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La re-emergencia del VIH y las ITS entre hombres gais y otros hombres que tienen sexo con hombres (HSH): de lo biológico a lo social

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Esquema de la presentación

- Introducción
- Factores biológicos que modulan la infección del VIH entre HSH.
- Factores psicosociales (modelo ecológico).
- Ejemplo de modelo ecológico: el ChemSex
- Sindemia
- Dos ejemplos de intervenciones psicosociales

Introducción



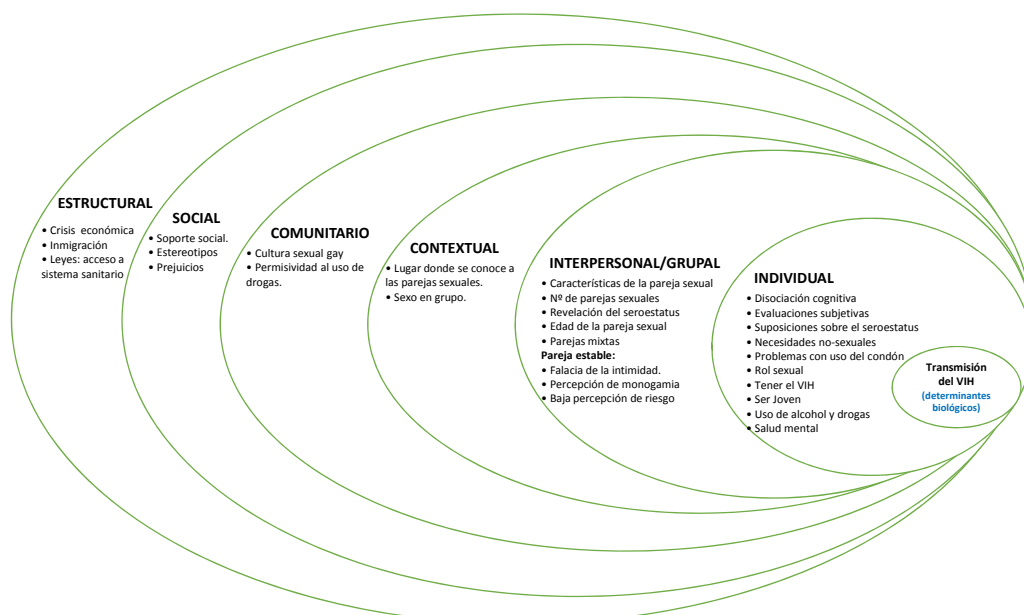
- Los HSH tienen un riesgo 140 veces mayor de contraer el VIH comparado con los hombres heterosexuales (Pathela et al., 2011).
- Prácticas sexuales de riesgo en aumento entre los HSH.
- Aumento de la prevalencia (12%-17%) y la incidencia del VIH y otras ITS.
- La epidemia del VIH ha sido declarada como incontrolable.
- Estudios (cuantitativos) y las **explicaciones “oficiales”** que han buscado explicar este incremento han sido decepcionantes.



Los motivos “oficiales”

- Optimismo por los avances del tratamiento del VIH.
- Fatiga relacionada con la prevención del VIH.

