Who wants to switch? Gauging interest in potential antiretroviral therapies

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BACKGROUND
Over the past 8 years, there has been a dramatic increase in the numbers of easily tolerated and highly effective antiretroviral regimens (Figure 1). Novel drug delivery systems and drugs with extended half-lives may allow for dramatically reduced dosing frequency of specific antiretroviral regimens and hold promise for improving adherence among several populations. Which populations are more likely to benefit from these advances is unknown. To explore initial interest in these advanced regimens, we gathered detailed treatment history and antiretroviral preference information from 263 treatment experienced patients.

METHODS
Study period: February - August 2018.
Sample: Convenience sample of 263 HIV-infected patients from Infectious Diseases clinics at Duke University and the University of South Carolina.
Data collection: In-person surveys about HIV treatment experiences and attitudes.
Key variables: Characteristics of participants' current regimen, treatment experience, and interest, on 5-point scales (1=not at all interested; 5=very interested), in switching to either a single pill once a week, two shots in clinic every other month, or implanting and removing two small plastic rods about the size of matchsticks in each forearm every six months.

Analysis: Descriptive statistics and multivariate linear regression.

RESULTS
Across a highly treatment-experienced cohort of HIV-infected patients, we describe greatest interest in switching to a one or more novel drug delivery systems, while patients who have been on ART for a longer period of time, and those with a prior AIDS diagnosis, expressed less interest. Understanding drivers of preference heterogeneity may help to inform their development and predict uptake.

CONCLUSIONS
In multivariate analysis, age, gender, race/ethnicity, time since diagnosis, HIV serostatus disclosure, the number of side and long-term effects ever experienced, and clinical need for more convenient switching to new antiretroviral regimens. Higher education was associated with greater interest in switching to a single pill once a week (p=0.022), injections every other month (p=0.001) and implants every six months (p=0.018). A prior AIDS diagnosis was associated with reduced interest in switch to weekly pills (p=0.045) and bi-monthly injections (p=0.043).

Table 1 | SOMETHING or OTHER

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