HIV DISCLOSURE, RETENTION IN HIV CARE, & VIRAL LOAD SUPPRESSION: A STUDY AMONG NEW TO HIV CARE PATIENTS

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iENGAGE TO CONTROL HIV

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FINANCIAL DISCLOSURE

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- The results of the study are the responsibility of the authors and does not represent the official views of the NIH/NIAID.

- No conflict of interest.

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- Study participants





RISC
Research & Informatics Service Center

iENGAGE
TO CONTROL HIV

BACKGROUND

- Annually, about 40,000 people are newly diagnosed with HIV in the US[1]
- The 1st year of HIV diagnosis – vulnerable and formative time[2]
- Early engagement in care[3]
  - Opportunity to educate
  - Offer early HIV treatment
- About 30% of newly diagnosed - delay linkage to HIV care (6 months)[4]
- Role of HIV disclosure

HIV DISCLOSURE

- Definition
  - Informing other individual(s) or any organization(s) about one's HIV infection status[5]
- Benefits – support, care, treatment[6-11]
- Rates of Disclosure – varies (42-100%)[7,12]
- Based on CDC (2009), US estimates:
  - About 72% disclosed their HIV status to all partners prior to their initial sexual interaction[13]

GAPS

- Ongoing efforts to increase HIV disclosure rates
- Prior literature focused on specific HIV groups
  - Scant literature among new to HIV care population
    - Mostly focused on ART naïve patients or patients within 1 year of diagnosis
    - New to care study – limited to studying socio-demographic factors and living arrangement
    - Lack description to whom participants disclosed to
- Little consensus on the relationship of HIV disclosure with RIC and VL suppression
- Relationship of HIV disclosure and time to VL suppression remains unmapped

AIMS

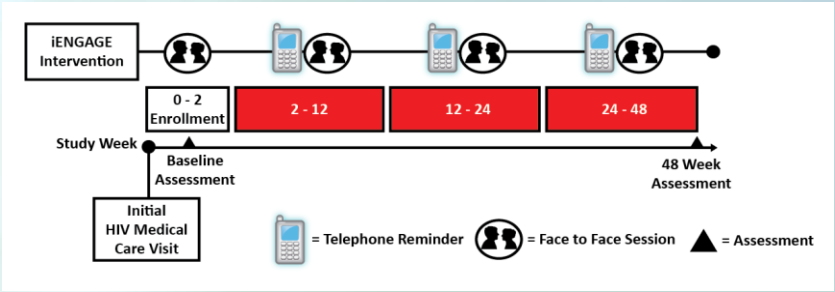
- Aim 1: Examined the factors associated with HIV disclosure status and HIV disclosure patterns among new to HIV care patients.

- Aim 2: Evaluated the association of HIV disclosure status and HIV disclosure patterns with 48-week VL suppression, time to VL suppression, visit adherence and 4-month visit constancy among new to HIV care patients.

METHODS

- Setting
  - iENGAGE was an NIAID funded randomized controlled intervention trial evaluating the impact of a 4-session, theory-based, counselor-delivered semi-tailored intervention implemented in the clinics at UAB, JHU, UNC and UW[14].

- Participants[14]
  - Newly establishing HIV care at site
  - Total enrolled = 371



- IRB approval was obtained at each participating site and data was collected on a central web application designed at the UAB[15].

METHODS

Outcome	Analysis
HIV disclosure status (Yes/No)	Logistic Regression Model
Patterns of HIV disclosure (non-disclosure, selective and broad disclosure)	Multinomial Logistic Regression Model

METHODS

Outcome	Analysis
48-week VL suppression (<200copies/ml)	Logistic Regression Model
Time to VL suppression (Days)	Cox Proportional Hazards Model
Visit adherence (100% vs. <100%)	Logistic Regression Model
4-month visit constancy (score: 0, 33, 66, 100%)	Ordinal Logistic Regression Model

