

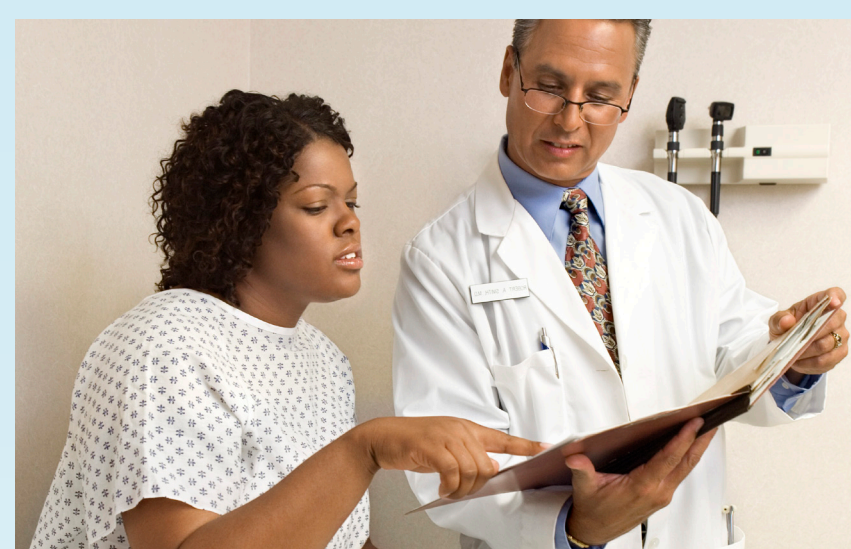
Clinician Practices and Attitudes Regarding Early Antiretroviral Therapy in the US: Baseline Results from HPTN 065

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INTRODUCTION

