

Gay and bisexual men's engagement with sexual health services after initiating pre-exposure prophylaxis: access to, and continuity of, care

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Background:

Using pre-exposure prophylaxis (PrEP) requires ongoing engagement with sexual health services. PrEP should be easily accessible to gay and bisexual men (GBM) to ensure persistent use. We explored GBM's access to and continuity of PrEP-related care.

Methods:

We conducted semi-structured interviews with 40 GBM recruited between July 2020 and February 2021. Interviews were analysed using thematic analysis.

Results:

Median age was 39 (range=23-71). Most (n=37) identified as gay. Most (n=28) usually accessed their PrEP from a general practitioner, nine from a sexual health clinic, and three from a previous clinical trial. Most were highly connected to sexual health services and happy with their PrEP care. However, a few described access issues that acted as barriers to PrEP use. Such issues included: judgement from a doctor about reducing pill intake (resulting in the participant withholding information in the future); unavailability of appointments (resulting in participants discontinuing PrEP); and refusal of PrEP due to perceived non-suitability (resulting in condomless sex not protected by PrEP).

Some participants reported changes to their PrEP-related care because they: moved interstate or regionally; wanted a doctor in closer proximity or more friendly to GBM; or were encouraged to leave a sexual health clinic and find a general practitioner. Mostly, participants did not inform their former doctor that they were changing clinics. However, for those that did – particularly those moving states or cities – their former doctors often facilitated continuity of PrEP care and drug supply via informal referrals and by providing extra prescriptions.

Conclusion:

These GBM well-connected to sexual health services reported that most doctors provided excellent care. Areas for improvement may include ensuring that care is free from judgement and gatekeeping, and convenient according to patients' availability. PrEP users and doctors need to be conscious of mobility and the effects it can have on PrEP use.

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