RESULTS

Variables	N (%) or Mean (±SD)
Age	37.1 (±12)
Male	294 (79.3%)
Black/African American	231 (62.3%)
Uninsured	87 (23.6%)
HIV disclosure status (Yes)	290 (78.4%)
Disclosure patterns	
Broad disclosure	233 (63.1%)
Selective disclosure	56 (15.2%)
No disclosure	80 (21.7%)

RESULTS

Variables	HIV Disclosure (Yes/No) n=348
	OR (95%CI)
Race	
Black	0.28 (0.13, 0.58)
Other	1.77 (0.35, 9.01)
White	Ref
Supportive services in last 6 months	
Substance use treatment or counseling	2.07 (1.05, 4.07)
Coping behavior	
Use of emotional support	1.62 (1.39, 1.89)

RESULTS

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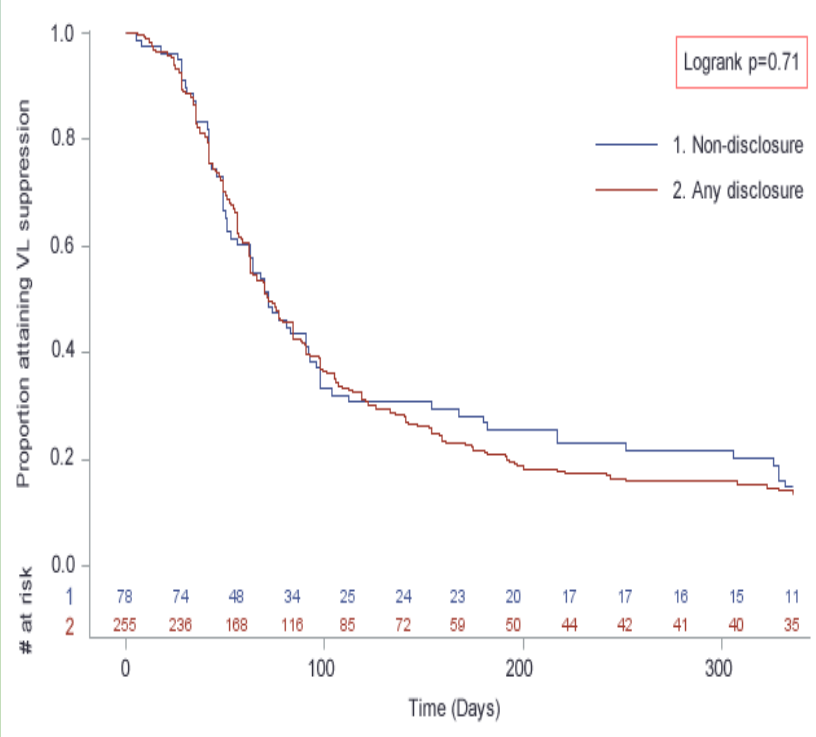
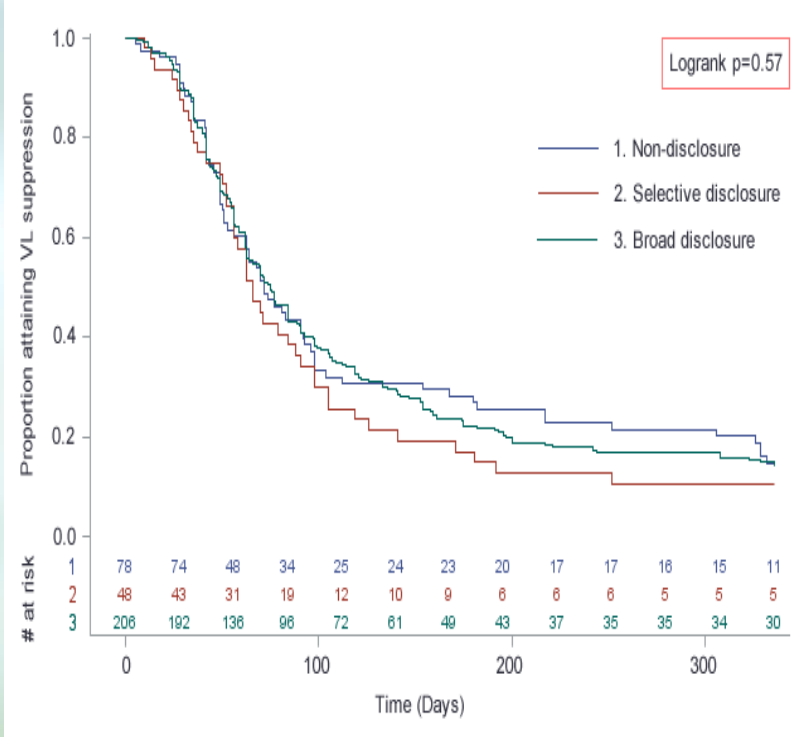
Variables	Patterns of HIV disclosure n = 300	
	Broad disclosure	Selective disclosure
	OR (95%CI)	OR (95%CI)
Gender		
Male	0.54 (0.21, 1.42)	0.28 (0.09, 0.85)
Female	Ref	Ref
Race		
Black	0.23 (0.10, 0.53)	0.66 (0.22, 2.03)
Other	1.74 (0.32, 9.30)	4.75 (0.67, 33.61)
White	Ref	Ref
Supportive services needed in last 6 months		
Substance use treatment or counseling	2.47 (1.12, 5.51)	0.58 (0.19, 1.84)
Coping		
Active coping	1.07 (0.88, 1.32)	1.43 (1.07, 1.90)
Use of emotional support	1.75 (1.45, 2.12)	1.42 (1.13, 1.79)
Acceptance	0.95 (0.75, 1.19)	0.73 (0.55, 0.96)

