

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



PrEP CAN ONLY BE PRESCRIBED BY A HEALTH CARE PROVIDER AND **MUST BE TAKEN AS DIRECTED TO WORK.**



- ✓ 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

Sociodemographics		N (%)
Gender		
Man		146 (38.3)
Woman		235 (61.7)
Language		
NL		228 (59.8)
FR		151 (39.6)
ENG		2 (0,5)
Age		
20-29Y		103 (27,0)
30-39Y		105 (27,6)
40-49Y		66 (17,3)
50+		107 (28,1)
Profession		
HIV clinicians (ARCs, ITM, ...)		39 (10.2)
FP (HAIO, planning familial...)		269 (70.6)
Other (Nurses, psychologists, ...)		73 (19.2)
Total		381



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

Self-assessed knowledge of PrEP ^e	N (%) ^a	P ^b	HIV% ^c	FP% ^d
Good knowledge of the efficacy of PrEP	59 (19.2)	<0.001	66.7	12.3
Good knowledge of the frequency of side-effects of PrEP	37 (12.0)	<0.001	59.0	5.2
Good knowledge of the severity of side-effects of PrEP	37 (12.0)	<0.001	64.1	4.5
Good ability to identify the target groups for PrEP	70 (22.7)	<0.001	61.5	17.1
Good ability to assess the need to prescribe PrEP	50 (16.2)	<0.001	59.0	10.0

a Frequency (N) and frequency within total

b p value of Chi² or fisher exact test for differences between profession categories within scale items

c Percentage of scale items within profession category 'HIV physicians'

d Percentage of scale items within profession category 'Family physicians'

e Good (or very good); as opposed to 'no opinion', 'bad' or 'very bad'



Attitudes towards PrEP

Attitude to the use of PrEP	N (%) ^a	P ^b	HIV% ^c	FP% ^d
PrEP is an effective measure for people to prevent an HIV infection ^e	156 (50.6)	<0.001	79.5	46.5
PrEP is an effective measure to reduce the number of HIV infections in Belgium ^e	162 (52.6)	0.124	64.1	50.9
PrEP is redundant because there are better alternatives to prevent new HIV infections ^e	190 (61.7)	0.014	79.5	59.1
Non-biomedical HIV prevention methods like behavioral interventions are better than PrEP ^f	94 (30.5)	<0.001	56.4	26.8
The application of PrEP will be cost-effective ^e	58 (18.8)	0.001	38.5	16.0
It is not preferable to make healthy people take pills on a daily base for HIV prevention ^f	111 (36.0)	0.032	51.3	33.8

a Frequency (N) and frequency within total

b p value of Chi² or fisher exact test for differences between profession categories within scale items

c Percentage of scale items within profession category 'HIV physicians'

d Percentage of scale items within profession category 'Family physicians'

e Agree (or Totally agree); as opposed to 'No opinion', 'Don't agree' or 'Totally don't agree'

f '(Totally) Don't agree'; as opposed to 'No opinion', 'Agree' or 'Totally agree'



Concerns about PrEP

Concerns about the use of PrEP ^e	N (%) ^a	P ^b	HIV% ^c	FP% ^d
I am concerned about the effectiveness of PrEP	153 (49.7)	0.012	30.8	52.4
I am concerned about the short-term side effects of PrEP	120 (39.0)	0.011	20.5	41.6
I am concerned about the long-term side effects of PrEP	179 (58.1)	0.563	53.8	58.7
I am concerned about the adherence of patients with PrEP	189 (61.4)	0.707	64.1	61.0

a Frequency (N) and frequency within total

b p value of Chi² or fisher exact test for differences between profession categories within scale items

c Percentage of scale items within profession category 'HIV physicians'

d Percentage of scale items within profession category 'Family physicians'

e 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 it's uptake?
 - Family physicians have an important role (to refer)
 - Follow-up? Feedback loop to FPs?
 - Increase awareness/knowledge about PrEP?





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