

Physician attitudes towards anti-retroviral therapy adherence and unmet treatment needs in people with HIV: a real-world survey in Europe and the United States

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OBJECTIVE

- We aimed to describe physicians' perceptions of treatment adherence and unmet treatment needs in people with HIV (PWH) prescribed anti-retroviral therapy (ART).

CONCLUSIONS

- Physicians highlighted stigma and pill burden as factors affecting treatment adherence and identified older PWH as having particular unmet needs due to concomitant conditions.
- These data highlight the need for improved treatment regimens to ensure equitable outcomes for all PWH.
- Increased adoption of longer-acting therapeutics, that can be taken in combination with other medications, may help address this.

INTRODUCTION

- Although previous studies have identified factors affecting adherence to anti-retroviral therapy (ART) in people with HIV (PWH), there is a paucity of data surrounding physicians' attitudes towards ART and factors affecting equitable outcomes.
- We aimed to describe physicians' perceptions of treatment adherence and unmet treatment needs in PWH prescribed ART.

METHODS

- Data were drawn from the Adelphi Real World HIV Disease Specific Programme™, a cross-sectional survey of physicians in France, Germany, Italy, Spain, the United Kingdom (UK) and the United States (US) from June 2021 to June 2023 [1-4].

- Physicians completed an attitudinal survey reporting perceptions on ART adherence, treatment challenges, and areas for treatment improvement. They also provided information on their knowledge of pipeline drugs.

- Analyses were descriptive.

LIMITATIONS

- The DSP is not based on a true random sample of physicians. While minimal inclusion criteria governed the selection of the participating physicians, participation is influenced by willingness to complete the survey.
- The cross-sectional design of this study prevents any conclusions about causal relationships, however identification of significant associations is possible.
- We were not able to evaluate differences in our results attributable to physician specialty. We recognize that the level of knowledge and management strategies for HIV might differ between primary care physicians and specialists and such differences might affect treatment satisfaction and clinical outcomes.

RESULTS AND INTERPRETATION

Physician characteristics

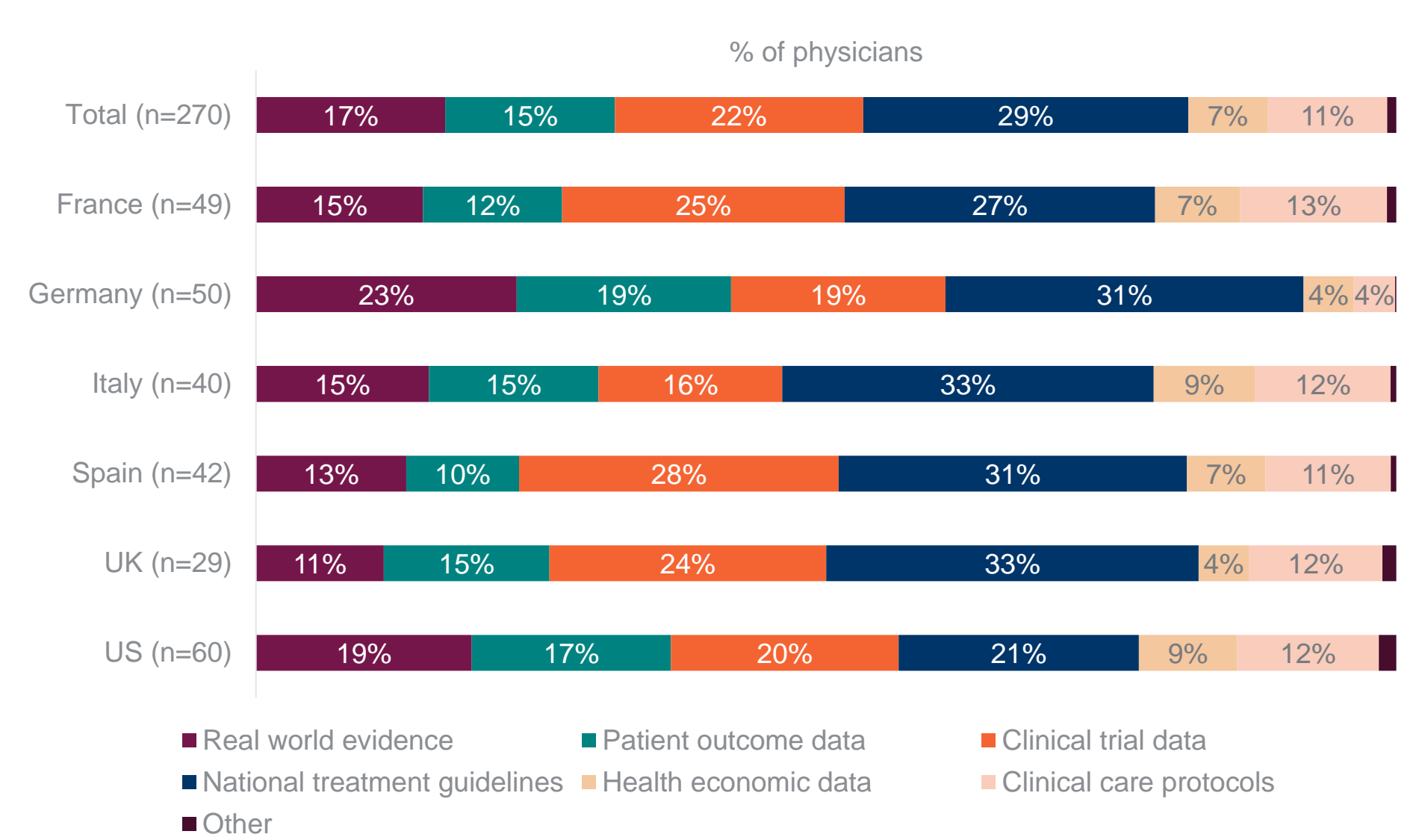
- Overall, 270 physicians (France n=49, Germany n=50, Italy n=40, Spain n=42, UK n=29, US n=60) reported data (Table 1).
- Around 40% of their time was spent in academic/teaching duties, ranging from 6.2% in the US to 93.2% in Spain.
- Approximately half of their practice was PWH, with the highest proportion being seen in Spain, and the lowest in Germany.
- Around half of physicians were involved in clinical trials for HIV either at time of survey or previously.
- Almost a third of physicians said the most important source of information on treatment decisions was national treatment guidelines (Figure 1).