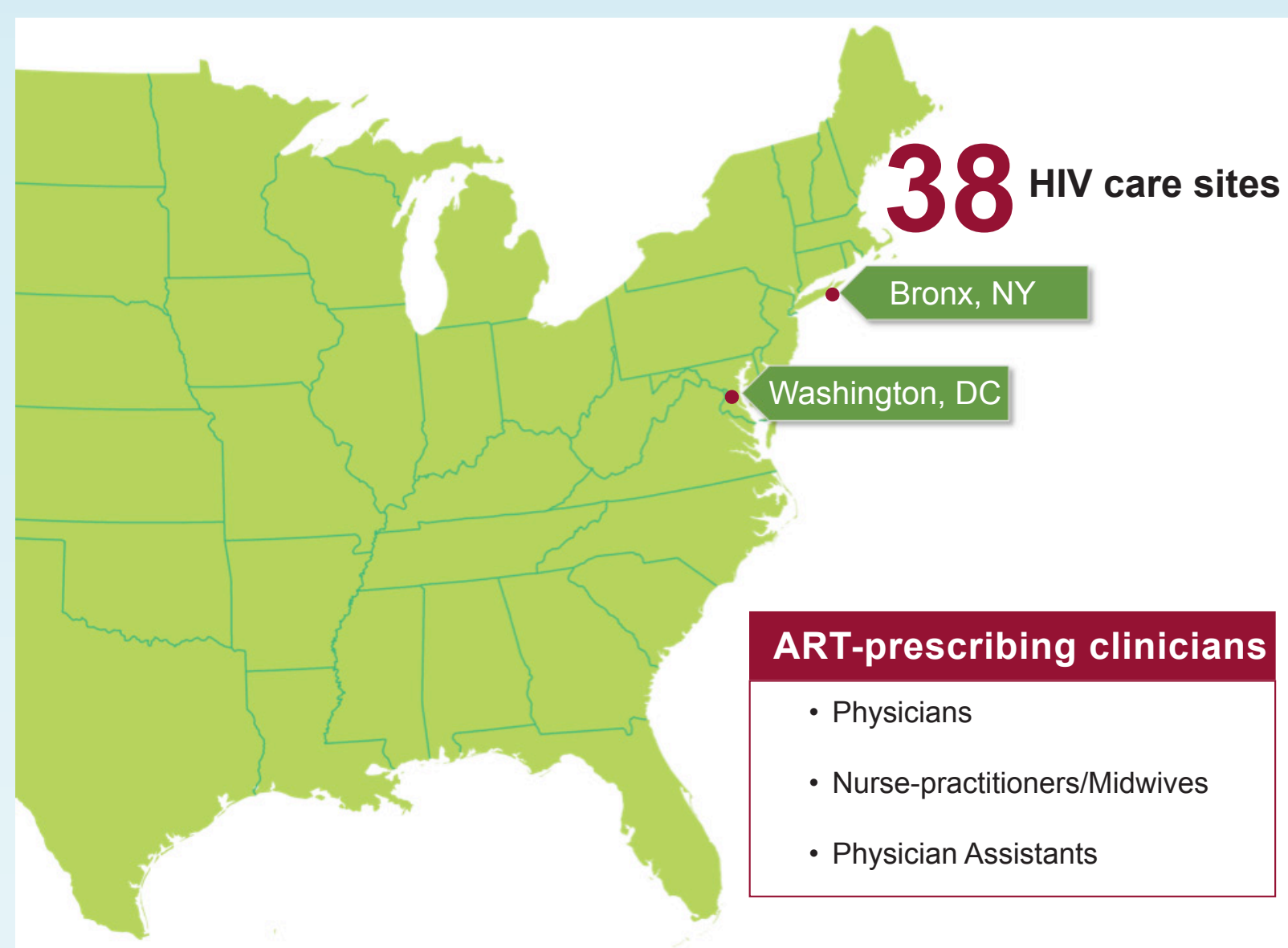
- Use of antiretroviral therapy (ART) to prevent HIV transmission has received substantial attention following a recent randomized trial demonstrating efficacy of ART to reduce HIV transmission in HIV-discordant couples.



