Belgian physicians’ perspectives on PrEP

RESULTS OF AN ONLINE SURVEY

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How to translate the efficacy into effectiveness?

Is more than getting pills into bodies...
PrEP implementation

- Healthcare providers will have a crucial role in its successful implementation

- Ensure optimal uptake
- Ensure correct use
- Address concerns
PrEP uptake – Ensuring optimal uptake

- Only for those at substantial risk for HIV
  - Not a constant (may quickly change)

Be-PrEP-ared (prel. findings)
- PrEP is quite self-selective
- PrEP use can be self-costumized

➡️ However, how to increase?
- Cfr. USA (first two years)
- Cfr. France
PrEP provision – Ensuring correct use

PrEP only works when used correctly:

- Assessing the risk for HIV
- Assessing the right PrEP dosing regimen
- Providing sufficient information
- Counselling
  ...

▸ May vary among healthcare providers
PrEP follow-up – Addressing concerns

- “PrEP and risk compensation”
  - Counseling (e.g. condom use?)
- “PrEP and increase in other STIs”
  - Frequent STI testing
- “PrEP and HIV resistance”
  - Assessing and improving adherence

➡️ In a unique position to address these concerns in follow-up
➡️ But, follow-up by whom?
Frequent reported barriers

- Skepticism
- Concerns about the real-world efficacy
- “Purview paradox”
- Lack of guidelines
The survey

- Developed after focus group discussion (NL)
- 03/2016-06/2016
- Online - NL/FR/ENG
- Wide dissemination:
  - BREACH
  - FP circles ("kringen")
  - ...
- Incentive used (3X100€)
When interpreting the results...

- Not representative
- Intention was explorative
The sample

<table>
<thead>
<tr>
<th>Sociodemographics</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>146 (38.3)</td>
</tr>
<tr>
<td>Woman</td>
<td>235 (61.7)</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
</tr>
<tr>
<td>NL</td>
<td>228 (59.8)</td>
</tr>
<tr>
<td>FR</td>
<td>151 (39.6)</td>
</tr>
<tr>
<td>ENG</td>
<td>2 (0.5)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>20-29Y</td>
<td>103 (27.0)</td>
</tr>
<tr>
<td>30-39Y</td>
<td>105 (27.6)</td>
</tr>
<tr>
<td>40-49Y</td>
<td>66 (17.3)</td>
</tr>
<tr>
<td>50+</td>
<td>107 (28.1)</td>
</tr>
<tr>
<td><strong>Profession</strong></td>
<td></td>
</tr>
<tr>
<td>HIV clinicians (ARCs, ITM, ...)</td>
<td>39 (10.2)</td>
</tr>
<tr>
<td>FP (HAIO, planning familial...)</td>
<td>269 (70.6)</td>
</tr>
<tr>
<td>Other (Nurses, psychologists, ...)</td>
<td>73 (19.2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>381</td>
</tr>
</tbody>
</table>
Experiences with PrEP (physicians)

At least once received questions about PrEP (from a patient):
- 79.5% among HIV clinicians
- 23.8% among FPs

Only 10 physicians had prescribed PrEP
- 5 HIV clinicians (=12.8%), and 5 FPs (=1.9%)
### Self-assessed PrEP knowledge

<table>
<thead>
<tr>
<th>Self-assessed knowledge of PrEP</th>
<th>N (%)&lt;sup&gt;a&lt;/sup&gt;</th>
<th>P&lt;sup&gt;b&lt;/sup&gt;</th>
<th>HIV%&lt;sup&gt;c&lt;/sup&gt;</th>
<th>FP%&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
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<tr>
<td>Good knowledge of the efficacy of PrEP</td>
<td>59 (19.2)</td>
<td>&lt;0.001</td>
<td>66.7</td>
<td>12.3</td>
</tr>
<tr>
<td>Good knowledge of the frequency of side-effects of PrEP</td>
<td>37 (12.0)</td>
<td>&lt;0.001</td>
<td>59.0</td>
<td>5.2</td>
</tr>
<tr>
<td>Good knowledge of the severity of side-effects of PrEP</td>
<td>37 (12.0)</td>
<td>&lt;0.001</td>
<td>64.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Good ability to identify the target groups for PrEP</td>
<td>70 (22.7)</td>
<td>&lt;0.001</td>
<td>61.5</td>
<td>17.1</td>
</tr>
<tr>
<td>Good ability to assess the need to prescribe PrEP</td>
<td>50 (16.2)</td>
<td>&lt;0.001</td>
<td>59.0</td>
<td>10.0</td>
</tr>
</tbody>
</table>

<sup>a</sup> Frequency (N) and frequency within total  
<sup>b</sup> p value of Chi² or Fisher exact test for differences between profession categories within scale items  
<sup>c</sup> Percentage of scale items within profession category ‘HIV physicians’  
<sup>d</sup> Percentage of scale items within profession category ‘Family physicians’  
<sup>e</sup> Good (or very good); as opposed to ‘no opinion’, ‘bad’ or ‘very bad’
### Attitudes towards PrEP

