

UNDERSTANDING PLWH AWARENESS AND WORRIES CONCERNING COMORBIDITIES AND OPTIMIZATION THERAPY: RESULTS FROM AN ITALIAN WEB SURVEY**PE25/18**Simone Marcotullio¹, David Osorio¹, Mattia Martini¹, Filippo von Schloesser¹¹ = Nadir Onlus, Rome, Italy.

simone@nadironlus.org

Background

- Optimizing HIV therapy (cART) is crucial for ensuring the long-term well-being of PLWH (people living with HIV).
- In the setting of undetectability, understanding the worries of PLWH about comorbidities, the main reasons for *any* cART switch (*passive*: 'proposed by the doctor'; *active*: 'proposed by the patient'), the attitude toward *pre-emptive* and *general* cART switch and where medication information is sought are essential for the success of treatment optimization.

Methods

- A web survey for Italian PLWH with undetectable viral load (17 multiple response questions with only one response option unless otherwise indicated) was posted on Nadir web site (www.nadironlus.org; contacts 20.000/months) for 90 days (April/June 2017). Nadir is an Italian Patient Advocacy Group.
- Individuals were invited to participate via 3 specific alerts (one every 30 days) posted on Nadir institutional web channels (ie, the mailing list *Nadirnotizie*).
- Other Italian Patient Advocacy/Support Groups, charities, non-governmental organizations and online communities disseminated the alerts via web.
- Data were processed and aggregated into computer tabulations and reported primarily using descriptive statistics only (ie, respondent numbers and percentages).

Results**Population Baseline Characteristics**

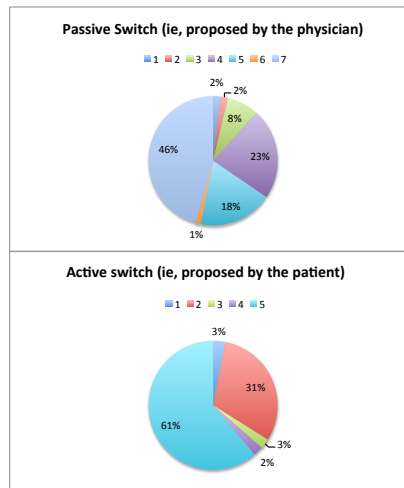
- 486 PLWH completed the survey (390 M, 93 F, T 3; mean age: 47,4 years).
- Education: 41% university, 44% high school.
- 37% undetectable for 4 years, 28% for 5-10 years, 12% 11-15 years, 23% > 15 years.
- 80% reported a good state of health.

Personal experience reported on comorbidities

- 402 PLWH (83%) saying "Yes" to having a comorbidity (possible multiple choice answers: 990 comorbidities reported). 84 PLWH (17%) saying "No".
- Of 990 comorbidities: 30% cardiovascular diseases (CVD), 17,5% mental health, 14,5% sexual diseases (other than HIV), 15% bones, 9,5% liver, 5,8% kidneys.

Concern expressed for future comorbidities (independently from those reported)

- 441 PLWH (91%) saying "Yes, I have worries" (possible 2 multiple choice answers: 750 worries on comorbidities). 45 PLWH (9%) saying "I have no worries".
- Of 750 worries for future comorbidities: 27,6% mental health, 20% bones, 17,6% CVD, 14,4% liver, 11,2% sexual diseases (other than HIV), 9,2% kidneys.
- In particular, among those undetectable for 5-10 years: 20% CVD.
- In particular, among those undetectable for > 15 years: 27% bones, 22% CVD.
 - Experience vs. Concern: low awareness on CVD risk (30% vs. 17,6%).
 - Experience vs. Concern: high fear about mental illness (17,5% vs. 27,6%).

Undetectability: main reasons for any cART switch in the last 2 years (N=486, 100%)**HAVE YOU CHANGED THE ANTI-HIV THERAPY ON YOUR DOCTOR'S ADVICE, EVEN IF YOUR VIRAL LOAD WAS UNDETECTABLE?**

- Yes, because I could not always take drugs as required (N=9; 2%).
- Yes, because I was diagnosed with comorbidity (N=9; 2%).
- Yes, to prevent comorbidity (N=39; 8%).
- Yes, because "better" drugs were available (N=111; 23%).
- Yes, to simplify the schedule - ie, from BID to QD (N=90; 18%).
- Yes, but I did not understand why (N=6; 1%).
- No (N=222; 46%).

HAVE YOU PROPOSED TO YOUR DOCTOR TO CHANGE ANTI-HIV THERAPY, EVEN IF YOUR VIRAL LOAD WAS UNDETECTABLE?

- Yes, because I could not always take drugs as required (N=15; 3%).
- Yes, because I knew better drugs were available (N=150; 31%).
- No, I would have liked, but I was scared by possible side effects of the new therapy (N=12; 3%).
- No, I would have liked, but I was scared by 'detectability' - ie, viral load > 50 cp/mL (N=10; 2%).
- No (N=299; 61%).

Seeking information during cART switch (N=486, 100%)

- 51% of PLWH with an undetectable viral load, who changed cART in the last 2 years for any reason, seek out additional information (ie, beyond the doctor) on HIV drugs (25% do not seek information).
- In particular, among those undetectable for 11-15 years, the percentage rises up to 58% (10% do not seek information).

Propensity to cART switch (N=486, 100%)

- The general feeling linked to 'switching for any reason' was 'confidence' (90%). Among these, 30% expressed 'positive anxiety', 20% 'unconditional trust to the doctor'. In particular, among those undetectable for > 15 years: 37% 'positive anxiety', 13% 'unconditional trust in the doctor'.
- Focus on *pre-emptive switch*. The attitude was generally positive (86%). No difference according to years of cART.

Patient-physician relationship: focus on cART (N=486, 100%)

- Undetectable PLWH of the survey expressed 'full satisfaction' (45%), 'enough satisfaction' (40%), 'dissatisfaction' (9%). 6% were 'unable to answer' because they changed the doctor every time.
- 10% have changed clinical centre to get the medicines he/she wanted.
- 14% declared to have said 'no' to the doctor about a therapeutic proposal (ie, 'negotiating power').