

Melanie Schroeder<sup>1</sup>, Fritha Hennessy<sup>2</sup>, Libby Turner<sup>2</sup>, Tim Holbrook<sup>2</sup>, Ama Appiah<sup>1</sup>, Jenny Scherzer<sup>3</sup>  
<sup>1</sup>ViiV Healthcare, London, United Kingdom; <sup>2</sup>Adelphi Real World, Bollington, United Kingdom; <sup>3</sup>ViiV Healthcare, Munich, Germany



## Key Takeaways

- The Adelphi PrEP (pre-exposure prophylaxis) Disease Specific Programme™ is a real-world, cross-sectional survey with retrospective data collection conducted across four European countries for this analysis (France, Germany, Italy, and Spain).
- The perspectives of PrEP users and individuals not currently receiving PrEP (PrEP non-users) on PrEP-associated stigma and attitudes towards future alternative options are described, as well as physician-reported information on their likelihood of prescribing future PrEP options.
- The majority of PrEP non-users were considered by their physicians to be at “severe” or “very severe” risk of HIV acquisition.

- PrEP users were impacted by stigma, which resulted in a social and emotional burden, with some feeling like they must keep their PrEP use a secret.
- The most common physician-reported reasons for PrEP non-users not starting PrEP were not wanting to take a medication for a long period of time, the risk of possible side effects, and the associated stigma.
- More PrEP non-users were more “likely”/“very likely” to take an injection every 8 weeks than a daily oral option, and physicians were also more “likely”/“very likely” to prescribe a long-acting PrEP injection to PrEP users and PrEP non-users than alternative options.

## Background

- Daily oral PrEP is a guideline-recommended method for preventing new HIV acquisitions that is highly effective when taken and adhered to as prescribed,<sup>1-3</sup> demonstrating reductions in HIV acquisition rates of up to 93% in real-world effectiveness studies;<sup>4</sup> however, poor adherence has been shown to negatively impact effectiveness.<sup>5</sup>
- Despite the high effectiveness of oral PrEP, barriers to widespread uptake and adherence remain, including issues such as stigma, fear of inadvertent disclosure, contraindications or intolerance, and barriers to access.<sup>6</sup>
- Since the Adelphi PrEP Disease Specific Programme™ survey was conducted, long-acting cabotegravir has been approved for PrEP in the European Union and has the potential to address issues around adherence, stigma, and uptake in populations not effectively supported with current oral PrEP options.<sup>7</sup>
- Using data from the real-world Adelphi PrEP Disease Specific Programme™ survey, we aimed to assess PrEP-associated stigma and attitudes towards future alternative options in PrEP users and individuals not currently receiving PrEP (PrEP non-users), as well as physician-reported information on their likelihood of prescribing future PrEP options.

## Methods

- Data were collected from the Adelphi PrEP Disease Specific Programme™<sup>8-11</sup> a real-world, cross-sectional survey with retrospective data collection, conducted between October 2022 and July 2023 in four European countries (France, Germany, Italy, and Spain).
- PrEP users and individuals not currently receiving PrEP but who would benefit from it\* (PrEP non-users) answered surveys with pre-defined response questions related to PrEP-associated stigma and future PrEP options.
  - PrEP non-users who would benefit from PrEP were identified by infectious disease specialists and primary care physicians.
- Physicians were asked to provide reasons why PrEP non-users decided not to start using PrEP and perspectives on their likelihood of prescribing future PrEP options for PrEP users and PrEP non-users.
- All data are summarized descriptively.

\*Fulfills at least one of the following attributes: sexually active person; HIV-1 positive partners; recently diagnosed with/treated for bacterial sexually transmitted infection; history of inconsistent or no condom use with sexual partner(s); current persons who inject drugs; has previously been prescribed non-occupational post-exposure prophylaxis.

## Results

Table 1. Baseline Characteristics (Physician Reported)

