

# Why I Quit: A Mixed Methods Examination of the Reasons Gay and Bisexual Men Give for Stopping a PrEP Regimen

**Thomas H.F. Whitfield, BA**

H. Jonathon Rendina, PhD, MPH

Christian Grov, PhD, MPH

Jeffrey T. Parsons, PhD

Presented at the 11<sup>th</sup> Annual Meeting of the  
International Association of Providers and AIDS Care (IAPAC)  
Fort Lauderdale, FL- May 9<sup>th</sup>-11<sup>th</sup>, 2016



# Background

- PrEP has been shown to be efficacious in randomized clinical trials and effective in open label extensions.
- Since the approval by both the CDC and USFDA in 2012, it is estimated that there may be as many as 30,000 individuals in the U.S. currently taking PrEP



The time for debate on the effectiveness of PrEP is over.

Question:

What are the reasons GBM have for discontinuing their PrEP regimen?

# Methods

# *One Thousand Strong:*

Syndemics & Resilience for HIV Transmission in a National Sample of Vulnerable Men

5

Principal Investigators:

Jeffrey T. Parsons, PhD

Christian Grov, PhD, MPH

Co-I & Senior Research Scientist:

Ana Ventuneac, PhD

Co-I & Clinical Director:

Tyrel J. Starks, PhD

Senior Data Analyst:

H. Jonathon Rendina, PhD, MPH

Research Scientist:

Demetria Cain, MPH

Project Director:

Mark Pawson, MA

Recruitment Director:

Ruben Jimenez

Graphic Designer:

Chris Hietikko, MFA

Funded by the National Institute of Drug Abuse:

R01 DA03646

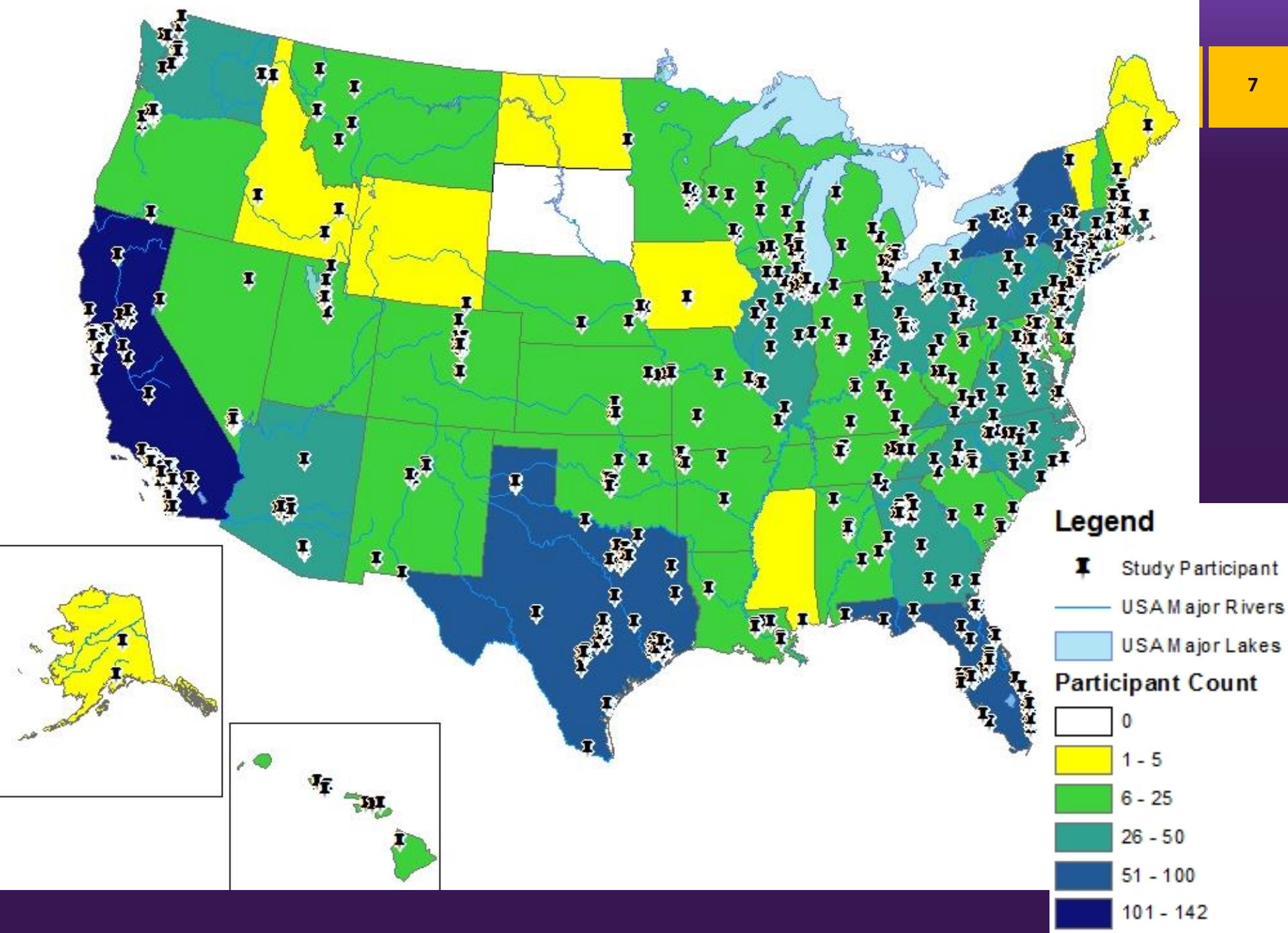


**CHEST**

Center for HIV Educational  
Studies & Training

# Participants & Procedures

- Potential participants were screened by Community Marketing Insights, Inc. (CMI) from over 22K GBM across the US.
- Eligibility
  - Live in U.S. with permanent mailing address
  - 18 years or older
  - Biologically male and identify as male
  - English comprehension
  - Internet access
  - Device for taking digital pictures
  - Self-identify as HIV-negative and willing to complete at-home self-administered rapid HIV antibody testing and testing for urethral and rectal chlamydia and gonorrhea
  - Report having sex with another man in the past year



# For this study

- Have you ever been prescribed HIV medications (e.g., Truvada) for use as PrEP (HIV pre-exposure prophylaxis).
  - Yes, I am currently prescribed PrEP
  - **Yes, but I am no longer prescribed PrEP**
  - No, I've never been prescribed PrEP





# More PrEP Questions

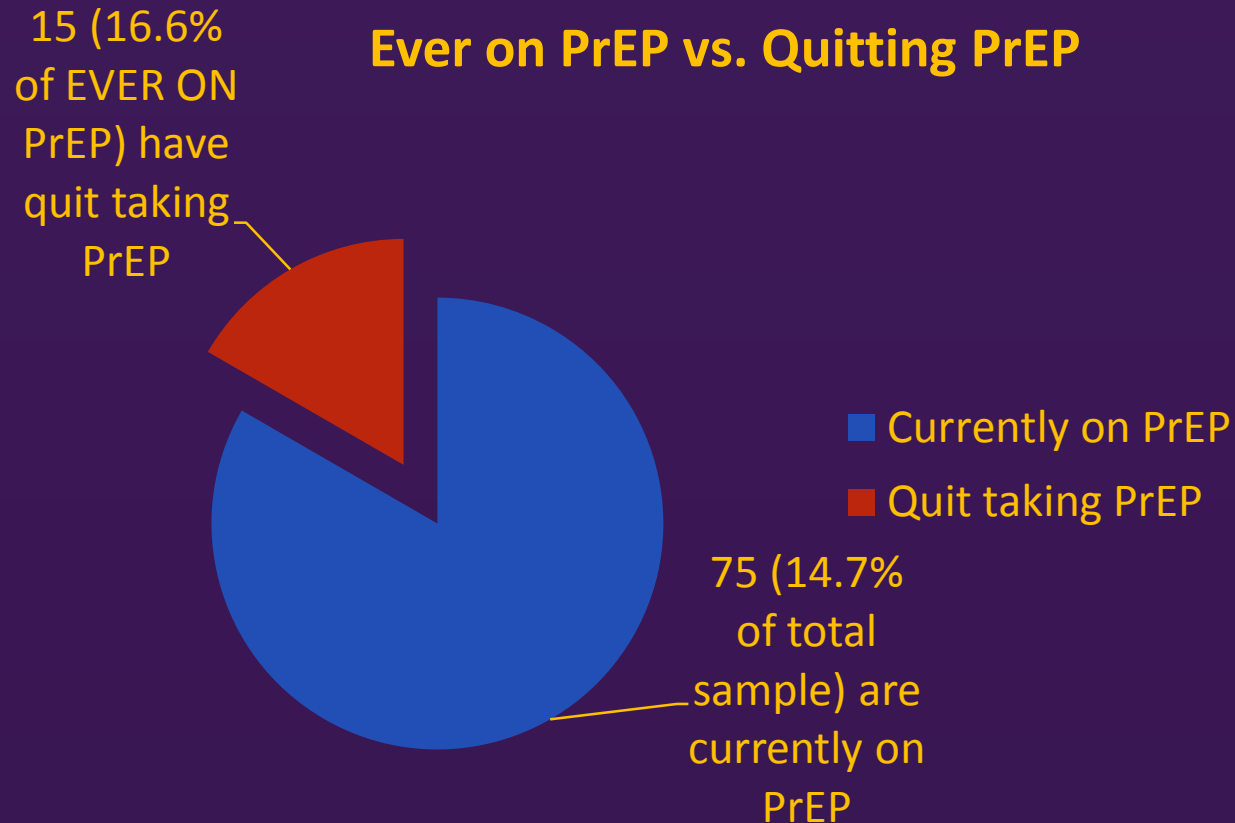
- Compared to now, when you used to be on PrEP were you more or less likely to discuss HIV status with your partners?
  - 1= much less likely, 4 = no change, 7 = much more likely.
  