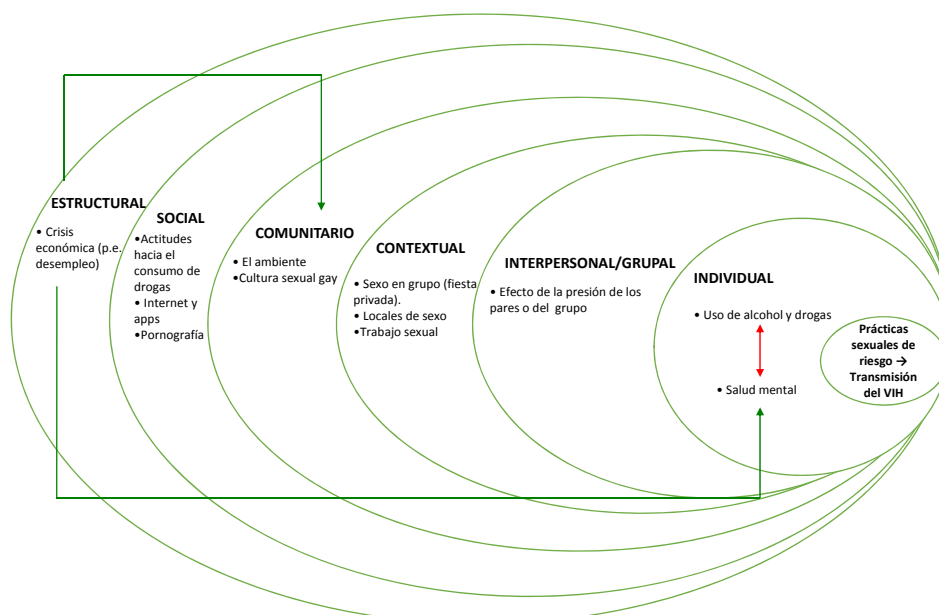
MODELO CONCEPTUAL ECOLÓGICO PARA ENTENDER LA VULNERABILIDAD DE LOS HSH



Factores biológicos que influyen una mayor probabilidad de transmisión/adquisición del VIH entre HSH

- Penetración anal: tiene 18 veces más alta probabilidad de infección que la penetración vaginal. Receptivo ↑.
- Practicar la versatilidad sexual.
- Las ITS no diagnosticadas y no tratadas.

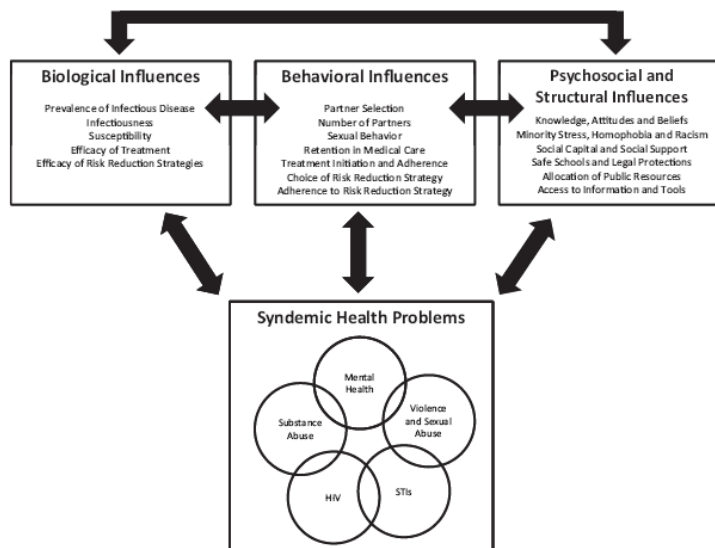
MODELO ECOLÓGICO PARA ENTENDER EL CONSUMO DE DROGAS ASOCIADO AL SEXO (CHEMSEX) ENTRE HSH



SINDEMIA

- Término introducido por antropólogos de la salud (Singer, 1996).
- Necesidad de expandir la perspectiva epidemiológica ante las dimensiones colectivas del daño sanitario.
- “Co-ocurrencia de dos o más enfermedades o problemas de salud que interactúan entre sí, y que contribuyen, como resultado de su interacción, a un exceso de carga de la enfermedad/problemas de salud (p.e. VIH, conductas de riesgo) en una persona o población dada que una enfermedad o problema de salud por sí solo”.

Factores bio-psico-sociales relacionados a la sindemia en hombres gays, bisexuales y otros HSH



¿Qué aspectos psicosociales hacen condiciones sindémicas entre HSH?

- Estrés,
- Ansiedad, depresión,
- Uso de alcohol y drogas,
- Homonegatividad internalizada,
- Discriminación social (orientación sexual...),
- Estigma (VIH...)
- Abuso sexual infantil,
- Violencia doméstica de pareja,
- Compulsividad sexual,
- Violencia sexual,
- etc.



¿Por qué aplicar la teoría de la sindemia en HSH?

