

Adherence 2017

JUNE 4-6, 2017 • MIAMI





PrEP in the Real World: Predictors of 6-Month Retention in a Diverse Urban Cohort

Alexander Lankowski¹, Cedric Bien^{1,2}, Richard Silvera^{1,2}, Viraj Patel¹, Uriel Felsen³, Oni Blackstock¹

- ¹ Division of General Internal Medicine, Montefiore Health System & Albert Einstein College of Medicine, Bronx, NY, USA
- ² Department of Family and Social Medicine, Montefiore Medical Center, Bronx, NY, USA
- ³ Division of Infectious Diseases, Albert Einstein College of Medicine, Bronx, NY, USA

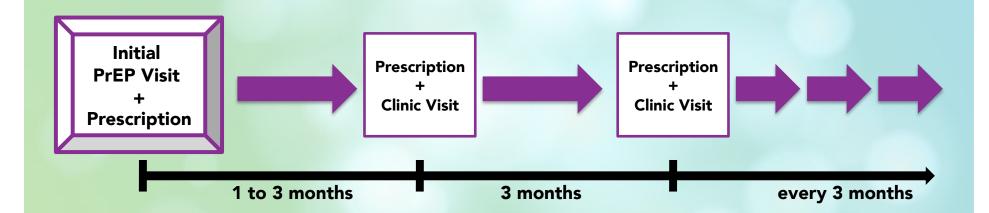






Background

Optimal PrEP adherence requires retention in care



 Outside of specialized HIV prevention programs, there is a paucity of data on factors that predict retention in PrEP care

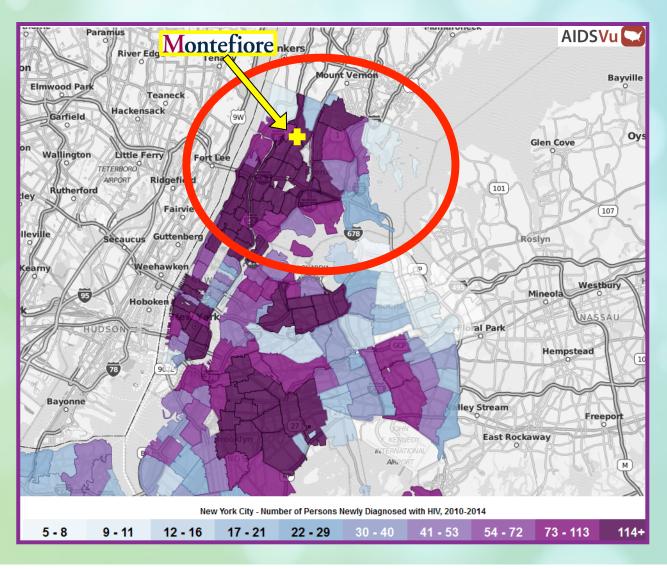


Research Objective

 To determine the patient and health system factors associated with retention in care among PrEP users in a large, integrated, urban health system



HIV Incidence - NYC 2014





Study Population

- Inclusion criteria:
 - HIV-negative individuals >18 years old
 - Prescribed TDF/FTC during 2011-2015
- Exclusion criteria:
 - Chronic active hepatitis B infection
 - TDF/FTC exclusively for PEP



Study Design

- Retrospective cohort analysis
- Manual chart review performed to obtain:

Baseline characteristics at time of initial PrEP prescription

- Social / Demographic
 - e.g. gender, race, ethnicity, insurance status
- Sexual / Behavioral
 - e.g. sexual orientation, HIV-related risk behaviors
- Provider / Health System
 - e.g. clinic setting, provider training level

Longitudinal follow-up data (through August 1, 2016)

- TDF/FTC Prescription Renewals/Refills
- Clinical Encounter Data
 - e.g. office visits, phone / web encounters



Outcome of Interest

6-month retention in PrEP care

 defined as having a PrEP prescription at 180 (+/- 60) days after PrEP start date



Statistical Analysis

 Bivariate logistic regression analysis done initially to identify variables associated with our outcome of interest



 Multivariable logistic regression model, adjusting for covariables significant (p<0.05) in bivariate analysis

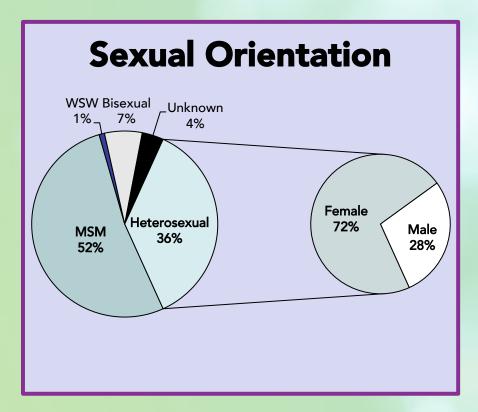


Baseline Characteristics: Demographic

Variable	N=107
Age in years, median (range)	28 (19 – 63)
Gender	n (%)
Female	30 (28.0%)
Male	74 (69.2%)
Transgender (M→F)	3 (2.8%)
Race / Ethnicity	n (%)
Hispanic	38 (35.5%)
Non-Hispanic Black	28 (26.2%)
Other / Not Reported	31 (38.3%)
Insurance	n (%)
Private	40 (37.4%)
Public (Medicare or Medicaid)	62 (58.0%)
Uninsured	5 (4.7%)



