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TOLERANCE AND ADHERENCE OF HIV PRE-EXPOSURE PROPHYLAXIS IN REAL-WORLD SETTING.

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BACKGROUND AND IMPORTANCE

Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy for people at high risk of infection. Long-term studies of adherence and tolerance to PrEP are limited.

AIM AND OBJECTIVES

To evaluate the tolerance and adherence of HIV PrEP in real-world setting.

MATERIAL AND METHODS

- Cross-sectional observational study in a third level hospital from June 2024 to August 2024.
- Daily dose PrEP users with a minimum follow-up of 3 months were included.
- Data collected: Socio-demographic, sexually transmitted diseases (STDs) diagnosis, treatment variables and tolerance data from electronic medical record.
- Adherence: Analysed using the Simplified Medication Adherence Questionnaire (SMAQ) and the medication possession ratio (MPR).

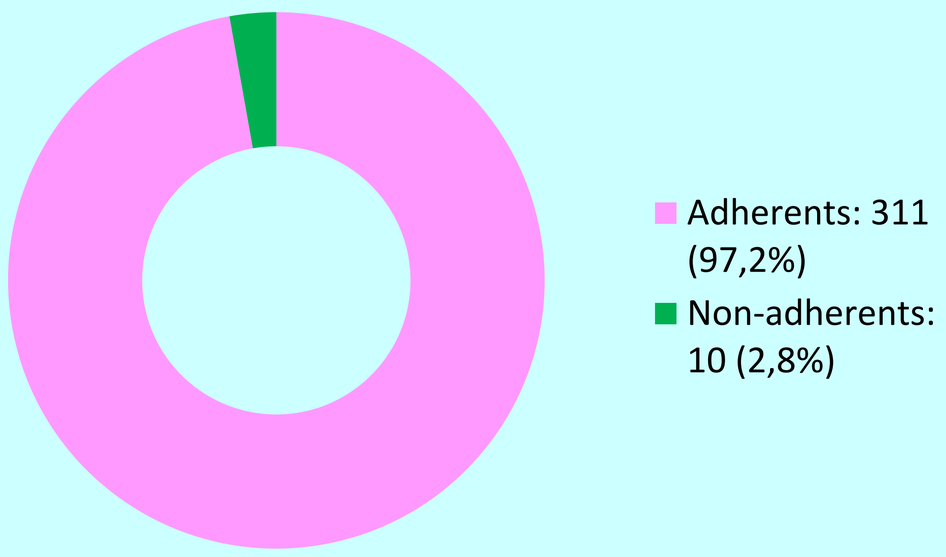
RESULTS

Socio-demographics:	
Patients:	321
Sex:	99.1% were male
Mean age:	36.8 (8.9) years
STDs diagnosis:	
Users with STDs diagnosis:	176 (55%)
Users with ≥2 STDs diagnosis:	74 (23.1%)
Treatment variables:	
Mean PrEp treatment time:	12.4 (31.5) months
Users with other treatments:	174 (54.4%)
Users with protein supplements:	46 (14.4%)

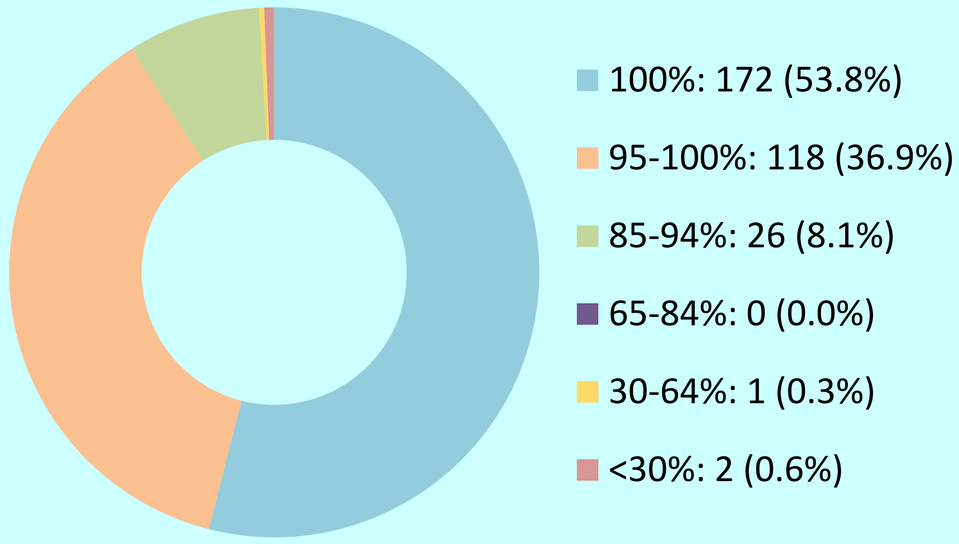
Tolerance:	
Users with any adverse effects:	60 (18.8%)
Adverse effects:	
• Nausea	6 (1.9%)
• Diarrhoea	8 (2.5%)
• Abdominal pain	7 (2.2%)
• Dizziness	1 (0.3%)
• Hypophosphatemia	33 (10.3%)
• Renal failure	6 (1.9%)
• Headache	1 (0.3%)
• Insomnia	1 (0.3%)

Adherence:

MPR* → Mean: 0.96 (0.07)



%SMAQ**



*Users were considered adherent when the MPR was ≥ 0.8

**Users were considered adherent when the SMAQ percentage was 100%

CONCLUSION AND RELEVANCE

- Less than 20% of users experienced an adverse effect. The most frequent were hypophosphataemia and diarrhoea. Although renal failure was less frequent, it required in one case a switch from TDF to tenofovir alafenamide (TAF) due to its lower renal toxicity.
- About adherence, the MPR showed higher adherence compared to the SMAQ questionnaire. This could be explained, on the one hand, by the restrictive nature of the SMAQ questionnaire and, on the other hand, because users may have had more medication than they declared in the interview, according to the dispensing data.

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