- Compared to now, when you used to be on PrEP were you more or less tempted to have sex without a condom?
  - 1 = Much less tempted, 4 = not differently tempted, 7 = much more tempted

# Why'd you quit?

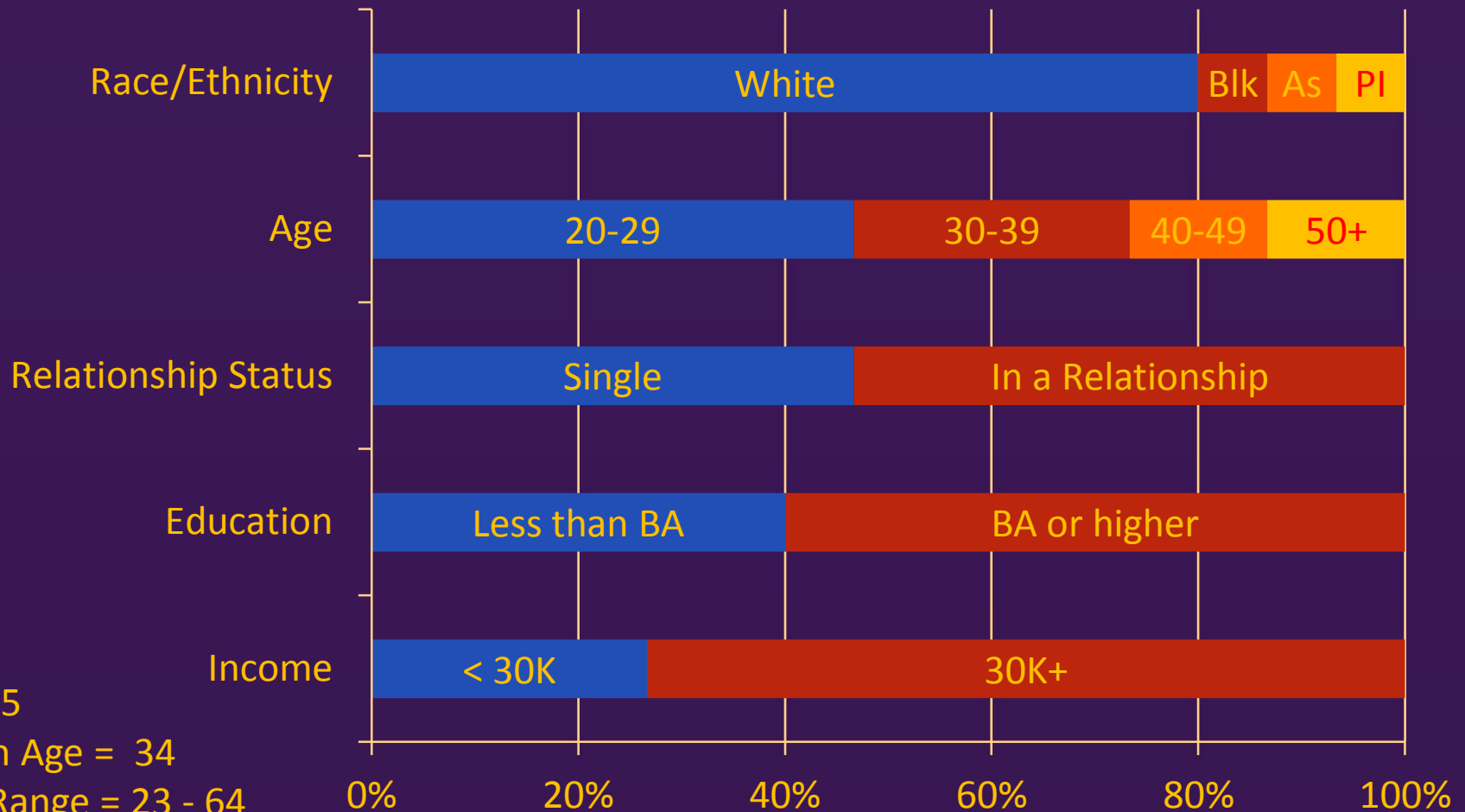
- We are interested in knowing more about the reasons you began taking PrEP and what caused you to stop. Please provide as much information as you're willing about how/why you came to start and later stop your PrEP regimen.