- La prevención del VIH en España se ha focalizado en los factores individuales (p.e. uso del condón) y no han considerado los **condicionantes psico-sociales** que están detrás de las conductas de riesgo.
- La teoría de la sindemia en HSH busca entender la carga desproporcionada de la infección por el VIH que afecta a los hombres gays, bisexuales y otros HSH.

Literatura sobre sindemia en HSH

Arch Sex Behav
DOI 10.1007/s10805-019-0479-3
SPECIAL SECTION: SEXUAL HEALTH IN GAY AND BISEXUAL MEN

Retrospective Reports of Developmental Stressors, Syndemics, and Their Association with Sexual Risk

Tyler G. Fallick · Noahah K. Rotondi · Shady Ing · Evrim M. Caliskan · Maura R. Leaff · Trevor A. H.

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© The Author(s) 2019. This article is published with open access at <https://doi.org/10.1007/s10805-019-0479-3>

Abstract Gay and bisexual men (GBM) continue to have a disproportionately higher HIV incidence than any other group in the United States. This study examined how developmental stressors, syndemics, and their association with sexual risk. Syndemic variables included depression, substance use, and intimate partner violence. Early life adversity variables included retrospectively recalled physical and verbal bullying, peers and physical and sexual abuse by adults. A Cochran's test revealed a statistically significant increase between the two groups. Results suggest that developmental stressors, syndemics, and their association with sexual risk. All only life adversity variables were positively correlated with number of sexual partners. A bootstrap mediation analysis revealed indirect effects of types of early life adversity on high-risk sex via gender equality, verbal bullying by peers and physical abuse by peer.

Systemic Production and Sexual Compulsivity/Impulsivity in Highly Sexually Active Gay and Bisexual Men: Further Evidence for a Three Group Conceptualization

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Abstract Having gay and bisexual men (GBM), a syndemic, descriptive, a situation in which multiple conditions (e.g., alcohol use, depression, intimate partner violence, depression, personality disorder) co-occur such as early HIV risk. Research has suggested that sexual compulsivity (SC) may affect a syndemic condition. Between 2011 and 2013, 161 highly sexually active (HSA) men partners in 10 days of GBM completed a survey of syndemic factors in a well as an assessment of total compulsivity (Sexual Compulsivity Scale (SCS) and hypersexuality (Hypersexual Behavior Inventory (HBI)). Based on scores on the SCS and HBI, participants were separated into three groups: negative SC (Neither SC nor HBI), positive SC (SC and HBI), and neutral SC (SC and HBI). We found support for the utility of a three-group classification of sexual compulsivity in hypersexuality as one of the syndemic factors that contribute to HIV risk. The average number of syndemic factors experienced was lowest among those who experienced Neither SC nor HBI and highest among the group that experienced Both SC and HBI, with those

A Transdiagnostic Minority Stress Treatment Approach for Gay and Bisexual Men's Syndemic Health Conditions

John E. Bockhold

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Abstract Developing and delivering separate treatments for separate syndemic factors is not ideal for treating syndemic conditions. This article argues for the need to create transdiagnostic interventions that reduce multiple syndemic conditions facing gay and bisexual men. This article first reviews psychosocial syndemic conditions affecting gay and bisexual men, then suggests pathways that might link minority stress to psychosocial syndemics. Based on more advanced research in emotion science, psychosocial, and cognitive-behavioral science, and finally suggests cross-cutting psychosocial treatment principles to reduce minority stress syndemic conditions. This article then reviews a transdiagnostic minority stress treatment approach for gay and bisexual men. Having the pathway through which minority stress generates psychosocial syndemics and employing certain treatment principles capable of simultaneously affecting these pathways will ultimately create a transdiagnostic approach to improving gay and bisexual men's health. Clinical research and training approaches are suggested to further refine the pathway suggestions, and it is discussed how these approaches could be used in this pathway, and greater efficacy methods for designing a transdiagnostic minority stress treatment approach for

Syndemics: health in context

Syndemics, as a new term published in today's issue, is a conceptual framework for understanding disease as health conditions that are in combination and that are exacerbated by the social, economic, environmental, and political conditions in which populations live. A syndemic, or synergistic epidemic, is more than a mere summation of a group of conditions. The hallmark of a syndemic is the presence of one or more disease states that already have well-established regularity affecting the natural course of each disease process, whereby interacting and amplifying each other negatively affecting the natural course of each disease process, whereby interacting and amplifying each other negatively affecting the natural course of each disease process, whereby interacting and amplifying each other negatively affecting the natural course of each disease process.

