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 living with HIV in high-income countries (HICs) and middle-income countries (MICs).
- 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 2133 participants were analyzed: MSM, n = 1181 (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+ reasons.
- Difficulty swallowing pills was defined as scores 0-5 (on a numeric scale from 1-5, 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 0 or 1 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?"
- Treatment with ART when experiencing side effects with HCP was defined as a response of "very comfortable" or "comfortable" (vs "Neither comfortable nor uncomfortable", "Uncomfortable", or "Very uncomfortable").

- Analyses: prevalence estimates computed and compared with χ² tests at p < 0.05

Results

- MSM 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 HCP, MSM, and women, respectively.
- MSM generally had the largest proportion of patients that were 21-30 years old (53.8% vs 57.2%, vs. 50.5% vs 49.0%)
- Suboptimal physical health: 33.0% vs 44.3%.
- Suboptimal overall health: 36.4% vs 47.4%.
- Suboptimal mental health: 37.4% vs 65.2%.
- Men who have sex with men (N = 1018).
- Men who have sex with women (N = 479).
- Women (N = 341).

Figure 3. Characterization of ART side effect experiences

- Among all PLHIV
- Among PLHIV with side effects

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

Conclusions

- MSM reported more favorable health outcomes than MSW or women, respectively, including lower rates of suboptimal adherence (15.5%, 18.8%, and 28.0%), viral nonsuppression (10.8%, 35.7%, vs. 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 (35.5%) or women (38.2%), despite having the lowest prevalence of diagnosed non-HIV comorbidities (MSW = 4.1% vs MSM = 8.4%, or women = 58.8%).
- 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" in the question: "Why, if at all, would you feel uncomfortable raising these with your main HIV care provider?"

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References: