

# CHARACTERIZATION OF A POPULATION ON PrEP AND LOSS TO FOLLOW UP

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## Background:

Oral pre-exposure prophylaxis (PrEP) is an effective strategy to reduce the incidence of human immunodeficiency virus (HIV) infection in high-risk individuals. [1]

The effectiveness of this prophylaxis is highly dependent on user adherence, meaning that loss to follow up (LTFU) is a concern. [2] Key barriers to PrEP adherence are at the individual, community and healthcare structures level.

## Methods:

The authors performed a descriptive and retrospective study including adults attending PrEP outpatient follow-up in a 4-year period (April 2018 - April 2022), using a structured form for data extraction. LTFU was defined as the patient being unreachable and/or missing further appointments. Re-engagement in care was defined as individuals who were ever LTFU and later actively asked for a follow-up..

## Results:

A total of 508 patients were included, the median of age being 36 years old (minimum age 19; maximum 69 years old).

At the first appointment:

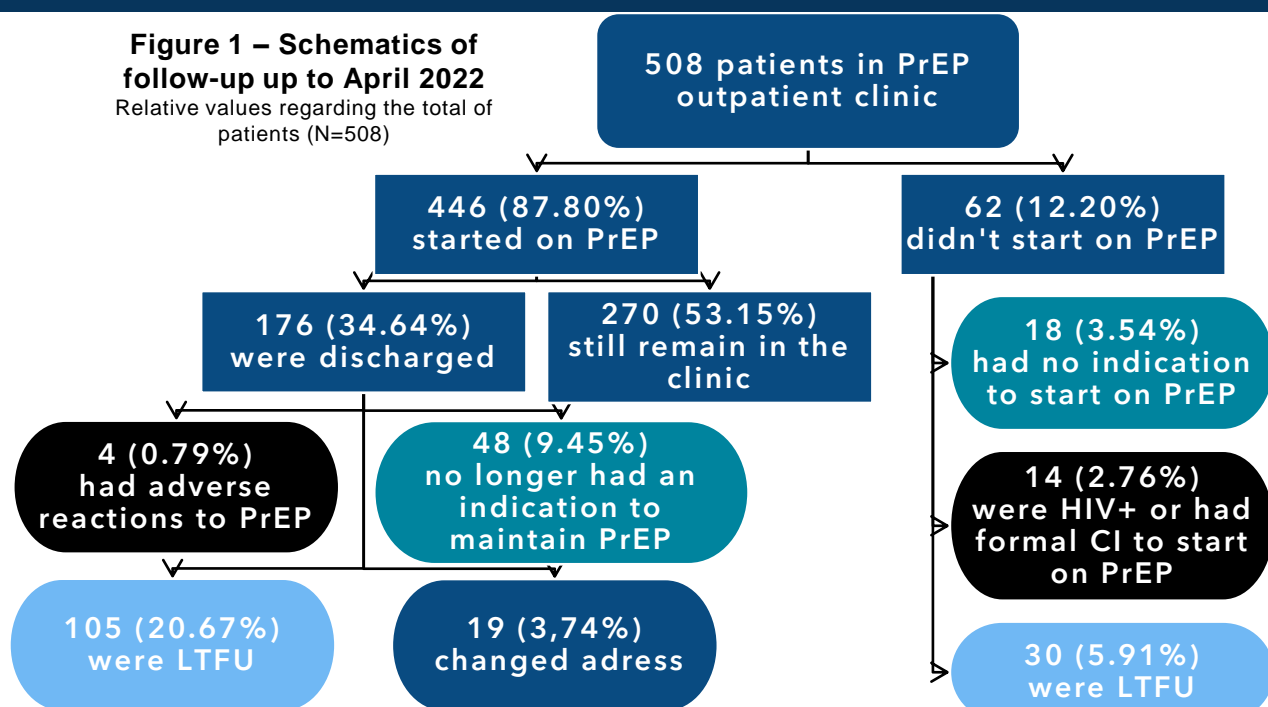
- 14 patients had contraindications (CI) for PrEP, 5 of those because of a new HIV diagnosis
- 18 had no criteria for starting it (11 of them were in a monogamous relationship)
- 30 patients had formal indication for PrEP but were LTFU before a prescription could be made.

Table 1 – Demographic characterization

	Absolute Frequency (N)	Relative Frequency (%)
<b>Age at first appointment (years old)</b>		
18-20	7	1.38%
21-30	191	37.60%
31-40	162	31.89%
41-50	100	19.69%
51-60	39	7.68%
<b>Biological sex</b>		
Male	496	97.64%
Female	12	2.36%
<b>Gender identity</b>		
Cis	491	96.65%
Trans	15	2.95%
<b>Sexual orientation</b>		
MSM	419	82.48%
MSM/W	68	13.39%
Other	21	4.13%
<b>Nationalities</b>		
Portugal	275	54.13%
Brazil	147	28.94%
Rest of Europe	34	6.69%
Rest of America	24	4.72%
Africa	21	4.13%
Asia	7	1.38%

Abbreviations: MSM, men who have sex with men; MSM/W, men who have sex with men and women.

Figure 1 – Schematics of follow-up up to April 2022  
Relative values regarding the total of patients (N=508)



Of the patients that started PrEP (N=446), 176 (39.46%) were no longer on PrEP by April 2022. They were followed for a mean of 290 days and median of 176 days.

105 patients (23.54% of all patients started on PrEP) were LTFU for unknown reasons or poor adherence, while 71 patients had clinical or socioeconomic reasons leading to the PrEP suspension.

Some of these patients (27) re-engaged in follow-up and the main reason for suspending PrEP was professional or social incapacity for attending screenings.

## Conclusions:

Around 25% of our patients have been lost to follow-up since we started our PrEP outpatient clinic, many of them for unknown reasons and poor adherence.

The identification of key barriers to PrEP adherence is of major importance so that effective measures can be implemented to prevent it.

## References:

- [1] Sidebottom, D., Ekström, A.M. & Strömdahl, S. A systematic review of adherence to oral pre-exposure prophylaxis for HIV – how can we improve uptake and adherence?. BMC Infect Dis 18, 581. 2018.

- [2] Mayer KH et al, Evolving models and ongoing challenges for HIV preexposure prophylaxis implementation in the United States. J Acquir Immune Defic Syndr. 2018.