Wang et al. BMC Infectious Diseases (2017) 17:46
DOI 10.1186/s12879-016-2121-8

RESEARCH ARTICLE

Association between a syndemic of psychosocial problems and unprotected anal intercourse among men who have sex with men in Shanghai, China

Ying Wang¹, Zhenyu Wang¹, Mengmeng Jia¹, Aijun Liang¹, Dong Yuan¹, Zhe Sun¹, Feng Gan¹, Yichen Wang¹, Yong Cai¹ and Zhenyu Zhang^{1*}

Background: Previous studies have discussed the overlapping and reinforcing effects (defined as a syndemic) of psychosocial problems on high-risk sexual behaviors among men who have sex with men (MSM). The present study aimed to apply the syndemic theory to verify the reinforcing effects of psychosocial problems on unprotected and inconsistent (UAI) among MSM in Shanghai, and determine if other important psychosocial factors fit into the syndemic theory.

Methods: Data were collected from 547 MSM in Shanghai, China, through face-to-face interviews. The measures for psychosocial problems included the Rosenberg Self-Esteem Scale, the Generalized Anxiety Disorder-7, the Center for Epidemiological Studies Depression Scale, the University of California, Los Angeles Loneliness Scale and the Sexual Compulsivity Scale. We used multivariate analysis and binary logistic regression to investigate the associations between psychosocial problems and high-risk sexual behaviors.

Results: The prevalence of UAI among MSM in the past 6 months was 34.9%. Education (graduate from college vs. high school or less) was a protective factor against UAI (OR 0.59, 95% CI 0.38–0.94). There was a high prevalence of psychosocial problems, and at least one-third of participants reported experiencing more than two psychosocial symptoms. Of these psychosocial factors that we investigated, lower self-esteem was associated with UAI in both

Design of a **syndemic based intervention** to facilitate care for men who have sex with men with high risk behaviour: the syn.bas.in randomized controlled trial

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Background: Men who have sex with men (MSM) constitute a risk group for sexual transmitted infections (STIs), including HIV. Despite counselling interventions, risk behaviour remains high. Syndemic theory holds that psychosocial problems often co-occur, interact and mutually reinforce each other, thereby increasing high risk behaviours and co-occurring diseases. Therefore, if co-occurring psychosocial problems were assessed and treated simultaneously, this might decrease high risk behaviour and disease.

Method: An open label randomized controlled trial will be conducted among 150 MSM with high risk behaviour recruited from the STI clinic of Amsterdam. Inclusion criteria are: HIV negative MSM with two STI and/or PEP treatment in the last 24 months, or HIV positive MSM with one STI in the last 24 months. All participants get questionnaires on the following syndemic domains: ADHD, depression, anxiety disorder, alexithymia and sex- and drug addiction. Participants in the control group receive standard care: STI screenings every three months and motivational interviewing based counselling. Participants in the experimental group receive standard care plus feedback based on the results of the questionnaires. All participants can be referred to co-located mental health or addiction services.

The primary outcome is help seeking behaviour for mental health problems and/or drug use problems. The secondary outcomes are STI incidence and changes in sexual risk behaviour (i.e. condom use, number of anal sex partners, drug use during sex).

Discussion: This study will provide information on syndemic domains among MSM who show high risk behaviour and on the effect of screening and referral on help seeking behaviour and health (behaviour) outcomes.

Trial registration: Trial Registration at clinicaltrial.gov, identifier NCT02859935.

La PrEP para hombres gais y otros HSH

[AIDS](#). 2017 Aug 28. doi: 10.1097/QAD.0000000000001626. [Epub ahead of print]

Were we prepared for PrEP? five years of implementation.

Weinstein M¹, Yang OO, Cohen AC.