Table 1. Characteristics of physicians treating PWH

	Total	France	Germany	Italy	Spain	UK	US	
n	270	49	50	40	42	29	60	
Proportion time spent in academic/teaching duties, mean (SD)	40.6 (45.6)	56.1 (42.8)	13.6 (31.3)	35.5 (45.1)	93.2 (23.0)	62.9 (46.1)	6.2 (13.7)	
Number of patients seen in a typical month, mean (SD)	371.1 (273.0)	346.5 (197.5)	754.6 (255.0)	189.3 (115.3)	209.7 (134.1)	260.6 (206.4)	359.3 (200.9)	
Number of PWH seen in a typical month, mean (SD)	183.8 (185.8)	193.6 (147.5)	134.5 (124.8)	177.0 (149.6)	227.4 (275.2)	284.1 (281.1)	142.3 (107.5)	
Percentage of practice time spent treating/managing PWH, mean (SD)	49.0 (31.7)	56.0 (30.6)	27.9 (27.8)	60.6 (29.4)	64.0 (24.1)	58.1 (31.9)	38.3 (29.8)	
Percent of PWH that would be switched to a long acting injectable when available, mean (SD)	30.3 (21.9)	36.0 (23.2)	24.7 (18.7)	40.7 (20.7)	25.2 (21.9)	25.5 (22.5)	29.1 (21.1)	
Clinical trials experience in HIV, n (%)	Currently involved	48 (18)	11 (22)	1 (2)	8 (20)	17 (40)	4 (14)	7 (12)
	Previously involved	102 (38)	25 (51)	15 (30)	12 (30)	16 (38)	16 (55)	18 (30)
	Never been involved	120 (44)	13 (27)	34 (68)	20 (50)	9 (21)	9 (31)	35 (58)

