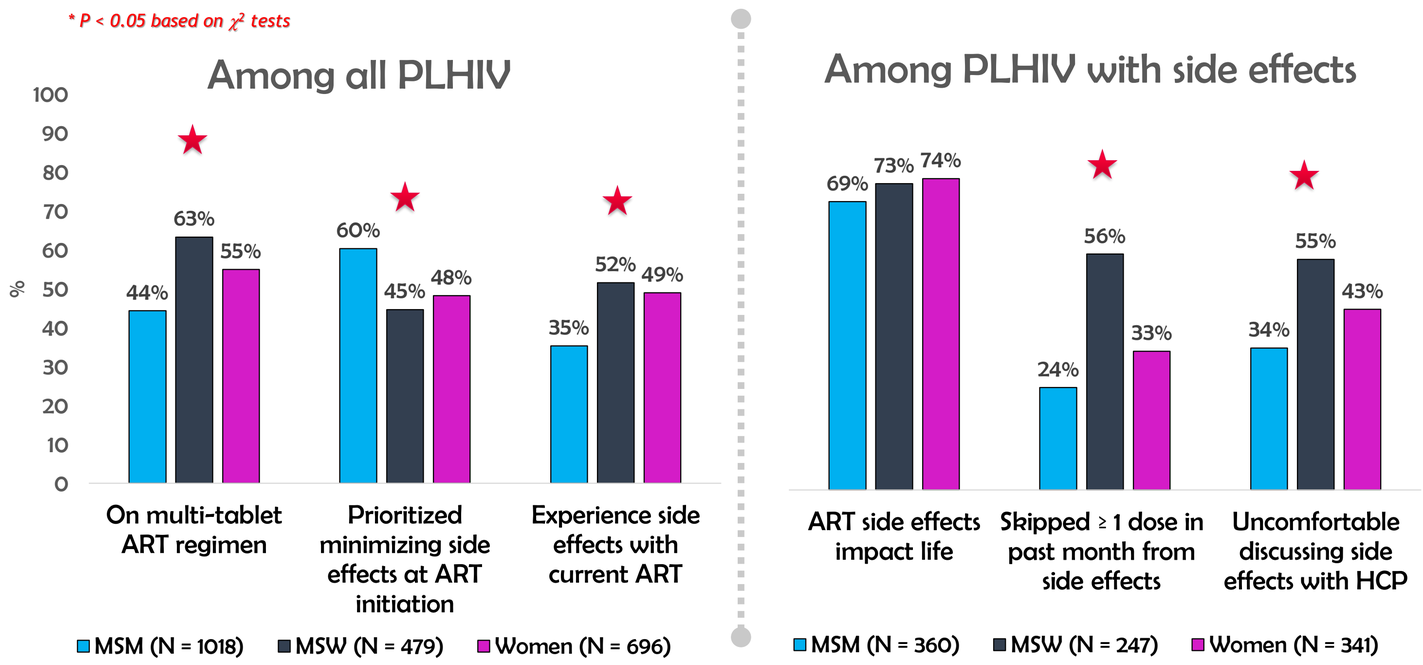
Figure 2. Treatment priorities at time of starting ART vs at time of survey among those diagnosed for ≥1 year

Note: list not inclusive of "other"

- Treatment priorities changed over time with more participants having concerns at time of survey vs when ART was first started, especially for MSM.
- Among MSM, MSW and women, the top 3 treatment priorities at the time of the survey were minimizing side effects, preventing HIV transmission to a partner, and minimizing long-term impacts of treatment.
- MSW were more likely to consider having children as a priority, both at time of starting ART (MSW= 30.4% [136/447] vs MSM= 4.8%[46/962] or women=23.0% [148/643], all p<0.01) and at the time of the survey (MSW= 33.1% [148/447] vs MSM= 10.6%[102/962] or women=24.0% [154/643], all p<0.01).