| Characteristic                           | Overall (N=378) | PrEP users (n=221) | PrEP non-users (n=157) |
|--|-----------------|--------------------|------------------------|
| Age, median (interquartile range), years | 31 (27-38)      | 31 (27-39)         | 31 (27-37)             |
| Sex, n (%)                               |                 |                    |                        |
| Male                                     | 340 (90)        | 197 (89)           | 143 (91)               |
| Female                                   | 34 (9)          | 21 (10)            | 13 (8)                 |
| Intersex                                 | 4 (1)           | 3 (1)              | 1 (1)                  |
| Country, n (%)                           |                 |                    |                        |
| France                                   | 61 (16)         | 37 (17)            | 24 (15)                |
| Germany                                  | 211 (56)        | 130 (59)           | 81 (52)                |
| Italy                                    | 59 (16)         | 26 (12)            | 33 (21)                |
| Spain                                    | 47 (12)         | 28 (13)            | 19 (12)                |
| Ethnicity,* n (%)                        |                 |                    |                        |
| White                                    | 295 (93)        | 174 (95)           | 121 (91)               |
| Hispanic or Latinx                       | 14 (4)          | 6 (3)              | 8 (6)                  |
| Middle Eastern                           | 3 (1)           | 0 (0)              | 3 (2)                  |
| Afro-Caribbean                           | 3 (1)           | 2 (1)              | 1 (1)                  |
| Other†                                   | 2 (<1)          | 2 (1)              | 0 (0)                  |
| Sexuality, n (%)                         |                 |                    |                        |
| Homosexual                               | 278 (74)        | 164 (74)           | 114 (73)               |
| Heterosexual                             | 53 (14)         | 27 (12)            | 26 (17)                |
| Bisexual or Pansexual                    | 47 (12)         | 30 (14)            | 17 (11)                |
| HIV acquisition risk,‡ n (%)             |                 |                    |                        |
| Very severe                              | –               | –                  | 31 (20)                |
| Severe                                   | –               | –                  | 76 (48)                |
| Moderate                                 | –               | –                  | 29 (19)                |
| Mild                                     | –               | –                  | 17 (11)                |
| None                                     | –               | –                  | 4 (3)                  |

\*N=317; PrEP users, n=184; PrEP non-users, n=133. Does not include data from France. †Asian (other), n=1; Asian (Indian subcontinent), n=1. ‡As assessed by physician using a Likert scale. The physician was not presented with any criteria to aid in classification. PrEP, pre-exposure prophylaxis.

- In total, 221 PrEP users and 157 PrEP non-users (never received PrEP, n=149; previously received PrEP, n=8) completed surveys (Table 1).
- Of PrEP non-users, 68% (n=107) were considered to be at “severe” or “very severe” risk of HIV acquisition.

Figure 1. Social and Emotional Burden Associated with PrEP, Reported by PrEP Users and Non-users

