

Patient and Physician perspectives towards current HIV treatment satisfaction and the use of long-acting injectable therapy for HIV in Taiwan

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Introduction

- Non-compliance by people living with HIV (PLHIV) may increase the risk of emergence of drug resistant virus in relation to antiretroviral therapy.
- Current first-line HIV therapy consists of single-tablet, once-daily antiretroviral therapy (ART) regimens.
- Alternative treatments, e.g., a long-acting injectable (LAI) therapy has been developed to reduce dosing frequency and potentially improve long-term adherence.

Objectives

This study aimed to:

- Assess PLHIV-reported satisfaction and unmet needs of current ART regimens and understand PLHIV's perspectives of LAI for managing their HIV.
- Understand physicians' satisfaction with current HIV treatments and their perspective towards the use of a long-acting injectable treatment.

Methods

- An online survey was conducted between October-December 2021 among 50 PLHIV and 30 physicians with HIV treatment experience in Taiwan.
- Questionnaire items pertained to PLHIV's and physicians' satisfaction with current HIV treatment and their perspectives towards LAI, and PLHIV's mental burden.
- Study population inclusion criteria:

Patients:

(a) aged ≥ 20years at the time of enrolment in the study; (b) self-report being diagnosed with HIV;

(c) willing and able to complete an online survey

Physicians:

(a) recent experience in treating PLHIV; (b) willing and able to complete an online survey



Study population

ဂိုဂ ္ဂိ	PLHIV Profile (N=50)	N	%
Age	21 - 30 years old	10	20%
	31 - 40 years old	29	58%
	41 – 50 years old	9	18%
	51 – 60 years old	2	4%
	61 – 70 years old	0	0%
	71 – 75 years old	0	0%
Sex at birth	Female	3	6%
	Male	47	94%
Education	Less than elementary school	_	
	Junior high school	0	0%
	High school	2	4%
	College/University	7	14%
	Postgraduate degree (e.g. Masters,	32	64%
	PhD)	9	18%
Employment	Student	1	2%
status	Employed full-time	41	82%
	Employed part-time	3	6%
	Retired	0	0%
	Not currently employed	5	10%

Specialty	Division of Infectious Diseases	100%
Clinical Experience (number of practicing years)	Mean ± Standard Deviation	16 ± 4.9
Average number of HIV patients treated per month	Mean ± Standard Deviation Median Minimum Maximum	228 ± 171 190 60 800
Proportion of HIV patient care in clinical practice (%)	Mean ± Standard Deviation Median Minimum Maximum	43 ± 24.2 37 10 80

Current ART Treatment Satisfaction

PLHIV's Perspectives

• 58% (n=29) patients were totally satisfied with their current HIV treatment.(Figure 1).

Figure 1. Treatment satisfaction regarding current HIV treatment from patients' perspectives (n=50)

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0% 10% 20% 30% 40% 30% 00% 70% 00% 90% 10	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	 100%

- PLHIV were most satisfied with convenience, comfort and viral load control factors of the current HIV ART treatment.
- PLHIV were most dissatisfied with the frequency of medication that links to reminder of their HIV status condition and the perceived need to hide the medications from others due to the associated stigma.

Table 1. Reasons given by PLHIV for feel	ling satisfied, if any,	witl
current HIV treatment (n=50)		

<u>current HIV treatment (n=50)</u>		
Reasons	N	%
I can take my medicine anywhere	24	48%
Taking one pill a day is convenient to me	46	92%
I have no challenges and feel comfortable when I swallowing pills	28	56%
I feel safe that I can control my viral load when I am taking pills	36	72%
I like the flexibility to be able to stop the treatment quickly in case of adverse events	8	16%