⊕ Author information

Abstract

: While the overall incidence of HIV infections in the United States (US) has decreased in recent years, certain populations remain particularly vulnerable, including racial/ethnic minorities, adolescents/young adults, and people in the southern US [1]. The Centers for Disease Control and Prevention (CDC) stated strategy to combat new infections includes a combination of "cost-effective, scalable interventions based on current science" [2]. In July 2012, the US Food and Drug Administration (FDA) approved daily oral combination tenofovir/emtricitabine ("Truvada") for pre-exposure prophylaxis (PrEP) in at-risk uninfected adults, with subsequent endorsement as blanket policy by the CDC in May 2014 [3]. These decisions occurred despite calls for more deliberate consideration based on concerns raised by some experts, including AIDS Healthcare Foundation (AHF), the largest global nonprofit provider of HIV prevention services, testing, and medical care. While AHF was/is painted as ardently anti-PrEP [4], this is an inaccurate oversimplification of its voiced concerns that PrEP would: be difficult to implement due to healthcare barriers, have limited efficacy due to poor adherence, and increase risky sexual behaviors and transmission of other sexually transmitted infections (STIs). What do the first five years of Truvada PrEP reveal regarding these issues? The data are incomplete and subject to caveats and biases, but suggest that this approach has not had the positive impact anticipated by the CDC.

RESEARCH ARTICLE

Social, structural, behavioral and clinical factors influencing retention in Pre-Exposure Prophylaxis (PrEP) care in Mississippi

Trisha Arnold^{1,2}, Lauren Brinkley-Rubinstein^{3,4}, Phillip A. Chan^{5,6}, Amaya Perez-Brumer⁷, Estefany S. Bologna^{1,2}, Laura Beauchamps¹, Kendra Johnson⁸, Leandro Mená⁹, Amy Nunn^{10,11}

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Abstract

Pre-exposure prophylaxis (PrEP) is a biomedical intervention that can reduce rates of HIV transmission when taken once daily by HIV-negative individuals. Little is understood about PrEP uptake and retention in care among the populations most heavily impacted by the HIV epidemic, particularly among young men who have sex with men (YMSM) in the Deep South. Therefore, this study explored the structural, social, behavioral, and clinical factors that affect PrEP use and retention in care among YMSM in Jackson, Mississippi. Thirty MSM who were prescribed PrEP at an outpatient primary care clinic were interviewed and included 23 men who had been retained in PrEP care and seven who had not been retained. The mean age of participants was 26.6 years. Most (23) participants were African American. Major factors affecting PrEP use and retention in PrEP care included 1) structural factors such as cost and access to financial assistance for medications and clinical services; 2) social factors such as stigma and relationship status; 3) behavioral factors including sexual

Estigma asociado a la PrEP

ORIGINAL PAPER

The "Safe Sex" Conundrum: Anticipated Stigma From Sexual Partners as a Barrier to PrEP Use Among Substance Using MSM Engaging in Transactional Sex

Kate B. Bland^{1,2}, Catherine E. Okunberg³, Jennifer A. Miller⁴, Elizabeth E. Clancy⁵, Kenneth B. Mayer^{1,2}, Steven A. Safren^{1,2}, Matthew J. Minnes^{1,2,4}

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Abstract: Pre-exposure prophylaxis (PrEP) is efficacious for HIV prevention, when taken consistently. However, barriers to PrEP use are poorly understood among individuals who could benefit from PrEP, including men who have sex with men (MSM) who engage in transactional sex (TS), are incarcerated for money or drugs, use harmful and risky sex practices, and/or have HIV, PrEP-naïve MSM reporting concurrent substance dependence and sexual risk com-

may help ing to anti HIV-related outcomes. Our aim was to explore barriers to PrEP use among TS, incarcerated men, and men with HIV, PrEP-naïve MSM reporting concurrent substance dependence and sexual risk com-

COMMENTARY

How Stigma Surrounding the Use of HIV Preexposure Prophylaxis Undermines Prevention and Pleasure: A Call to Destigmatize "Truvada Whores"

