

Oral Session 4

O18 The acceptability of offering rapid antiretroviral therapy to people living with HIV in East London: A qualitative study

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This educational event is supported by an unrestricted medical education grants from



The acceptability of offering rapid antiretroviral therapy to people living with HIV in East London: A qualitative study

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Background

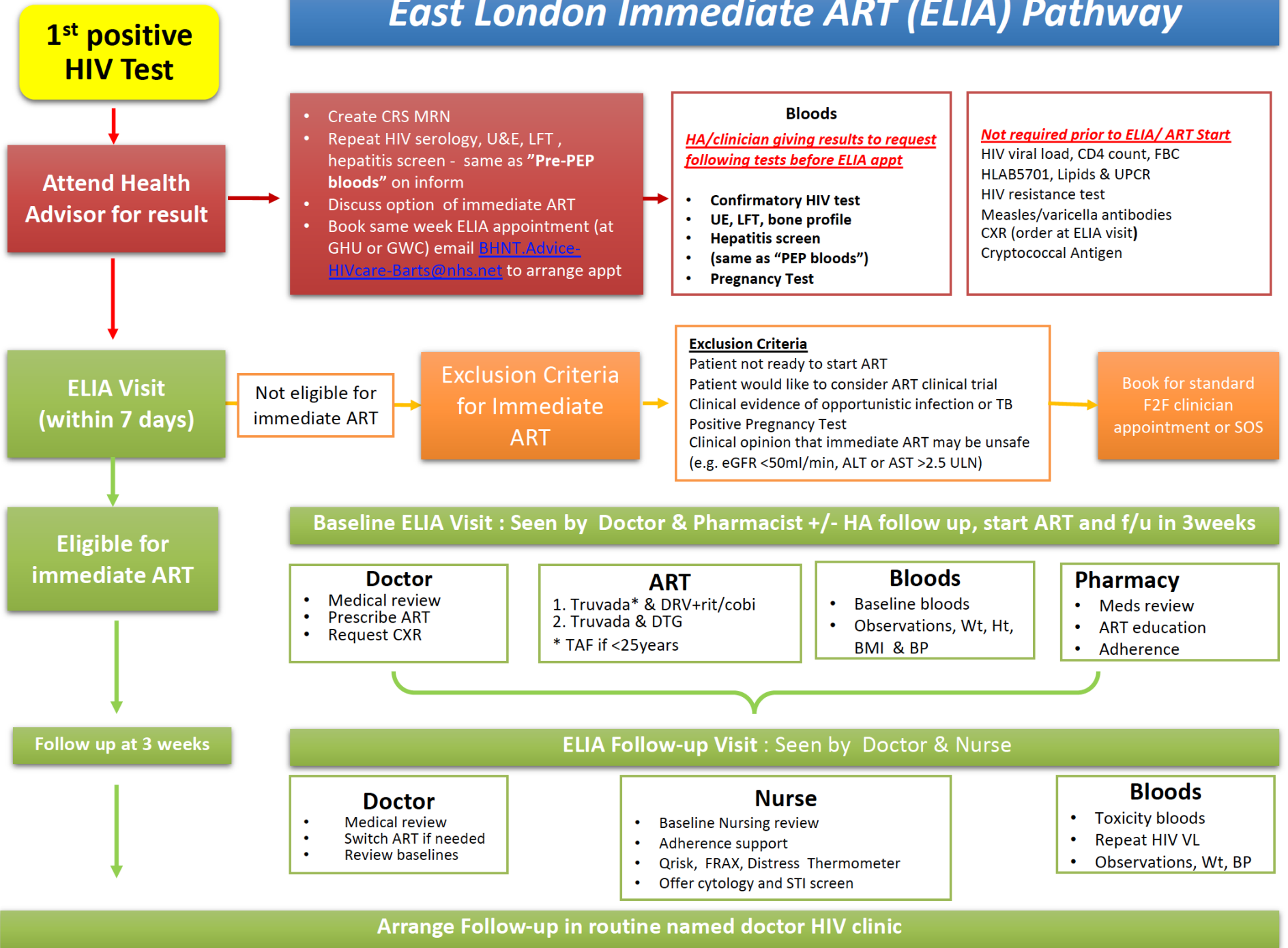
- The World Health Organisation recommends rapid initiation of antiretroviral therapy (ART), within 7 days of HIV diagnosis
- Potential benefits include improvement in clinical and immunological outcomes
- International studies show that the acceptability of rapid ART is mixed
- Lack of qualitative UK data on acceptability

Aim and objectives

To examine the acceptability of rapid ART offered as part of routine care, to people newly diagnosed with HIV in London

