Prevalence of High-Risk Behaviors and Anti-Retroviral Therapy Non-Adherence among HIV-Positive Men who Have Sex with Men who are Linked to Care

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INTRODUCTION

- Men who have sex with men (MSM) account for the majority of new HIV infections in the U.S.¹
- Antiretroviral therapy (ART) non-adherence is associated with increased risk of HIV-disease progression, transmission, and development of resistance²⁻⁵
- High-risk sexual behaviors and recreational drug use may be associated with ART non-adherence⁵⁻⁸

OBJECTIVE

Examine the prevalence of high-risk sexual behaviors and recreational drug use and their associations with ART non-adherence among a cohort of HIV-positive MSM who are linked to care

METHODS

Study design, setting, and population

- Cross-sectional study of HIV-positive MSM attending an HIV clinic at an academic medical center in Columbus, Ohio
- March 2015 February 2016
- Eligibility
 - Male
 - HIV-positive
 - 18 years or older
 - Sexual contact with another male in the last year

Study measures

Through a self-administered survey participants reported current ART use, ART adherence (number of doses missed in the previous 7 days), recent sexual behaviors (last 3 months), and recent recreational drug use (last 3 months)

Data management and analysis

- Survey data were captured using REDCap⁹
- All data were analyzed using SAS (Version 9.4, Cary, NC)
- Compared categorical variables using χ^2 or Fisher's exact tests; compared medians of continuous variables using Mann-Whitney tests

Ethical approval

 The study was approved by the Ohio State University Institutional Review Board (IRB)

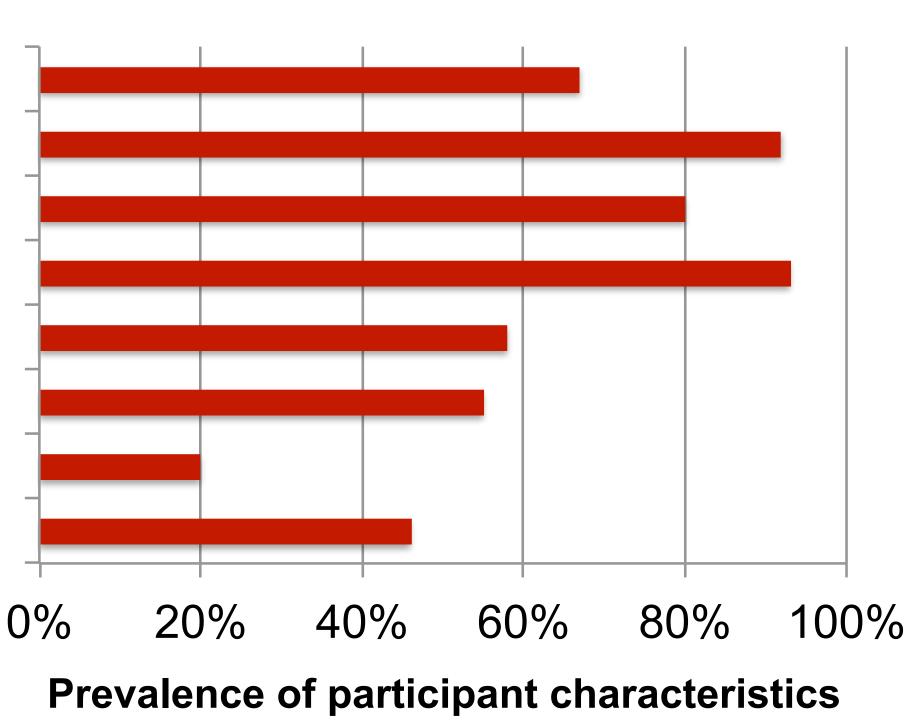
RESULTS

Participant characteristics

• Among the 158 HIV-positive MSM enrolled, the median age was 43.5 (IQR: 33, 52)

Figure 1: Prevalence of characteristics of HIV-positive MSM who are linked to care (n = 158)

- White Non-Hispanic At least some college Gay or bisexual
- Current main partner **Recent UAI**
- Recent anonymous sex
- *Recent recreational drug use



* Recent recreational drug use includes marijuana, MDMA (ecstasy), methamphetamines, cocaine, alkyl nitrites, and nitrous oxide