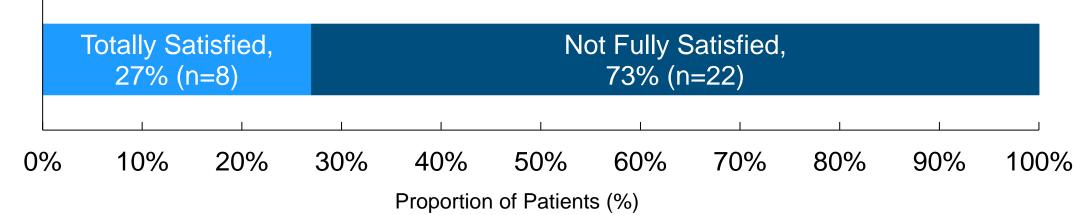
able 2. Rea	sons given	by PLHIV	for feeling	dissatisfied,	if any,
,			50)		

towards current HIV treatment (n=50)		
Reasons	N	%
I must take my medicine every day	26	52%
I must take my medicine around the same time	12	24%
My treatment affects when I can eat	9	18%
My treatment affects what I can eat	8	16%
I am getting side-effects from my treatment	12	24%
My treatment schedule interferes with my lifestyle	5	10%
My treatment routine affects my family & friends	4	8%
My treatment constantly reminds me of having HIV	25	50%
I need to hide my HIV medicine, so others do not see it	16	32%

Physicians' Perspectives

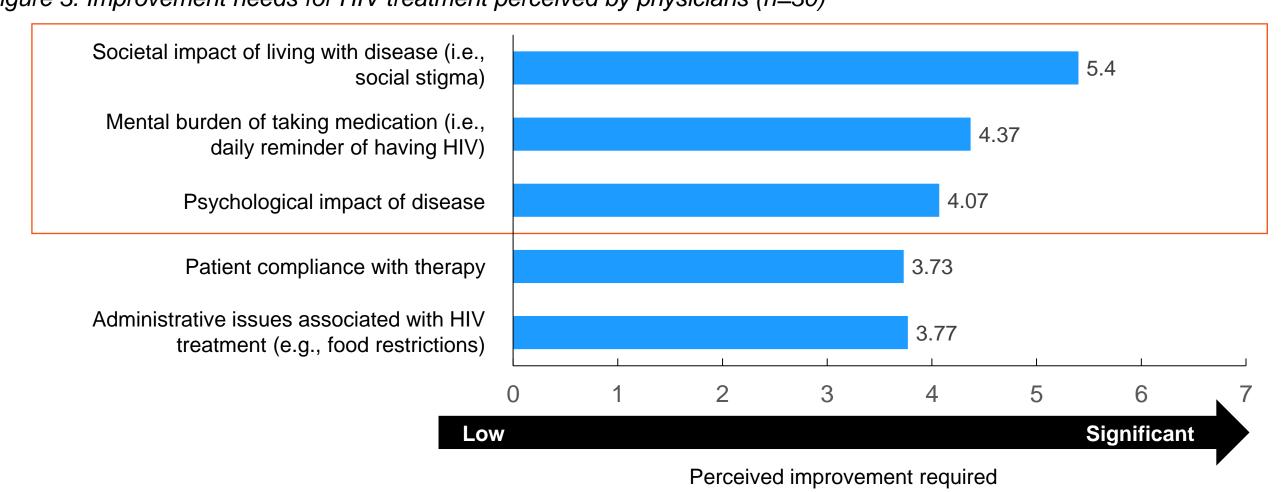
• 27% (n=8) of physicians were totally satisfied with the current HIV treatment(s).(Figure 2).

Figure 2. Treatment satisfaction towards current HIV treatments from physicians' perspectives (n=30)



- Physicians perceive a significant need for improvement in HIV treatment due to (Figure 3):
 - Social impact of living with disease
 - Mental burden of taking medication
 - Psychological impact of disease

Figure 3. Improvement needs for HIV treatment perceived by physicians (n=30)

