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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Introduction

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.

Little qualitative research has explored how GBM engage with health services as they use PrEP over time

Aim

To explore GBM's access to and continuity of PrEP-related care after initiating PrEP.

Methods

Semi-structured interviews were conducted with 40 PrEP-experienced GBM between July 2020 and February 2021.

Interviews were analysed using thematic analysis.

Sample (n=40)

Ages ranged from 23 to 71 years with a median age of 39.

Most (n=37) identified as gay.

Most (n=32) reported their cultural/ethnic background as White European, one South Asian, two Southeast Asian, and five Northeast Asian.

The sample was highly educated, with 24 having university education.

All but two had access to Medicare.

Most (n=28) accessed their PrEP prescription from a doctor, nine from a sexual health clinic, and three were using pills from a clinical trial. The majority (n=34) accessed pills from a local pharmacy.

All participants initiated PrEP with daily dosing, the majority as part of the EPIC-NSW clinical trial.

32 had discontinued (stopped with no intention to recommence) or suspended (taken brief time off PrEP with intention to recommence) PrEP at least once and 14 had ever switched from daily to on-daily PrEP (mostly event-driven).

Results

Access of PrEP

Most participants were well connected to sexual health services when they used PrEP and attended required appointments free from access barriers.

However, a few described access issues that acted as barriers to PrEP use (Table 1).

Table 1: Barriers to accessing PrEP and effects on use

Barrier	Effect on PrEP use	Example quote
Perceived judgement from a doctor for reducing pill intake to four per week	The participant chose to withhold information about their use of PrEP to their doctor in future appointments	*[Doctor] would ask me about my continuous usage of it, and I'd say, "Sometimes I skipped a day or two and recently I've started taking less pills per week" And then they were very pointed, like, "Well, why are you doing that?" But if I wanna use it a little bit differently, then so be it. But they didn't like that, so I just started lying and told them I took it everyday (55 years)*
Unavailability of appointments	Participants (n=3) involuntarily stopped, chose not to restart, or briefly ran out of PrEP	*I call to make an appointment to get more PrEP and they said they couldn't see me. And they asked me to call back. Then I call back maybe a few days later. And I still couldn't get another appointment, and I was like, "Oh, forget it. I just won't worry about it." They did say they will call me back to confirm an appointment and then they never did (43 years)*
Being refused PrEP by doctors due to perceived unsuitability after disclosing sexual inactivity	The participant had condomless anal intercourse after he was refused PrEP	*I said, "Can I have a prescription anyway?" And they said, "Oh we don't want to give it to you if you're not actually having sex." I must have said to them in the previous three months I hadn't done anything [sexual], and so they didn't want me to actually use it. But then by the next appointment I'd had sex a couple of times without a condom, so I was feeling concerned about that (71 years)*

Continuity of care

While most participants continued to see the same doctor since they had initiated PrEP, some 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.

Participants who moved or travelled interstate, internationally, or regionally described being extra conscious of their PrEP stock. However, a few participants who travelled internationally did run out of stock and were unable to access PrEP-related care while overseas.

Most participants had discontinued PrEP with pills leftover at least once and did not speak to their doctor about discontinuing. Also, most chose to restart their pills before seeing their doctor, but many of those who restarted did not have sex when they took time off PrEP.

Conclusion

These GBM who were 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 interrupting effects it can have on PrEP use.

Current PrEP guidelines recommend GBM see a doctor before recommencing PrEP, but this may be viewed as a barrier to recommencement for GBM who have not had sex they were not using PrEP. Updated guidelines might consider adapting the current recommendation to enable some GBM to recommence PrEP prior to seeing a doctor if they have not engaged in risk.

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