

Why do PrEP users not return for their follow-up?

A MIXED METHODS SURVEY IN A PREP CLINIC IN ANTWERP, BELGIUM

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BACKGROUND

- It remains unclear why some patients discontinue PrEP care and if they remain at risk for HIV when they do.
- Such information is crucial to better understand PrEP persistence and to assess the need for differentiated PrEP care delivery models.

OBJECTIVES

- To examine the reasons why PrEP users do not return for follow-up (FU) and to what extent they remain at risk for HIV infection.

METHODS

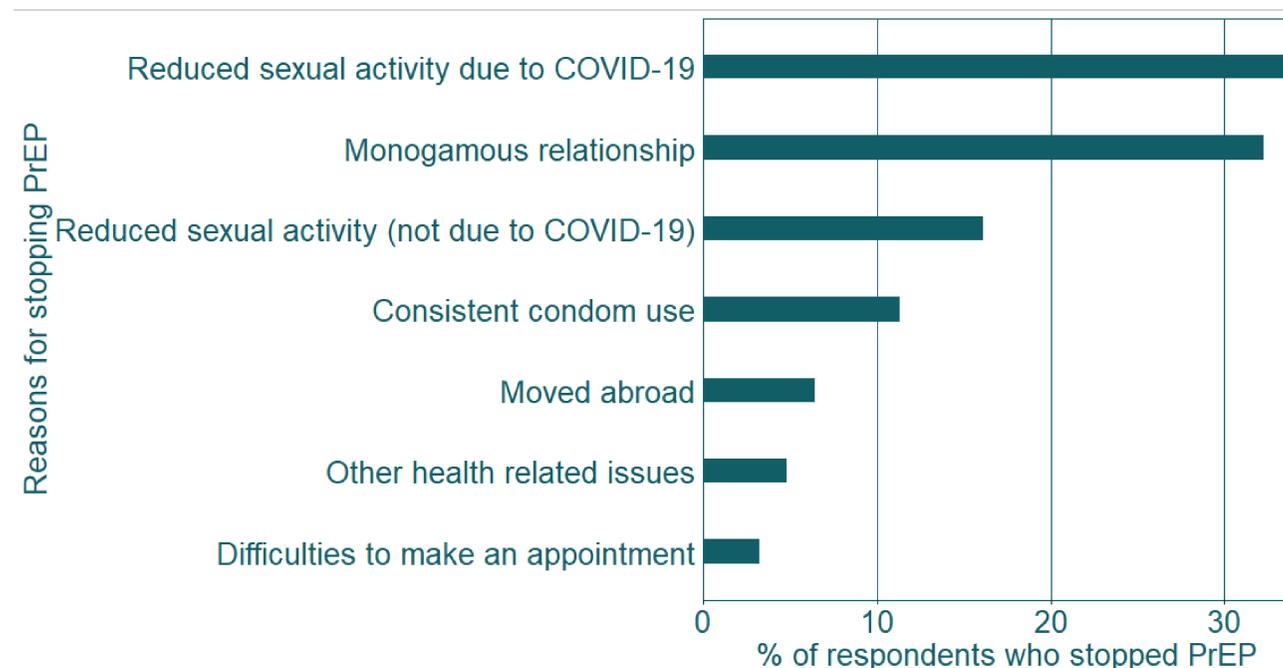
- Patients with >2 PrEP visits in our clinic between 01/06/2017 and 28/02/2020 were included.
- Lost-to-follow-up (LTFU) was defined as last visit \leq 31/10/2019, representing >4 months of PrEP care discontinuation, and no visit planned.
- Reasons for not returning were assessed by medical record examination and a telephone/email survey.
- Answers were categorized into recurring themes (mutually not exclusive)

RESULTS

- 169 out of 1073 patients identified as LTFU.
- Data collected for 101 of those 169 patients (26 via medical files, 26 via email and 49 via telephone).
- All LTFU patients were male with a median age of 35 years (IQR 27-44).
- HIV risk reported by 91 patients, 90 (98.9%) reported being protected either by a decreased HIV risk (58/91, 63,7%) or by still using prep (32/91, 35,2%)

"[...] with COVID I thought [the clinic] would have other concerns than PrEP users."
47 years old , 6 months of FU

Reasons for not returning for follow-up	Total N=101, n(%)
Stopped using PrEP	62(61,4)
COVID-19 (e.g.: reduced sexual activity, restricted access to the clinic, ...)	35(34,7)
FU elsewhere	26(25,7)
Difficult access of the clinic (e.g. opening hours, distance, appointment schedule)	11(10,9)
Forgotten or missed appointment	7(6,9)
Moved abroad	6(5,9)
Side effects	3(2,9)
No need for FU	2(1,9)



"I had a particular destructive period in my life, a few years ago. Thankfully, it's over and I had the chance to take PrEP at that time."
52 years old, 14 months in FU

CONCLUSIONS

We found that the main reason for PrEP care discontinuation was having stopped using PrEP. Among those who stopped using PrEP, the majority did so because of a self-perceived decreased risk for HIV. However, particular barriers such as difficulties accessing the clinic or experiencing side-effects also lead to patients stopping PrEP use. Further research is needed to assess if a self-perceived decreased risk truly represents a reduction in HIV risk and how barriers to PrEP care can be addressed.