RESULTS

Adjusted models	48-week VL suppression[1]	Time to VL suppression[2]	Visit adherence[3]	4-month visit constancy[4]
	OR (95%CI)	HR (95%CI)	OR (95%CI)	OR (95%CI)
Any HIV disclosure vs. Non-disclosure	0.97 (0.28, 3.39)	0.66 (0.46, 0.96)	1.12 (0.50, 2.55)	0.85 (0.47, 1.53)
Patterns of disclosure				
Selective disclosure vs. Non-disclosure	1.26 (0.20, 7.85)	0.82 (0.49, 1.37)	1.85 (0.57, 6.02)	0.65 (0.30, 1.42)
Broad disclosure vs. Non-disclosure	0.92 (0.26, 3.30)	0.64 (0.44, 0.93)	0.96 (0.42, 2.22)	0.92 (0.50, 1.69)

RESULTS


Logrank p=0.71
1. Non-disclosure
2. Any disclosure
Proportion attaining VL suppression
1.0
0.8
0.6
0.4
0.2
0.0
at risk
1 78 74 48 34 25 24 23 20 17 17 16 15 11
2 255 236 168 116 85 72 59 50 44 42 41 40 35
0
100
200
300
Time (Days)


Logrank p=0.57
1. Non-disclosure
2. Selective disclosure
3. Broad disclosure
Proportion attaining VL suppression
1.0
0.8
0.6
0.4
0.2
0.0
at risk
1 78 74 48 34 25 24 23 20 17 17 16 15 11
2 48 43 31 19 12 10 9 6 6 6 5 5 5
3 206 192 136 98 72 61 49 43 37 35 35 34 30
0
100
200
300
Time (Days)

LIMITATIONS

- Cross sectional study
- Generalizability
- Loss to follow up
- Residual confounding
- Self reported data

STRENGTHS

- Insights on predictors of early HIV disclosure
- Quantifies association of disclosure with sustainable VL suppression measure (time to VL suppression)
- Geographically diverse cohort

CONCLUSION

- Interventions to promote early HIV disclosure should focus on coping strategies and unmet needs.
- Notably, baseline disclosure was not associated with 48 week RIC and VL suppression.
- However, we note traditional measures of disclosure fail to capture granularity regarding intimacy and social network connectedness, an area for future investigation.

THANK YOU!

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