- To explore the experiences of people newly diagnosed with HIV and offered rapid ART
- To examine the barriers and facilitators to rapid ART initiation
- To investigate the needs of people newly diagnosed with HIV with regards to adherence and engagement in care

East London Immediate ART (ELIA) Pathway



Methods

- Semi-structured interviews
- Purposive sampling of people seen in the East London Immediate ART service
- Participants recruited from HIV clinics at Barts Health NHS Trust
- December 2020 - September 2021
- Interviews explored feelings about the new HIV diagnosis, attitudes to ART, and barriers and facilitators to starting rapid ART
- Thematic analysis of transcribed interviews

Participants

- 18 participants
- Aged 22-69 years
- Gender: 15 cisgender men, 3 cisgender women
- Sexual orientation: 5 identifying as heterosexual, 13 gay and bisexual men
- Ethnic identities: 6 White Non-UK, 5 White UK, 3 Black Caribbean, 2 South Asian, and 2 East Asian
- Time from HIV diagnosis at interview ranged from 3 – 24 months
- All had accepted rapid ART

Theme – Rapid ART is acceptable

The offer of rapid ART was acceptable – viewed as the next step after diagnosis, particularly if unwell.

“I’ve kinda dealt with it a bit more pragmatically – I’ve seen there’s a **problem that needs to be fixed**, and I think that just comes from the way that I work. I just saw it as a **problem that needed sorting**.”

“I mean, I was very happy to be offered it on the day. I took comfort I think in **knowing how quickly everything was being responded to**.”

Theme – Taking control

Reasons for starting included the desire to get well, stay well, to reduce their likelihood of passing on HIV and trust in healthcare advice. HIV is a serious diagnosis and many expressed need to take action quickly and regain control of their health.

“Like the fever just came and went and came again so it was really, really, really upsetting. Really annoying, and I just wanted something that can get rid of it already, so I was really, really happy that the doctor provided a treatment and ... after several days I started to feel better.”

Theme – Can't understand

Most participants expressed that they could not understand why people would not begin treatment, but suggested needing more time to decide and denial of diagnosis as possible barriers.

“Why you wouldn't? You've got a sickness that you know is gonna kill you if you don't take the treatment. You've got research over the years that this treatment can help you have a normal life – maybe a better life because you are checked every six months.”

“So, I do get the hesitance because there is a lot to take in. Before you start on meds, you might want to just get comfortable with what's going on, before you then put this thing in. You are introducing something that's gonna be part of your daily routine...potentially the rest of your life, so I understand why people might be a bit hesitant at the start.”

Theme – Information and support

Facilitators included being given comprehensive information about the effects of treatment and managing potential side-effects, a supportive clinical team, seeing an improvement in symptoms and bloods.

“There was no [pause], you know, judgement. **I found it a very open environment and a safe environment.**”

“They gave us a lot of literature explaining what HIV meant especially to young people, support services and the viral load and the explanation for all that. So yeah, it’s all been quite good, there, **there wasn’t a lack of information.**”

Theme – Individualised approach to care

Support specified from clinical team included a non-judgemental attitude, approachability, reassurance, encouragement and information about peer support and counselling. An individualised approach encouraged.

“Different people have different ways of dealing with their problems. I mean generally that's how – that's how you should be approached. You see the individual... you just like **tailor to their needs.**”

“So, they were really great coz they allowed me to come back like more regularly. I was like ‘well, can I come back in three weeks or something? So, **they allowed me to come back in three weeks as opposed to three months, just because that’s what I wanted.**”

Limitations

- All of the participants in the sample had started rapid ART, as no one who declined it agreed to be interviewed
- All of the participants were still in care and on ART when interviewed, so we were not able to interview people who had stopped rapid ART
- Recruitment of women, trans and non-binary people was challenging, despite regular review of our recruitment strategies

Conclusion

- To our knowledge, this is the first qualitative study exploring the acceptability of rapid ART in the UK
- Rapid ART was highly acceptable to an ethnically diverse, predominantly male sample of people newly diagnosed with HIV
- Findings emphasise the importance of a tailored approach to care, the quality of the relationship with the HIV clinical team, and the need to provide comprehensive information, counselling and peer support when offering rapid ART
- Further research should look at strategies to recruit a more gender diverse sample, people who did not accept rapid ART, or stopped rapid ART

Acknowledgements

Thank you to:

- Our participants
- Sadna Ullah, Programme Manager, SHARE Collaborative
- Clinical and research team at Barts Health NHS Trust
- BHIVA Research Awards 2019

BHIVA



British HIV Association

2022 Spring Conference

Wed 20th - Fri 22nd April
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