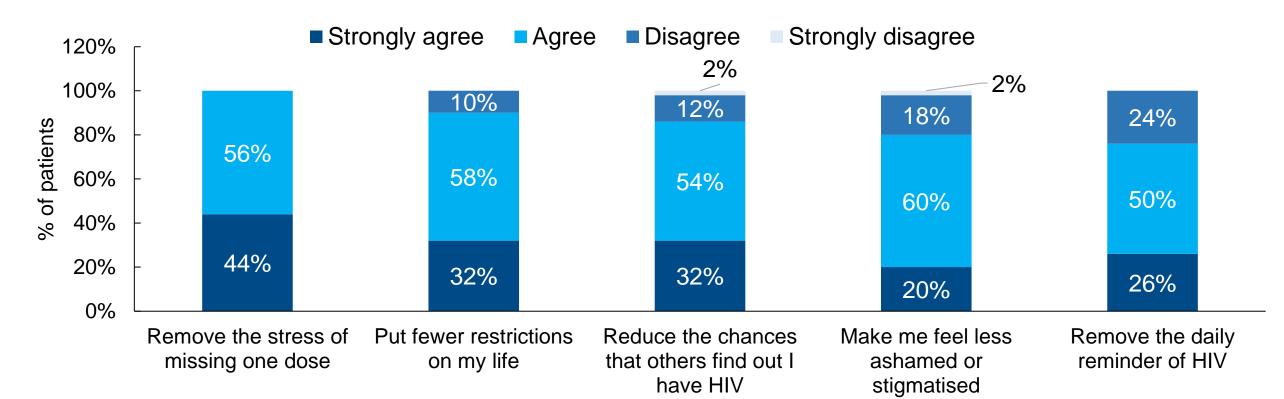


Perspectives of LAI treatment

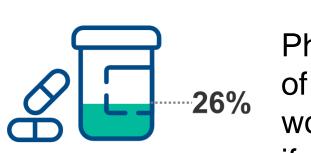
PLHIV's Perspectives

• Most PLHIV strongly agreed that LAI HIV treatment would remove stress of missing one dose, followed by fewer restrictions on life and reduce the chances of others finding out about HIV status.(Figure 4).

Figure 4. Patients' perspectives of LAI HIV treatment



Physicians' Perspectives



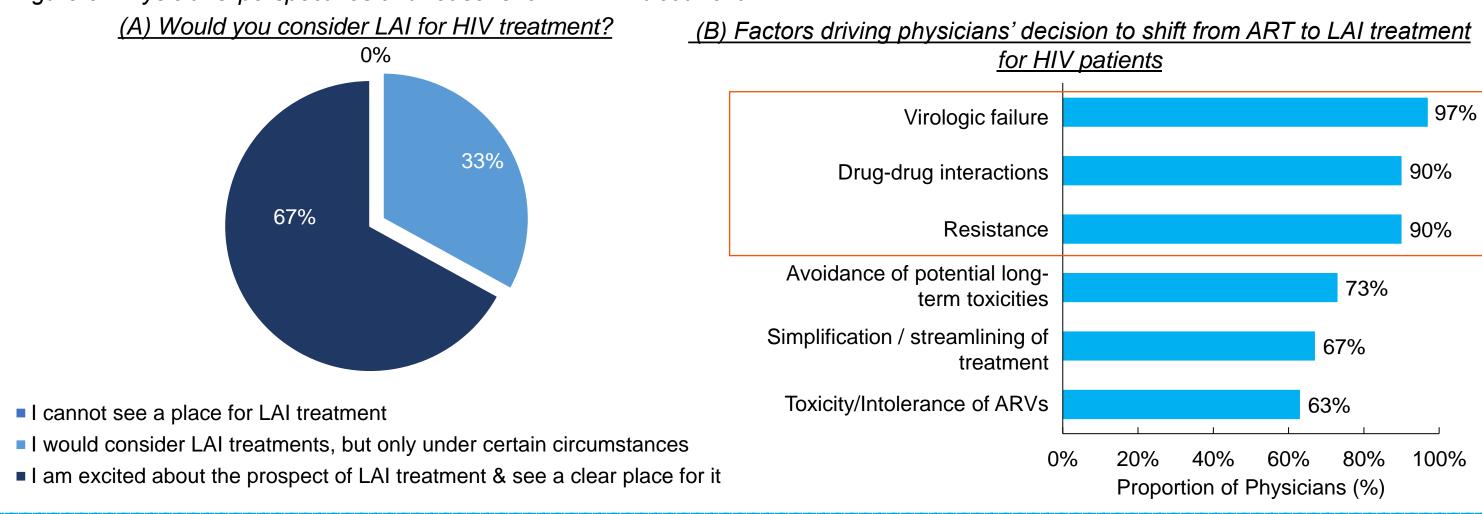
Physicians projected ~26% of their current HIV patients would prefer LAI treatment, if available



Physicians will recommend LAI treatment to 31% of their current HIV patients

- 67% of physicians were excited about the prospect of LAI treatment & see a clear place for it. (Figure 5A).
- ≥90% of physicians perceived circumstances like virologic failure (97%), drug-drug interactions (90%) and resistance (90%) as drivers for shifting to LAI for their patients' HIV treatment. (Figure 5B).