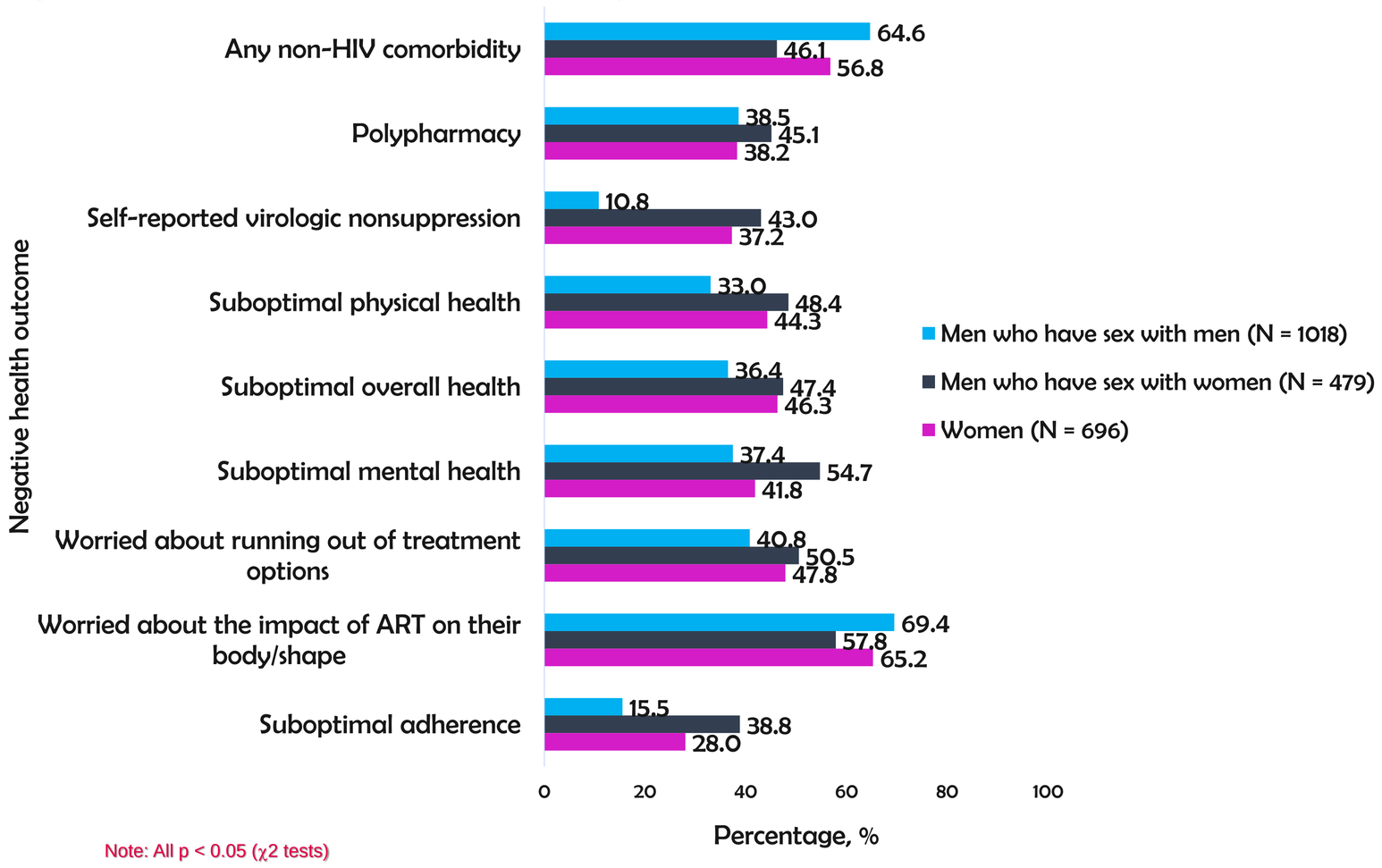
Figure 3. Characterization of ART side effect experiences