<table>
<thead>
<tr>
<th>Attitude to the use of PrEP</th>
<th>N (%)&lt;sup&gt;a&lt;/sup&gt;</th>
<th>P&lt;sup&gt;b&lt;/sup&gt;</th>
<th>HIV%&lt;sup&gt;c&lt;/sup&gt;</th>
<th>FP%&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP is an effective measure for people to <strong>prevent an HIV infection</strong></td>
<td>156 (50.6)</td>
<td><strong>&lt;0.001</strong></td>
<td>79.5</td>
<td>46.5</td>
</tr>
<tr>
<td>PrEP is an effective measure to <strong>reduce the number of HIV infections</strong> in Belgium</td>
<td>162 (52.6)</td>
<td>0.124</td>
<td>64.1</td>
<td>50.9</td>
</tr>
<tr>
<td><strong>PrEP is redundant</strong> because there are better alternatives to prevent new HIV infections</td>
<td>190 (61.7)</td>
<td><strong>0.014</strong></td>
<td>79.5</td>
<td>59.1</td>
</tr>
<tr>
<td>Non-biomedical HIV prevention methods like <strong>behavioral interventions are better than PrEP</strong></td>
<td>94 (30.5)</td>
<td><strong>&lt;0.001</strong></td>
<td>56.4</td>
<td>26.8</td>
</tr>
<tr>
<td>The application of PrEP will be <strong>cost-effective</strong></td>
<td>58 (18.8)</td>
<td><strong>0.001</strong></td>
<td>38.5</td>
<td>16.0</td>
</tr>
<tr>
<td><strong>It is not preferable to make healthy people take pills</strong> on a daily base for HIV prevention</td>
<td>111 (36.0)</td>
<td><strong>0.032</strong></td>
<td>51.3</td>
<td>33.8</td>
</tr>
</tbody>
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<sup>b</sup> p value of Chi² or fisher exact test for differences between profession categories within scale items  
<sup>c</sup> Percentage of scale items within profession category ‘HIV physicians’  
<sup>d</sup> Percentage of scale items within profession category ‘Family physicians’  
<sup>e</sup> Agree (or Totally agree); as opposed to ‘No opinion’, ‘Don’t agree’ or ‘Totally don’t agree’  
<sup>f</sup> ‘(Totally) Don’t agree’; as opposed to ‘No opinion’, ‘Agree’ or ‘Totally agree’
## Concerns about PrEP

<table>
<thead>
<tr>
<th>Concerns about the use of PrEP</th>
<th>N (%)&lt;sup&gt;a&lt;/sup&gt;</th>
<th>P&lt;sup&gt;b&lt;/sup&gt;</th>
<th>HIV%&lt;sup&gt;c&lt;/sup&gt;</th>
<th>FP%&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am concerned about the <strong>effectiveness</strong> of PrEP</td>
<td>153 (49.7)</td>
<td><strong>0.012</strong></td>
<td>30.8</td>
<td>52.4</td>
</tr>
<tr>
<td>I am concerned about the <strong>short-term side effects</strong> of PrEP</td>
<td>120 (39.0)</td>
<td><strong>0.011</strong></td>
<td>20.5</td>
<td>41.6</td>
</tr>
<tr>
<td>I am concerned about the <strong>long-term side effects</strong> of PrEP</td>
<td>179 (58.1)</td>
<td>0.563</td>
<td>53.8</td>
<td>58.7</td>
</tr>
<tr>
<td>I am concerned about the <strong>adherence</strong> of patients with PrEP</td>
<td>189 (61.4)</td>
<td>0.707</td>
<td>64.1</td>
<td>61.0</td>
</tr>
</tbody>
</table>

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<sup>c</sup> Percentage of scale items within profession category ‘HIV physicians’

<sup>d</sup> Percentage of scale items within profession category ‘Family physicians’

<sup>e</sup> Agree (or Totally agree); as opposed to ‘No opinion’, ‘Don’t agree’ or ‘ Totally don’t agree’
Willingness to prescribe PrEP

“I would be prepared to prescribe PrEP”

- FPs (57.2%)
- HIV clinicians (76.9%)
- OR: 2.49 ; 95%CI: 1.14-5.45

Multivariable logistic regression:

- Self-assessed PrEP knowledge
- Attitudes towards PrEP
Discussion

- Attitudes (and knowledge) may vary!
  - Intraprofessional
  - Interprofessional
  - How might this influence the provision and subsequent use?
  - Better guidelines? Recommendations? Training?

- Apart from gatekeeping, how do we increase its uptake?
  - Family physicians have an important role (to refer)
  - Follow-up? Feedback loop to FPs?
  - Increase awareness/knowledge about PrEP?