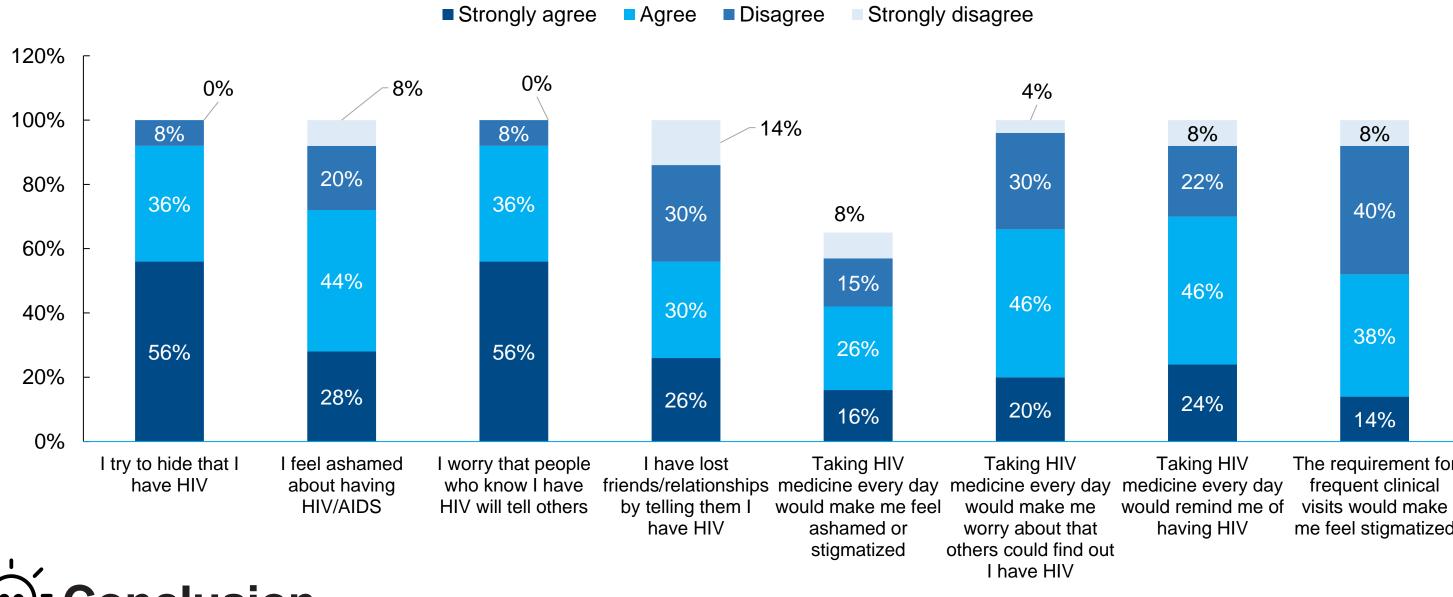
Figure 5. Physicians' perspectives and reasons for LAI HIV treatment



PLHIV's mental burden

- Most PLHIV strongly agreed that the current ART treatment resulted in fears and stigma associated with HIV status resulting in heightened need to hide the condition, feeling ashamed of having HIV/AIDS and worrying about people spreading about HIV status.
- The above factors contributed to the rising mental burden among PLHIV.

Figure 6. Impact of current ART treatment on patients' mental burden



Conclusion

- The findings suggest there are unmet needs from PLHIV's, and physicians' perspectives associated with current ART treatment.
- PLHIV and Physicians agreed on the treatment benefits provided by LAI treatment relative to the current ART treatment and were excited about the prospect of LAI treatment.
- Some of the perceived disadvantages of oral therapy towards current oral once-daily and the
 perceived PLWH's mental burden may potentially be addressed by the adoption of a LAI HIV
 treatment option.

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