- The main purpose of the HIV Prevention Trials Network (HPTN) 065 (TLC-Plus) study is to evaluate the feasibility of an enhanced community-level test, link to care, plus treat strategy in the U.S.
- We conducted a survey for ART-prescribing clinicians at sites participating in the HPTN 065 (TLC-Plus) study in the Bronx, NY and Washington, DC to assess current practices for recommending ART to their patients and attitudes concerning early ART initiation to prevent HIV transmission.
- This survey was conducted before the results of HPTN 052 were released, before the recent change in Department of Health and Human Services (DHHS) recommendations for earlier initiation of therapy, and before initiation of any HPTN 065 (TLC-Plus) interventions.

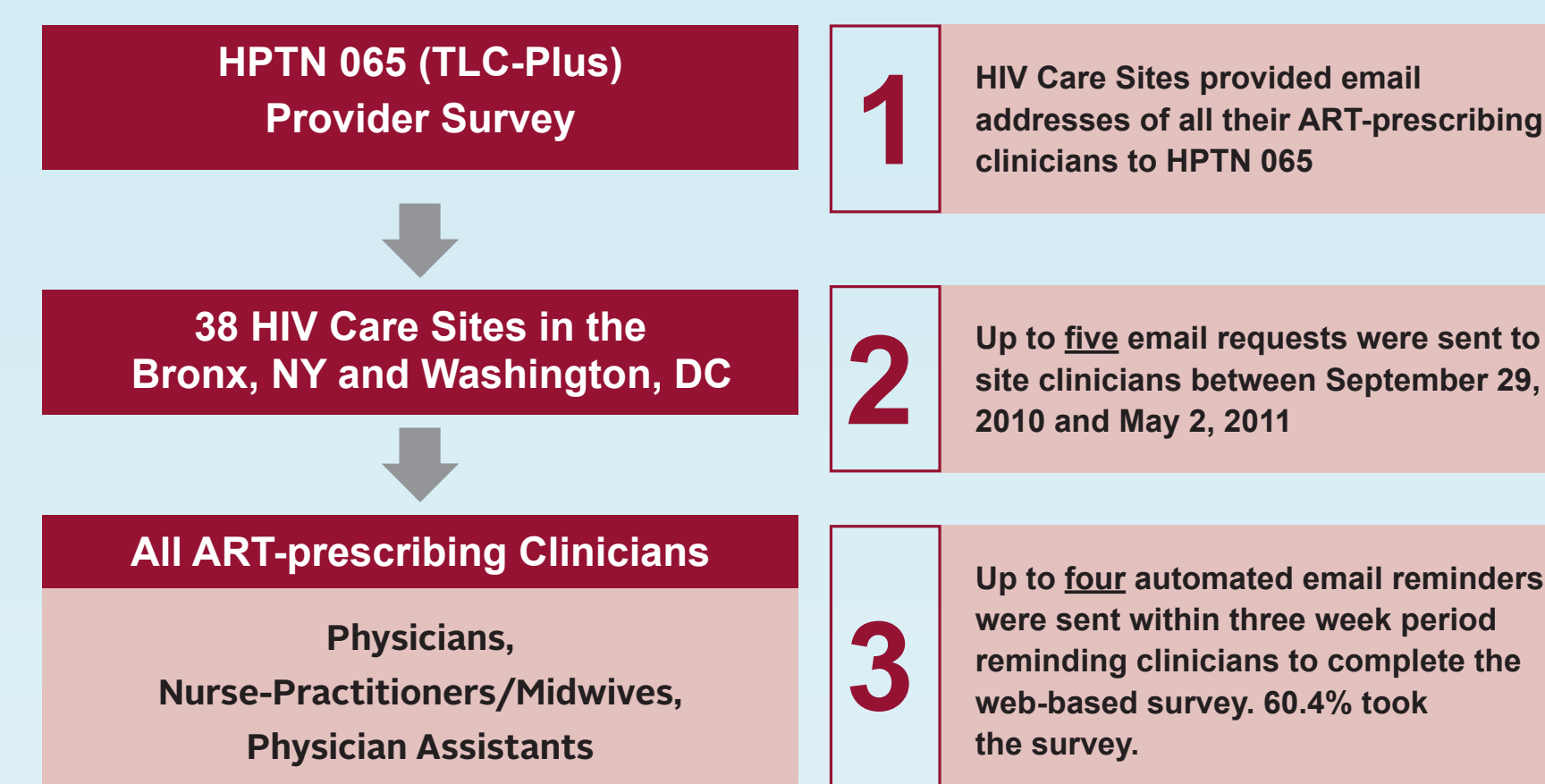
STUDY DESIGN

- Design: Cross-sectional internet based survey (September 29, 2010 - May 2, 2011)
- ART-prescribing clinicians at 38 HIV care sites in the Bronx, NY and Washington, DC participating in the HPTN 065 (TLC-Plus) study completed a brief anonymous 29-item internet survey.



METHODS

Study Flow of HIV Clinician Recruitment and Follow-up in 2 US Cities



RESULTS

FIGURE 1: Characteristics of Participating Clinicians



FIGURE 2: Scenarios in which HIV clinicians would recommend ART initiation, N=165*