# Results

# PrEP discontinuation



# Demographic Characteristics



N = 15

Mean Age = 34

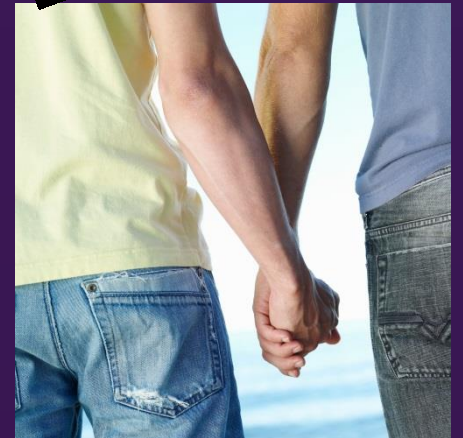
Age Range = 23 - 64

# Behavior change and temptation

- On average, compared to being off PrEP, now...
  - They were slightly more likely ( $M = 4.73$ ) to discuss HIV status when on PrEP compared to now.
  - No difference in their temptation to have CAS ( $M = 4.07$ ).

# This is why they quit...

- Risk reduction
  - Four said they stopped engaging in condomless anal sex
  - Two entered monogamous relationships
- Three reported insurance coverage issues
- Two reported negative side effects
- One “I can’t afford it.”



# Quotes



“I took PrEP as a part of a study. I stopped when the study ended.”

23, Black, College Degree, Under 30K

“Sexually active and opposed to condoms. A perfect candidate for prep. I started, and had no problems. Then I found out (through one thousand strong) that I had contracted chlamydia. I had been solely focused on just avoiding HIV, and I was reminded about the many other risks. So I decided to save my \$50 a month copay, reduce sexual partners, as well as risky behaviors.”

54, White, College Degree, Above 30K

“...Once I knew I was committed to my sobriety I made the decision to stop taking PrEP 1) because I was only "hooking up" or engaging in high risk behavior when I was under the influence of alcohol 2) I also made the decision to not have casual sex and have not had any sexual partners since becoming sober and 3) if I do decide to start having sex it will be with a clear head, sober mind, that will make better decisions. I would also like my next partner to be a monogamous one and I know I will have the necessary conversation with my partner about their status, and will use condoms 100% of the time. If in the future I decide to engage with multiple partners or behavior that is high risk again I know PrEP is available and would have no problem starting a regimen again...”

White, 24, College Degree, Above 30K

“I started taking it because my partner is positive. I stopped taking it because I wasn't keeping up with it, I have protected sex with my partner, and his viral load is undetectable.”

28, White, College Degree, Above 30K

# Discussion

# Implications

- These findings may support the “seasons of risk” hypothesis about GBM sexual behavior. Can PrEP also be implemented as a “seasons of risk” prevention tool?
- Some GBM are educated about when PrEP may and may not be a valuable option based on behavior.
- If these findings are projected into the possible 30,000 prescribers, apx. 5,000 will stop taking PrEP.

# Remaining Questions

- Are GBM more or less likely to engage in a PrEP regimen in the future after having stopped once before?
- Knowing that HIV is still transmitted in what are perceived to be monogamous relationships, how do we address the importance of sexual risk negotiation/discussion within relationships and the role PrEP may play?
- What is the stigma associated with both being in a monogamous relationship and staying on PrEP?

# Acknowledgements

- The entire team of CHEST staff and interns, with special thanks to Demetria Cain, Mark Pawson, Ruben Jimenez, Chloe Mirzayi
- Our Co-Investigators & consultants - Drs. Tyrel Starks, Ana Ventuneac, Patrick Sullivan, Steven Kurtz, Beryl Koblin, Victoria Frye
- National Institute on Drug Abuse
  - Syndemics & Resilience for HIV Transmission in a National Sample of Vulnerable Men (R01-DA036466; MPI: Parsons & Grov)
  - Jeffrey Schulden, Project Officer
- Community Marketing & Insights (CMI)
- Our participants who volunteered their time



# Thank you

For a copy of these slides or further questions,  
please email me at:

[Twitfield@chestnyc.org](mailto:Twitfield@chestnyc.org)

Or visit:

[www.chestnyc.org](http://www.chestnyc.org)