ART use and adherence

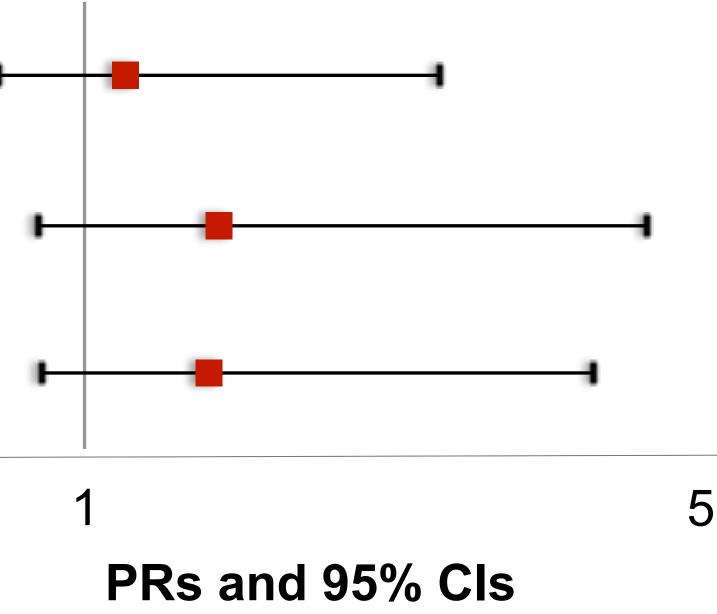
- 80% (n = 127) of participants reported currently being on ART
 - \circ Among those taking ART, 82% (n = 104) reported never missing a dose in the previous 7 days

Figure 2: Unadjusted prevalence ratios (PRs) and 95% confidence intervals (Cis) of high-risk behaviors and ART non-adherence

- Anonymous sex, 1.24
 - UAI, 1.77

Recreational drug use, 1.71

Poster No. WP73



CONCLUSIONS

REFERENCES

- progression to AIDS. AIDS. 2001;15:1181-3.
- Infect Dis. 2002;34:1115-21.
- 2012;7:99-105.

- AIDS Behav. 2014;18:1541-7.
- 42:377-81.

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• A high-proportion of HIV-positive MSM who are linked to care reported engaging in recent high-risk sexual behaviors such as anonymous sex and unprotected anal intercourse (UAI)

Recent recreational drug use of marijuana, MDMA (ecstasy), methamphetamines, cocaine, alkyl nitrites, or nitrous oxide was common among this group of HIV-positive MSM

Though not statistically significant, MSM engaging in high-risk behaviors such as UAI may have increased likelihood of ART non-adherence and subsequently increased risk of more rapid HIV disease progression, HIV transmission to susceptible partners, and development of ART resistance.

1. CDC. Estimated HIV incidence in the United States, 2007-2010. HIV Surveillance Supplemental Report 2012; 17(No. 4). Available at: http://www.cdc.gov/hiv/pdf/statistics_hssr_vol_17_no_4.pdf. Accessed April 1, 2016. 2. Bangsberg DR, Perry S, Charlebois ED, et al. Non-adherence to highly active antiretroviral therapy predicts

Mannheimer S, Friedland G, Matts J, Child C, Chesney M. The consistency of adherence to antiretroviral therapy predicts biologic outcomes for human immunodeficiency virus-infected persons in clinical trials. Clin

4. Cohen MS, McCauley M, Gamble TR. HIV treatment as prevention and HPTN 052. Curr Opin HIV AIDS.

Fisher JD, Smith LR, Lenz EM. Secondary prevention of HIV in the United States: Past, Current, and Future Perspectives. J Acquir Immune Defic Syndr. 2010;55(Suppl 2):S106-15.

6. Wilson TE, Barron Y, Cohen M, et al. Adherence to antiretroviral therapy and its association with sexual behavior in a national sample of women with human immunodeficiency virus. Clin Infect Dis. 2002;34:529-34.

7. Kalichman SC, Rompa D. HIV treatment adherence and unprotected sex practices in people receiving antiretroviral therapy. Sex Transm Infect. 2003;79:59-61.

Remien RH, Dolezal C, Wagner GJ, et al. The association between poor antiretroviral adherence and unsafe sex: Differences by gender and sexual orientation and implications for scale-up of treatment as prevention.

9. Harris PA, et al. Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. Journal of Biomedical Informatics. 2009;

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