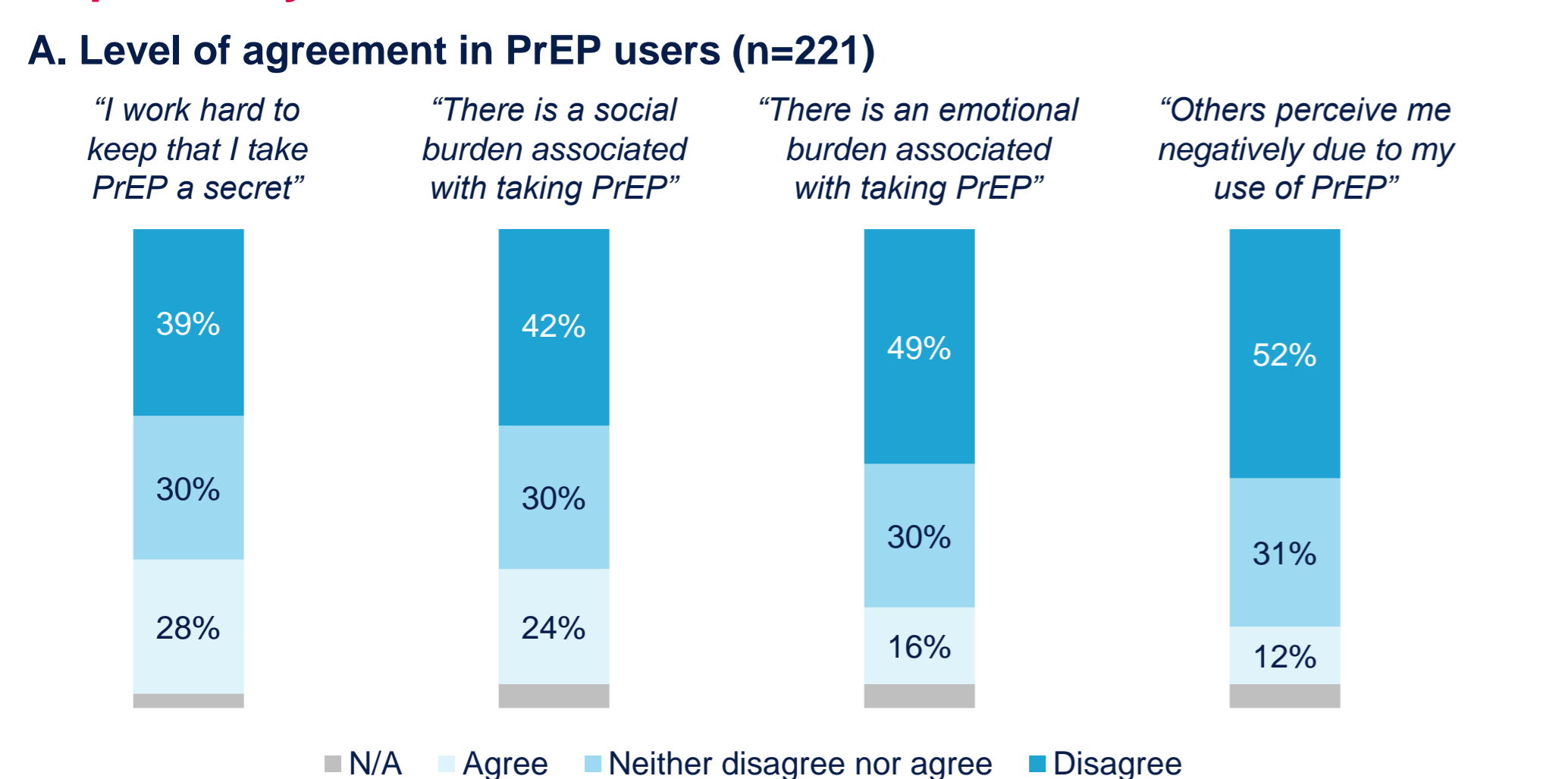
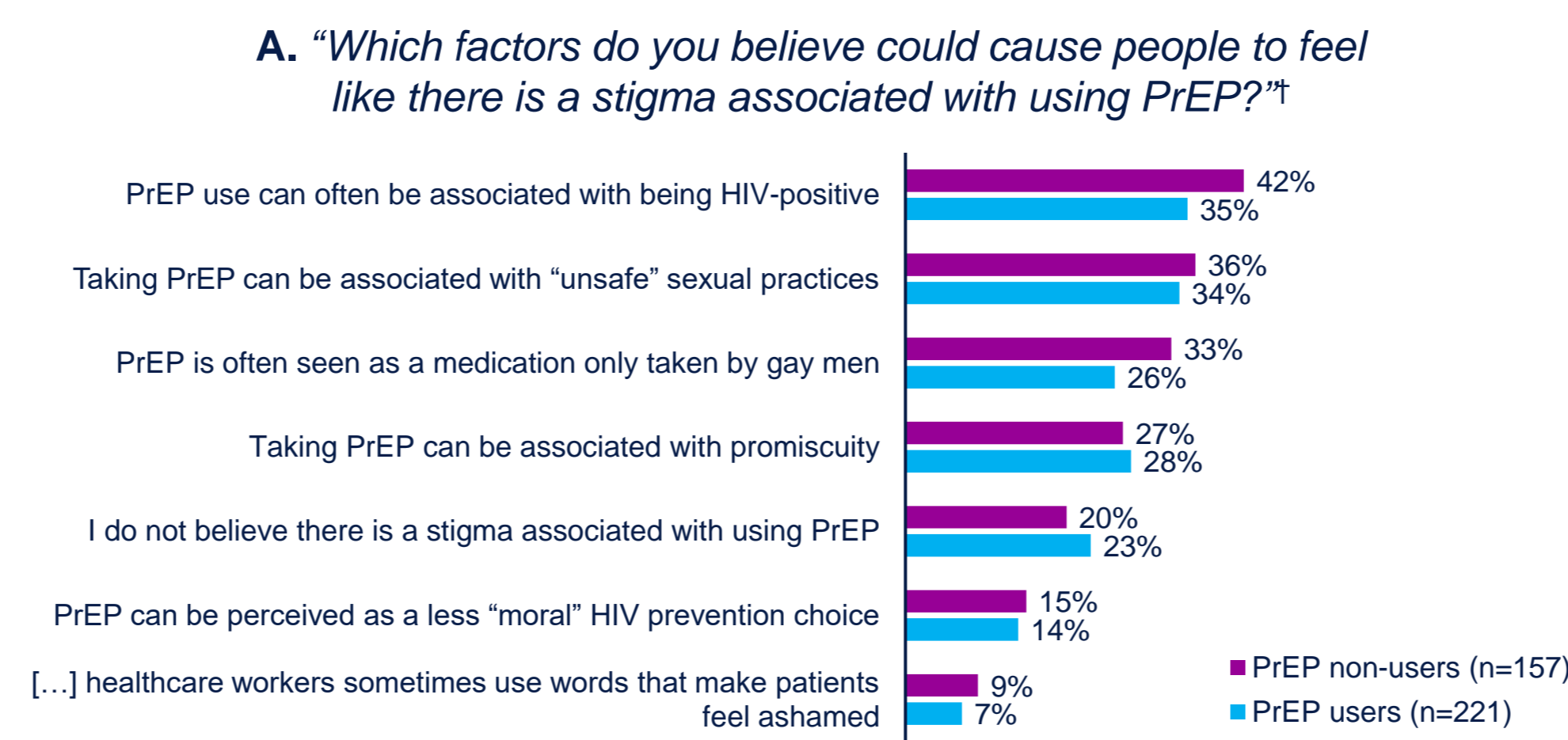