Baseline Characteristics: Sexual / Behavioral



HIV Risk Behaviors	n (%)
Sex with known HIV+ Partner	58 (54.2%)
Condomless Intercourse	52 (48.6%)
Multiple Current or Anonymous Sex Partners	38 (35.5%)
Transactional Sex	4 (3.7%)
History of IVDU	4 (3.7%)
Prior nPEP	14 (13.1%)



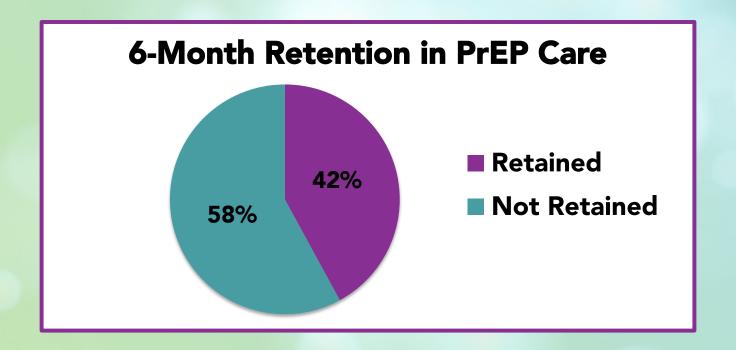
Baseline Characteristics: Provider / Health System

Variable	n (%)
Clinic Setting	
Primary Care (Internal Medicine or Family Medicine)	56 (52.3%)
Sexual Health Center	22 (20.6%)
Infectious Diseases (Adult or Pediatric)	17 (15.9%)
Adolescent Medicine	6 (5.6%)
OB/GYN	5 (4.7%)
Provider Type	
Attending Physician	76 (71.3%)
Trainee (Resident or Fellow)	19 (17.7%)
Nurse Practitioner	12 (11.2%)



Results – Overall Retention

6-month retention was 42% (45/107)



Results: Bivariate Analysis of Factors Associated with 6-Month Retention

#ADHERENCE2017

Variable	Unadjusted Odds Ratio (95% CI)
Age >25 (vs. age ≤25)	0.84 (0.36 – 1.94)
Female gender (vs. non-female)	0.49 (0.20 – 1.20)
Hispanic (vs. all other)	1.26 (0.34 – 4.68)
Non-Hispanic Black (vs. all other)	0.47 (0.11 – 1.95)
Heterosexual (vs. not heterosexual)	0.20 (0.08 – 0.50)
Any Sexual Partner HIV+ (vs. no documentation of HIV+ partner)	0.51 (0.23 – 1.10)
Main Sexual Partner HIV+ (vs. main partner not documented as HIV+)	0.38 (0.17 – 0.86)
Multiple Partners (vs. no documentation of multiple current partners)	2.32 (1.03 – 5.20)
Condomless Sex (vs. no documentation of condomless sex)	0.88 (0.41 – 1.89)
Prior nPEP (vs. no prior nPEP)	2.85 (0.88 – 9.18)
PrEP from Primary Care (vs. PrEP from any other setting)	0.92 (0.43 – 1.98)
PrEP Prescribed by Attending (vs. any other level provider)	5.78 (2.01 – 16.6)
Private Insurance (vs. any other insurance status)	1.98 (0.89 – 4.39)

#ADHERENCE2017

Results: Multivariable Analysis of Factors Associated with 6-Month Retention

Variable	Adjusted* Odds Ratio (95% CI)
Heterosexual (vs. all other sexual orientations)	0.23 (0.07 – 0.72)
PrEP Prescribed by Attending Physician (vs. any other level provider)	6.38 (2.08 – 19.6)

^{*} Adjusted for the following covariables that were significant (p < 0.05) in bivariate analysis: sexual orientation, main partner HIV+, multiple sexual partners, provider type



Limitations

- Retrospective analysis with reliance on chart review for data collection
 - Variable detail in documentation of sexual / behavioral risk factors in provider notes
- PrEP prescription is only a proxy for retention
 - Prescription duration and timing likely to vary among PrEP providers



Summary of Key Findings

- Individuals who were documented as heterosexual were significantly less likely (aOR 0.23) to be retained in PrEP care at 6 months
- Individuals prescribed PrEP by an attending physician were significantly more likely (aOR 6.38) to be retained in PrEP care at 6 months



Future Directions

- Why might retention be lower among heterosexuals in this cohort?
- Why might retention be higher when PrEP prescribed by an attending physician?
- Need for larger prospective studies to better evaluate factors that impede or facilitate long-term engagement in PrEP care



Acknowledgements

Mentorship:

- Oni Blackstock
 - Sachin Jain
- Montefiore / Einstein Internal Medicine Residency Program
- Division of General Internal Medicine, Montefiore Medical Center
- Division of Infectious Diseases, Montefiore Medical Center
- Department of Family and Social Medicine, Montefiore Medical Center
- The Montefiore Oval Center