* $P < 0.05$ based on χ^2 tests



- MSW reported the lowest percentage of those who considered issues of ART side effects as priority when starting treatment (44.7%)
- MSW reported the highest prevalence of side effects from current ART (51.6%).
- Among those experiencing side effects, MSW were the most likely to miss ART ≥1 time in the past month because of side effects (56.3%), vs. women (33.1%) and MSM (24.4%) (all p<0.001).
- Yet, MSW were the least comfortable discussing side effects with HCPs

Figure 4. Comparison of health outcomes among MSM and women, and MSW

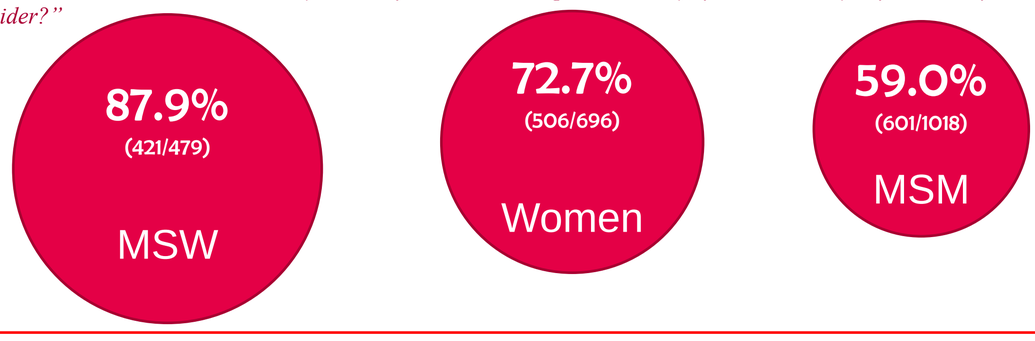


Note: All $p < 0.05$ ($\chi 2$ tests)

- MSM reported more favorable health outcomes than MSW or women, respectively, including lower rates of suboptimal adherence (15.5%, 38.8%, and 28.0%), viral nonsuppression (10.8%, 43.0%, 37.2%), and suboptimal overall health (36.4%, 47.4%, and 46.3%, all p<0.05).
- MSW were more likely to report polypharmacy (45.1%) than either MSM (38.5%) or women (38.2%), despite having the lowest prevalence of diagnosed non-HIV comorbidities (MSW = 46.1% vs MSM = 64.6%, or women = 56.8%)
- There were more differences between MSW and MSM, both in the number of health indicators, and the magnitude of the disparity, than between MSW and women

Figure 5. Percentage who reported any barrier to discussing salient health issues with providers

Any response other than "None – I would always be comfortable" to the question "Why, if at all, would you feel uncomfortable raising concerns with your main HIV care provider?"



- MSW had the largest percentage of those with a perceived barrier to discussing with providers (all p < 0.001)

Conclusions

- Women and MSW had the greatest treatments needs compared with MSM.
- MSW, a substantial segment of the PLHIV population, reported a distinct set of treatment experiences that could negatively affect treatment outcomes.
- There were wide disparities among the three majority groups of PLHIV
- Comparatively, and especially compared to MSM, MSW had the greatest unmet needs-a previously unrecognized gap.
- Acknowledging these differences when planning/administering care can help narrow disparities.

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References: 1. de Los Rios P, Okoli C, Punekar Y, et al. Prevalence, determinants, and impact of suboptimal adherence to HIV medication in 25 countries [published online ahead of print, 2020 Jun 25]. *Prev Med.* 2020;139:106182. doi:10.1016/j.ypmed.2020.1061822. **2.** Okoli C, Brough G, Allan B, et al. Shared Decision Making Between Patients and Healthcare Providers and its Association with Favorable Health Outcomes Among People Living with HIV [published online ahead of print, 2020 Aug 3*]. AIDS Behav*. 2020;1-12. doi:10.1007/s10461-020-02973-4.

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