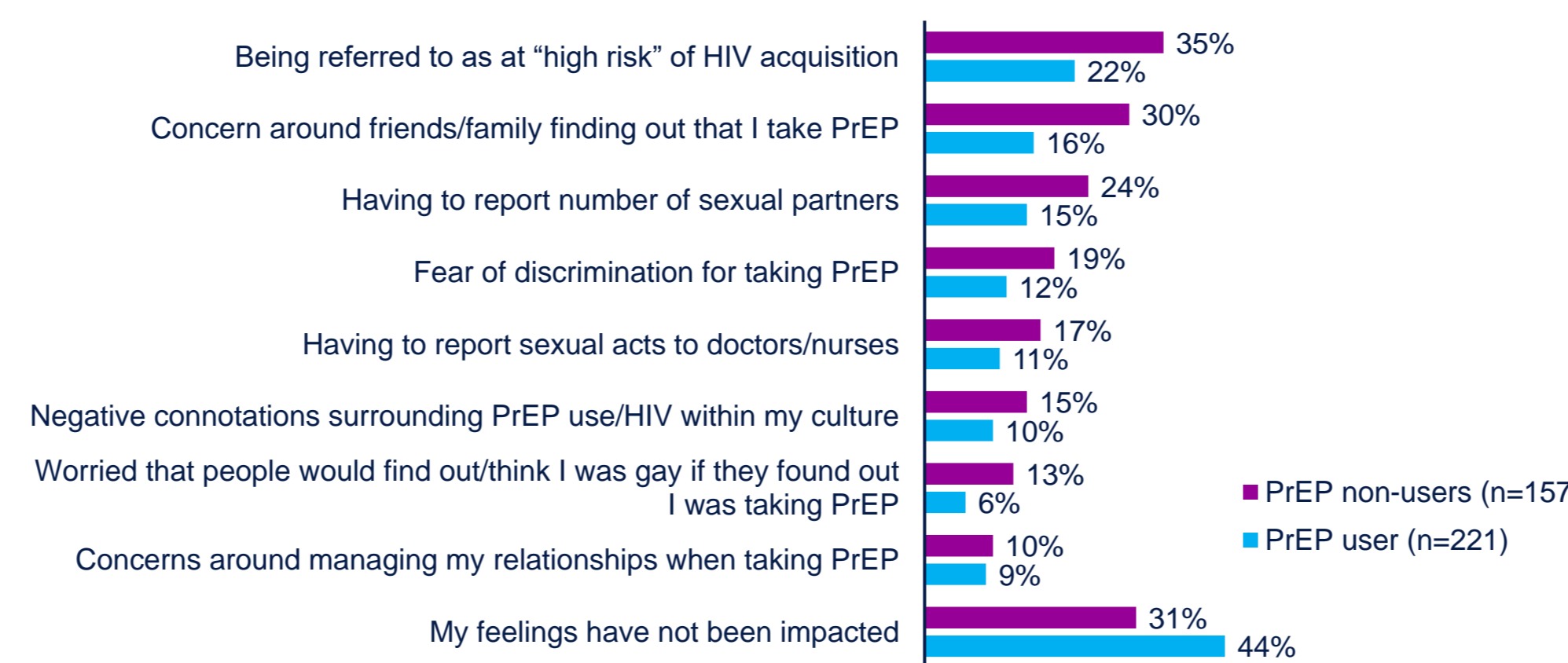
Figure 2. Factors Associated with Stigma and Factors that Affect Feelings Towards Taking PrEP Reported by PrEP Users and PrEP Non-users\*



\*Only answers reported by >5% were included. †PrEP users were asked "From your experience, which factors do you believe could cause people to feel like there is a stigma associated with using PrEP?" Non-users were asked "Which factors do you believe could cause people to feel like there is a stigma associated with using a medication to decrease risk of HIV acquisition?" PrEP, pre-exposure prophylaxis.