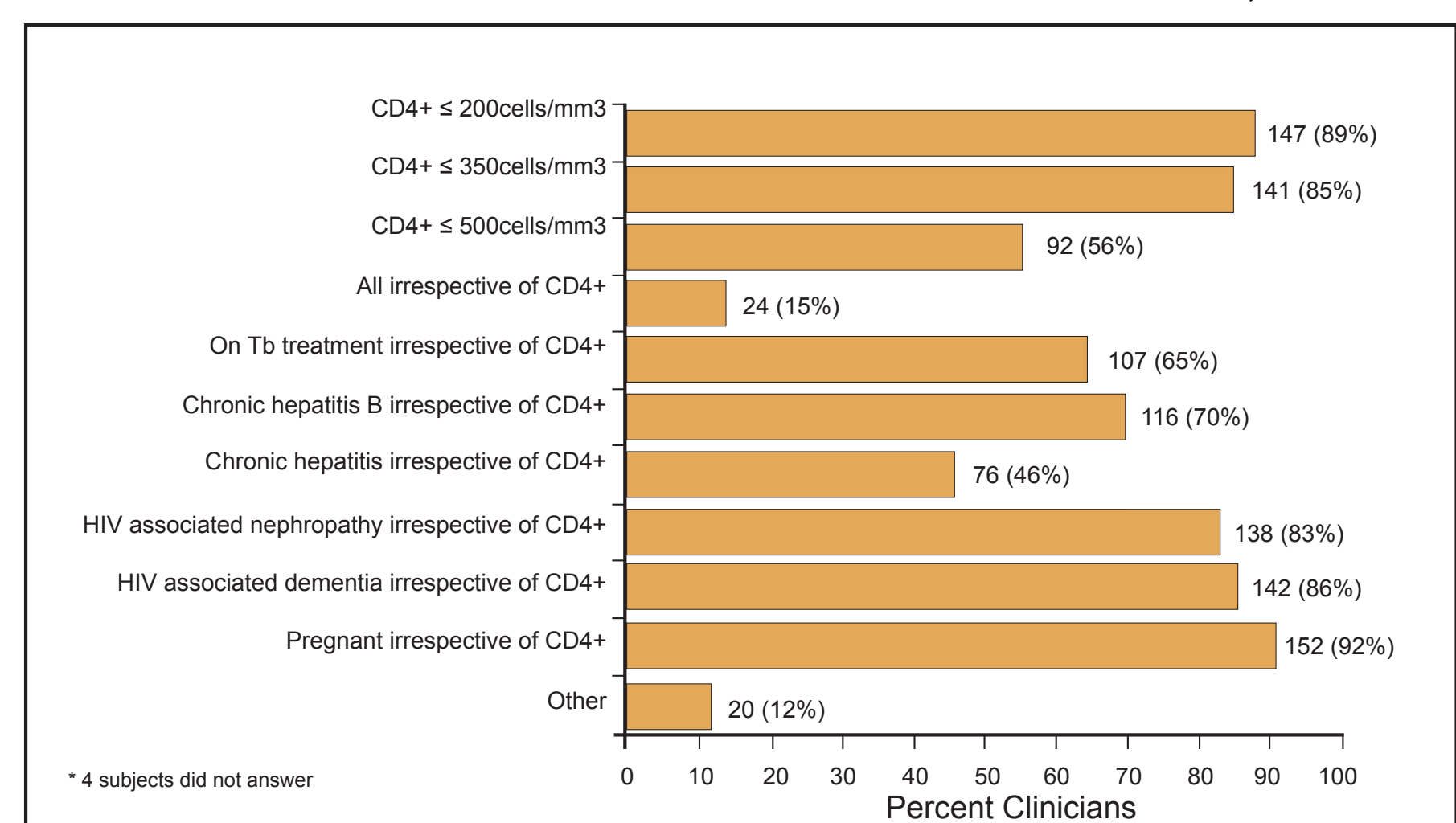
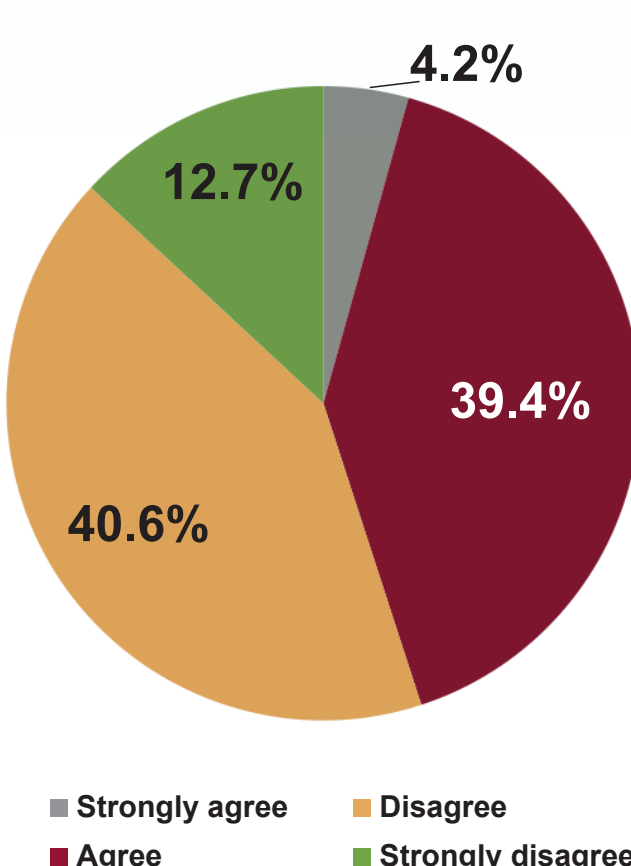