PWH: People with HIV; SD: standard deviation

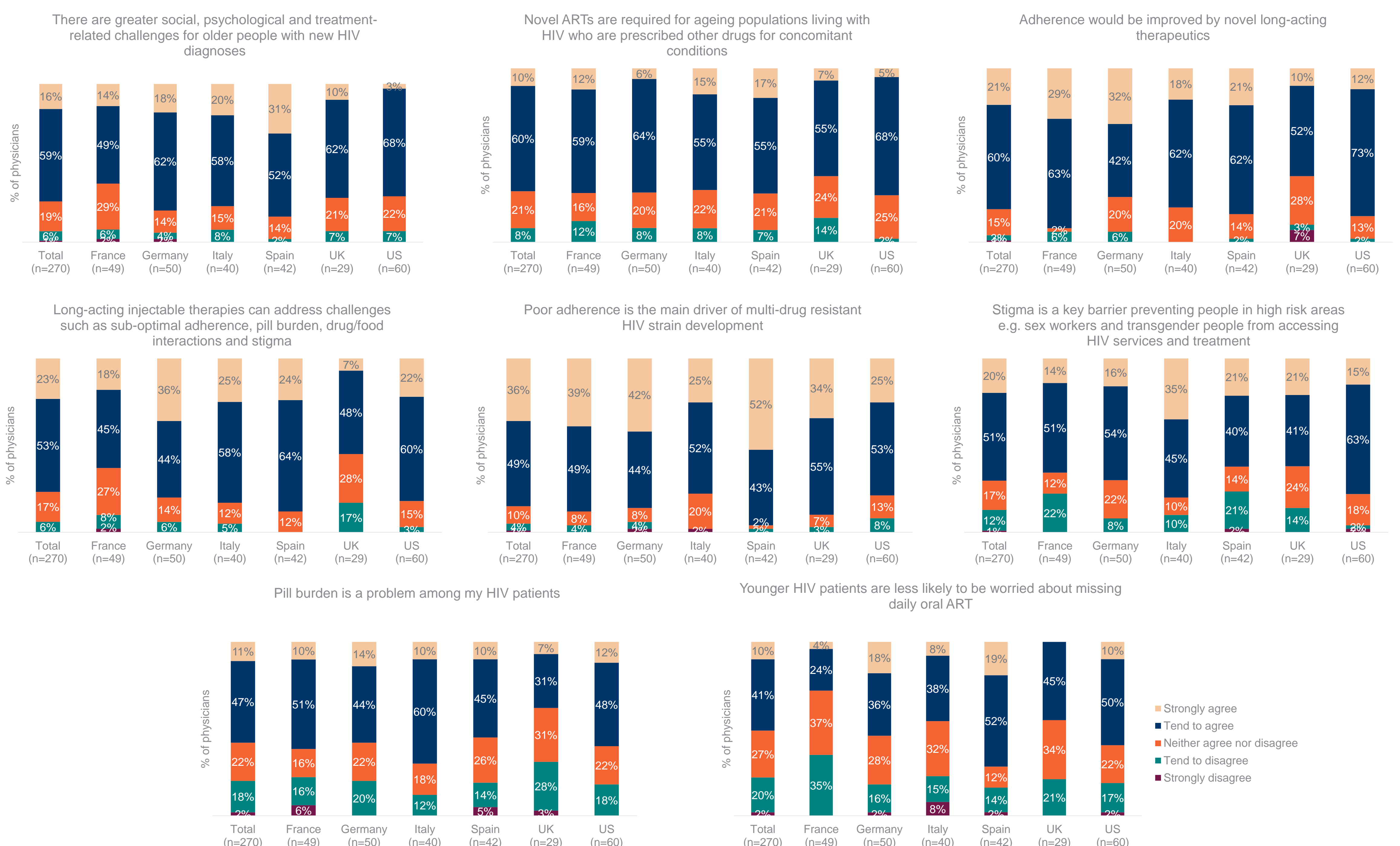
Figure 1. Sources of information on treatment decisions



Unmet needs of PWH

- Three-quarters of physicians tended to agree, or strongly agreed, that social, psychological and treatment-related challenges were greater for older individuals.
- There were also high levels of agreement (70% of cases with that statement that novel ARTs are needed for the ageing population who are prescribed other treatments for concomitant conditions (70% of cases).
- Physicians tended to agree, or strongly agreed, that for all PWH, long-acting therapeutics could improve adherence (81% of physicians).
- Long-acting injectables were also viewed by 76% of physicians to have the potential to address challenges including pill burden, stigma, and drug/food interactions.
- A total of 85% of physicians tended to agree, or strongly agreed with the statement "poor adherence is the main driver of multi-drug resistant HIV strain development".
- Stigma was reported to be a key barrier to accessing treatment and adherence among high-risk individuals (58% of physicians tended to or strongly agreed).
- A majority of physicians (58%) strongly agree or tended to agree that ART pill burden was a problem.
- Overall, 51% of physicians tended to, or strongly agreed that younger PWH were less worried about skipping daily doses. However, there was notable between-country variation, with 28% of French physicians agreeing, compared to 71% of Spanish physicians.