- Both PrEP users and PrEP non-users reported that PrEP use was associated with being HIV-positive (users: 35%; non-users: 42%) and “unsafe” sexual practices (users: 34%; non-users: 36%; Figure 2A).

Figure 3. Factors Influencing the Decision to not Start Using PrEP Among PrEP Non-users (Physician Reported)

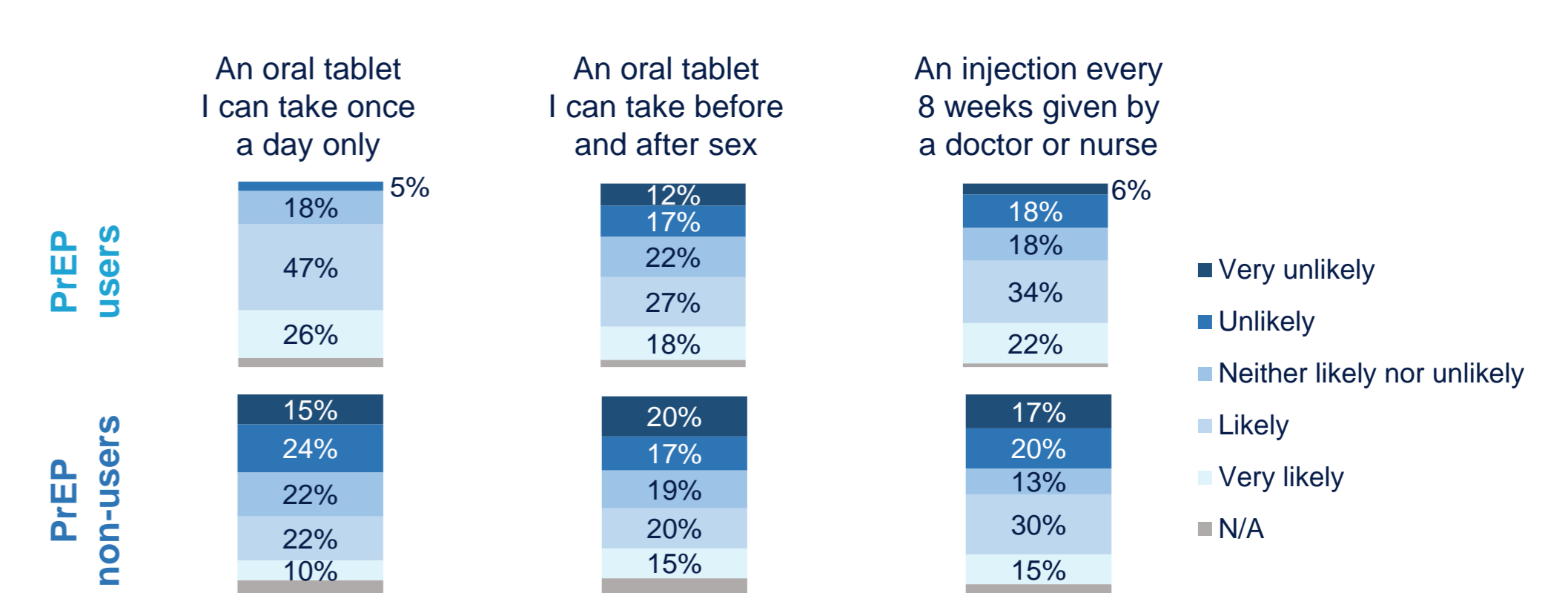


\*Only answers reported by >5% were included. PrEP, pre-exposure prophylaxis.

- PrEP non-users were more likely to be impacted by being deemed as at “high risk” of HIV acquisition vs. users (35% vs. 22%) (Figure 2B).