Esther K. Calabrese, PhD, and Kristen Underhill, D, PhD

Antiretroviral preexposure prophylaxis (PrEP) is efficacious for HIV prevention, when taken consistently. However, barriers to PrEP use are poorly understood among individuals who could benefit from PrEP, including men who have sex with men (MSM) who engage in transactional sex (TS), are incarcerated for money or drugs, use harmful and risky sex practices, and/or have HIV, PrEP-naïve MSM reporting concurrent substance dependence and sexual risk com-

ORAL ANTIRETROVIRAL PRE-exposure prophylaxis (PrEP) has received increasing recognition as a promising prevention strategy for people at risk for HIV because of sexual behavior, injection drug use, or both. Currently approved by the US Food and Drug Administration in November 2012, PrEP is available in weekly pill form (emtricitabine and tenofovir disoproxil fumarate [Truvada]). PrEP has been shown to be

other individuals. The term "Truvada whores" refers to a popular opinion piece on PrEP use as a gateway to unsafe behavior. PrEP-naïve MSM reporting concurrent substance dependence and sexual risk com-

Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts

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ORIGINAL PAPER

Framing HIV Pre-Exposure Prophylaxis (PrEP) for the General Public: How Inclusive Messaging May Prevent Prejudice From Diminishing Public Support

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Complex and Conflicting Social Norms: Implications for Implementation of Future HIV Pre-Exposure Prophylaxis (PrEP) Interventions in Vancouver, Canada

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Demographic Differences in PrEP-Related Stereotypes: Implications for Implementation

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Stigma, gay men and biomedical prevention: the challenges and opportunities of a rapidly changing HIV prevention landscape

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Stigma, gay men and biomedical prevention: the challenges and opportunities of a rapidly changing HIV prevention landscape

Abstract: Improvements in biomedical technologies, combined with changing social attitudes to sexual minorities, provide new opportunities for HIV prevention among gay and other men who have sex with men (MSM). The potential of these new biomedical technologies (biotechnologies) to reduce HIV transmission and the impact of HIV among MSM will depend, in part, on the degree to which they challenge prejudicial attitudes, practices and stigma directed at gay men and people living with HIV (PLHIV). At the structural level, stigma regarding gay men and HIV care hinders the uptake of new biotechnologies and negatively affect MSM's access to and use of these technologies. At the personal level, stigma can affect individual gay men's sense of value and confidence as they negotiate

La PrEP debe de considerarse una intervención bio-conductual

- Intervenciones psicosociales deben realizarse con:
 - Personal sanitario
 - Los colectivos afectados por el VIH
 - Las personas que tienen un alto riesgo de adquirir el VIH
- Intervenciones a nivel comunitario: marketing social (crear conciencia en base a herramientas de comunicación, p.e. mensajes en campañas).

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SHORT REPORT

Culturally Competent Sexual Healthcare as a Prerequisite for Obtaining Preexposure Prophylaxis: Findings from a Qualitative Study

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Joshua G. Rosenberger, MPH, PhD⁵ David Novak, MSW⁶ and Kenneth H. Mayer, MD^{1,3,4}

Abstract

Purpose: Men who have sex with men (MSM) experience stigma in healthcare settings, which impedes disclosure of sexual behavior, potentially limiting uptake of preexposure prophylaxis (PrEP). The purpose of this study was to describe the context of this limitation and explore geographical variability.

Methods: To understand how discomfort in healthcare settings affects PrEP utilization, we conducted two online focus groups with geographically diverse samples of MSM.

Results: Respondents identified primary care providers as preferred sources for PrEP, but potential uptake was limited by barriers to establishing nonjudgmental relationships with these providers.

Conclusion: Improved patient-provider communication about sexual behaviors might increase PrEP use among MSM.

SUPPLEMENT ARTICLE

© 2014 British HIV Association

DOI: 10.1111/hiv.12132
HIV Medicine (2014), 15, 385–395

REVIEW

Optimizing Adherence to Preexposure and Postexposure Prophylaxis: The Need for an Integrated Biobehavioral Approach

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Preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) has been shown to be effective in preventing transmission of human immunodeficiency virus (HIV). A dose-response relationship between adherence and HIV transmission is illustrated in the current PrEP literature, and adherence interventions for PrEP may be useful, although currently few effective programs have been developed and tested. There is a paucity of randomized controlled trials testing PEP adherence interventions, and further research is needed. We conclude by proposing the importance of tailoring adherence counseling to address psychosocial factors and mental health stressors that may negatively affect adherence.