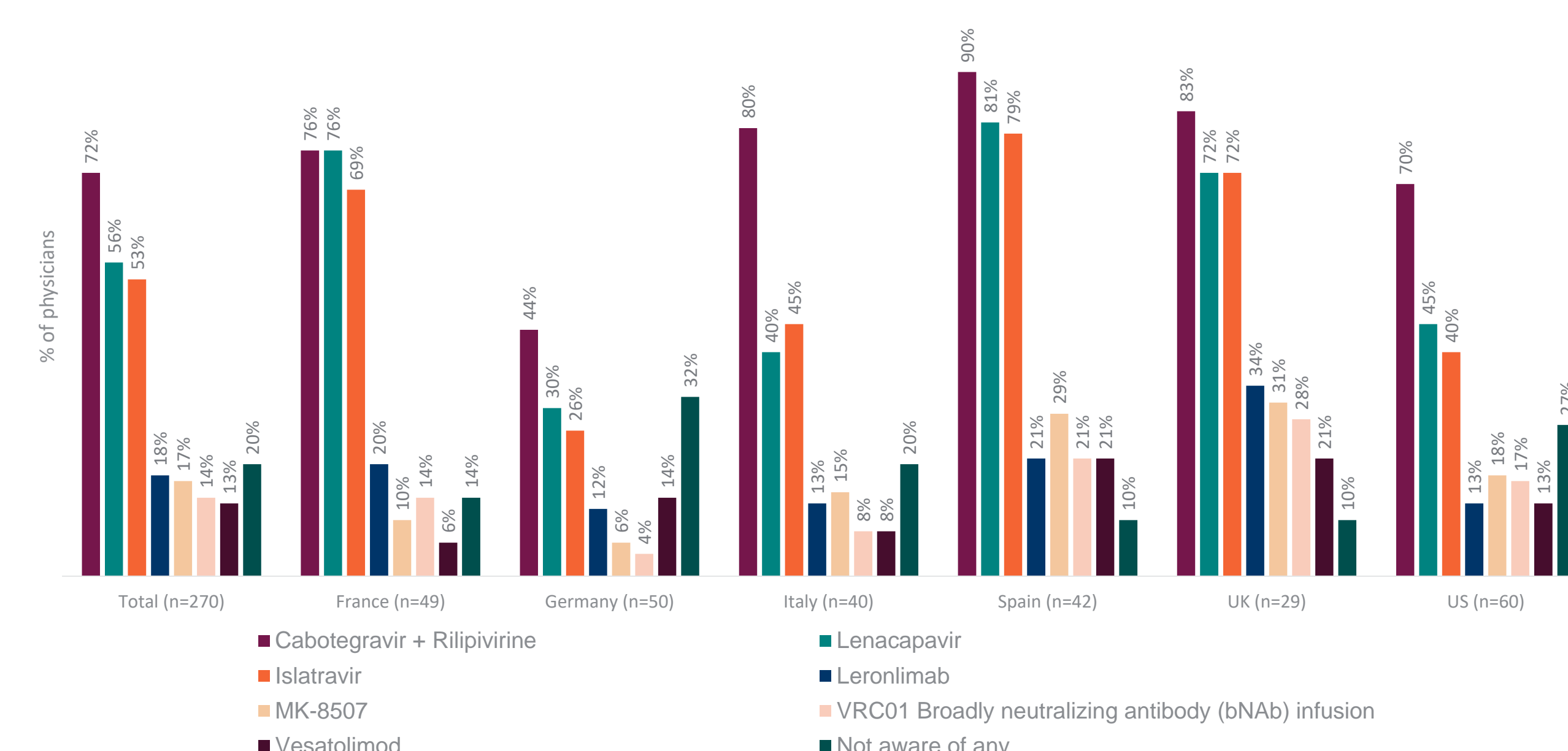
Figure 2. Physician stated attributes relating to adherence and stigma



Knowledge of pipeline drugs

- Almost 75% of physicians were aware of cabotegravir and rilpivirine at time of data collection, however, this ranged from 40% in Germany to 90% in Spain.
- A further half were aware of lenacapavir (56%) and islatravir (53%) at that time, though with notable variation between countries. Knowledge of lenacapavir ranged from 30% in Germany to 81% in Spain, whereas for islatravir, this ranged from 26% in Germany to 79% in Spain.
- Less than a third of physicians reported having knowledge of other pipeline drugs.

Figure 3. Knowledge of pipeline drugs (at time of data collection)



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DISCLOSURES

All authors are employees of Adelphi Real World.

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