Figure 4. Future PrEP Options

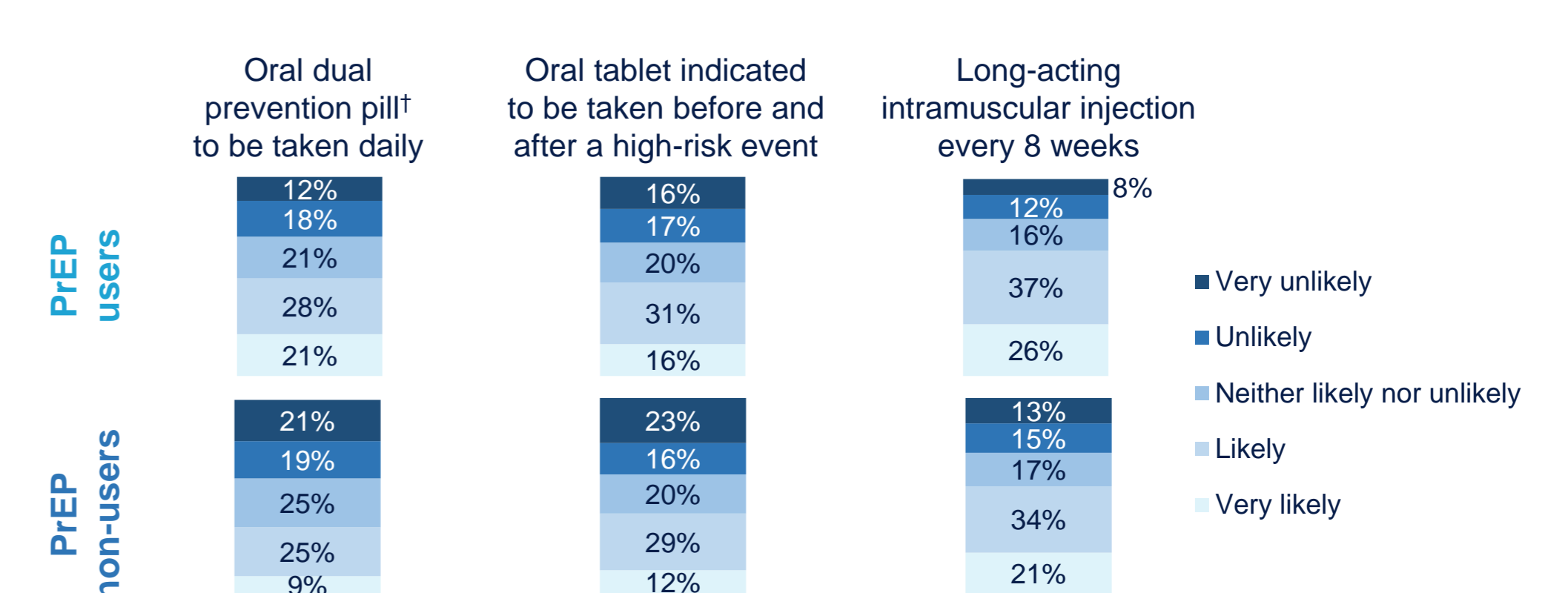
### A. Likelihood of individuals (N=378)\* taking:



\*PrEP non-users, n=221; PrEP users, n=157. PrEP, pre-exposure prophylaxis.

- Regarding future PrEP options, 56% of PrEP users and 45% of non-users would be “likely”/“very likely” to take an injection for PrEP administered every 8 weeks; more PrEP non-users were “likely”/“very likely” to take an injection every 8 weeks instead of a daily oral option (Figure 4A).

### B. Likelihood of physicians (N=1884)\* prescribing (reported by physicians):



\*Physician-reported data on: PrEP non-users, n=1105; PrEP users, n=779. †PrEP + contraceptive pill. PrEP non-users, n=150; PrEP users, n=164. PrEP, pre-exposure prophylaxis.

- Physicians would be “likely”/“very likely” to prescribe an injection given every 8 weeks for PrEP users (63%) and PrEP non-users (55%) (Figure 4B).

## Conclusions

- Stigma, arising from misconceptions regarding sexual lifestyle choices of PrEP users, resulted in a social and emotional burden, with some PrEP users feeling they have to keep their PrEP use a secret.
- PrEP non-users were more likely to be deemed as “high risk” of HIV acquisition compared to PrEP users.
- The most common physician-reported reasons for PrEP non-users not starting PrEP were not wanting to take a medication for a long period of time, the risk of possible side effects, and the associated stigma.
- Both PrEP users and PrEP non-users expressed interest in long-acting alternatives, with PrEP non-users more likely to choose an injection every 8 weeks than a daily oral option; physicians were also more likely to prescribe a long-acting PrEP injection to most PrEP users and PrEP non-users than alternative options.
- The introduction of long-acting PrEP could address some of the limitations of current PrEP options, including stigma, fear of discrimination, and pill burden.