Keywords. PrEP, PEP, adherence, HIV, mental health.

Preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) have been shown to protect against similar retroviral acquisition in animal models, and, more recently, have been shown to be effective in preventing human immunodeficiency virus (HIV) transmission in humans [1, 2]. Recent studies have demonstrated PrEP and PEP to be successful deterrents of infection [3–5], but adherence to antiretroviral regimens remains necessary for optimizing effectiveness. In this commentary, we evaluate what is known about adherence to PrEP and PEP, and discuss the role of psychosocial factors. Building on this discussion, we suggest future research direc-

Exposición (iPrEX) trial [4], the only efficacy study of PrEP in men who have sex with men (MSM) and transgender women, the risk of HIV acquisition in the PrEP arm was decreased by 44% compared with those in the placebo arm. Roughly half of the cohort had drug detected at any time interval. Pharmacological modeling suggested that PrEP efficacy was 92% when any active drug was detected in blood, and drug levels consistent with daily use could potentially result in 99%–100% protection [4]. An open-label extension from iPrEX found that when blood concentrations indicated use of 4 or more tablets per week, no participants became

Helping our patients take HIV pre-exposure prophylaxis (PrEP): a systematic review of adherence interventions

JL Marcus,^{1,2} T Buisseret,² T Horvath,³ KR Amico,⁴ JD Fuchs,⁵ SP Buchbinder,^{6,7} RM Grant^{1,7} and AY Liu⁸¹Gladstone Institute of Virology and Immunology, San Francisco, CA, USA, ²Department of Epidemiology, University of California, Berkeley, CA, USA, ³Global Health Sciences, University of California, San Francisco, CA, USA, ⁴Center for Health, Intervention and Prevention, University of Connecticut, Storrs, CT, USA, ⁵Center for Learning and Innovation, San Francisco Department of Public Health, San Francisco, CA, USA, ⁶Bridge HIV, San Francisco Department of Public Health, San Francisco, CA, USA and ⁷Department of Medicine, University of California, San Francisco, CA, USA**Objectives**

Adherence is critical for maximizing the effectiveness of pre-exposure prophylaxis (PrEP) in preventing HIV infection. Strategies for promoting adherence to HIV treatment, and their potential application to PrEP adherence, have received considerable attention. However, adherence promotion strategies for prevention medications have not been well characterized and may be more applicable to PrEP. We aimed to identify adherence support interventions that have been effective in other prevention fields and could be applied in the HIV prevention context to support pill taking among PrEP users.

Methods

To identify adherence support interventions that could be evaluated and applied in the PrEP context, we conducted a systematic review across the following prevention fields: hypertension, latent tuberculosis infection, hyperlipidaemia, oral contraceptives, osteoporosis, malaria prophylaxis, and post-exposure prophylaxis for HIV infection. We included randomized controlled trials that evaluated the efficacy of interventions to improve adherence to daily oral medications prescribed for primary prevention in healthy individuals or for secondary prevention in asymptomatic individuals.

Results

Our searches identified 585 studies, of which 48 studies met the eligibility criteria and were included in the review; nine evaluated multiple strategies, yielding 64 separately tested interventions. Interventions with the strongest evidence for improving adherence included complex, resource-intensive interventions, which combined multiple adherence support approaches, and low-cost, low-intensity interventions that provided education or telephone calls for adherence support.

RETOS Y OPORTUNIDADES

- Priorizar en poblaciones clave.
- Escuchar y atender las necesidades de prevención de los HSH.
- Prevención basada en evidencia científica.
- Ninguna intervención en prevención será efectiva si no se apunta a mirar los diferentes niveles ecológicos en los que está inserta la persona.
- Diseñar intervenciones que tengan un enfoque de prevención combinada (conductual, biomédica y estructural).
- Aprendamos de las lecciones aprendidas.

¡Muchas gracias!

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