TABLE 1: Number of patients in care and percentage of patients on ART

Number of HIV patients under direct care	
Mean number (SD)	128.2 (135.8)
Minimum, Maximum	0, 800
Percentage of HIV patients currently on ART	
Mean percentage (SD)	83.0 (11.1)
Minimum, Maximum	30, 100

'I am concerned that a patient will develop a resistant virus if ART is initiated too early'



'If I start ART early in a patient with high risk sexual or other behaviors he or she may transmit resistant virus to his or her partners'

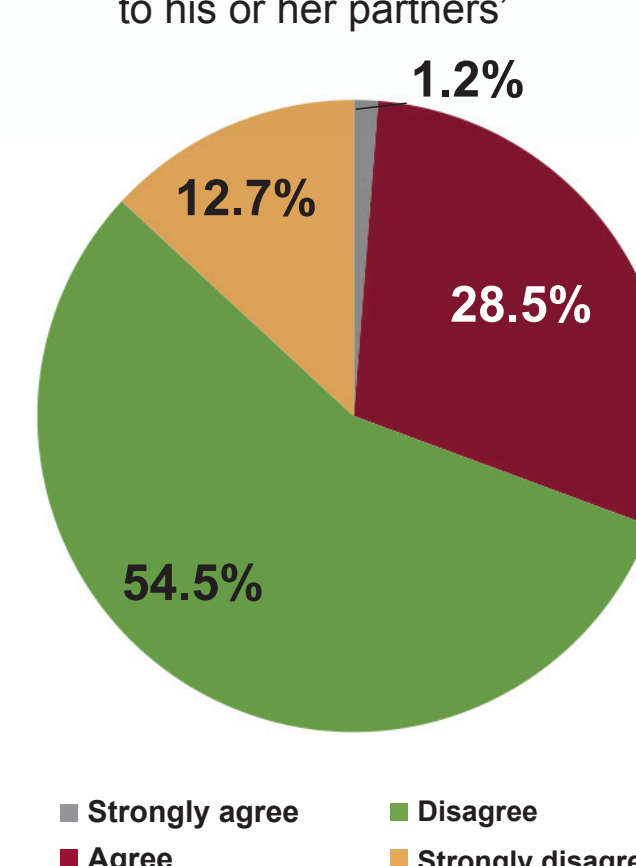


TABLE 2: Characteristics, practices, and attitudes about ART and HIV transmission risk among HIV clinicians in 2 US cities

QUESTION	Number (%), N=165
How often ask about sexual partners' HIV status	
Always	61 (37.0)
Often	67 (40.6)
Occasionally	25 (15.2)
Rarely	8 (4.8)
Never	0 (0.0)
How often ask about use of condoms	
Always	95 (57.6)
Often	48 (29.1)
Occasionally	16 (9.7)
Rarely	2 (1.2)
Never	0 (0.0)
Factors to initiate ART earlier than would otherwise	
High viral load (>100,000 copies/mm3)	129 (78.2)
Rapidly declining CD4+ (>100 cells/mm3/year)	155 (93.9)
Patient in HIV discordant sexual partnership	124 (75.2)
Patient has unprotected sex with partner(s) of unknown HIV status	66 (40.0)
Other	105 (63.6)
"I tend to defer ART if a patient is not sure whether he or she is ready to initiate it"	
Strongly agree or agree	151 (91.5)
Before I recommend initiating ART, patients need to:	
Strongly agree or agree	
Have their depression treated	60 (36.4)
Be in recovery from alcohol/illicit drugs	45 (27.0)

CONCLUSIONS

This survey of HIV clinicians in two US cities found that (1) most providers' practices were consistent with the prevailing September, 2011 DHHS guidelines; (2) attitudes were supportive of earlier initiation to prevent transmission, even before the results of HPTN 052 or the updated March, 2012 DHHS recommendations; (3) the majority of clinicians will delay prescribing ART for patients who are unsure about their readiness to initiate ART; and (4) a substantial percentage of providers expressed concern about development of resistance or transmission of resistant virus because of early initiation of ART.

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