

PREP DOSING KNOWLEDGE AND PRACTICES POTENTIALLY LEADING TO INCREASED HIV-RISK AMONG GAY AND BISEXUAL MEN IN AUSTRALIA

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Background:

Incorrect dosing of pre-exposure prophylaxis (PrEP), tied to incorrect knowledge, may lead to increased HIV risk for gay and bisexual men (GBM) in Australia. We report on GBM's knowledge and practices related to PrEP dosing.

Methods:

Semi-structured interviews were conducted with 39 PrEP-experienced GBM (July 2020 – February 2021), and analysed using thematic analysis.

Results:

All participants commenced PrEP using daily dosing. Almost two-thirds (25 men) took it daily, 10 (26%) took it on-demand, and four (10%) took roughly four pills/week. Correct knowledge of on-demand PrEP was low and concentrated in those who used it on-demand. Most who used PrEP on-demand took it correctly, but two took pills for 10 days before sex and none after sex. A few on-demand users had occasions of condomless sex when not protected by PrEP. These men cited unexpected sex and/or not being in close proximity to their pills as reasons they did not take their PrEP, and a limited perception of risk, prioritising pleasure ahead of HIV prevention, and disliking condoms as reasons for having condomless sex. They believed their sex events were too infrequent to warrant daily PrEP, despite these unanticipated events. Some of these men took a few pills soon after having condomless sex, believing it provided at least some protection. One attempted the 2-1-1 method but took the loading dose only after having sex. A few who used non-daily PrEP had longer gaps between sexual health service visits. They were testing infrequently and not receiving updated information about PrEP in the clinic environment.

Conclusion:

Participants reported several instances of non-adherence or incorrect dosing of on-demand PrEP, potentially increasing HIV-risk. Scaling-up education about correct dosing and benefits of staying connected to sexual health services may be helpful in reducing incorrect use or beliefs about on-demand PrEP.

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