

OVERMEDICALISATION IN HIV CARE

Value of care and possible risks for overmedicalisation among people with HIV: a qualitative study

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BACKGROUND

- Overmedicalisation (OM) is the provision of medical services that are, or have the potential to be, more harmful than beneficial (1)
- OM can manifest as overtesting, overtreatment and overdiagnosis, leading to physical, psychosocial and financial harms
- We aimed to explore patient perspectives of HIV care and possible OM

RESULTS

1. Recognition of OM by participants was uncommon but some participants did acknowledge overtesting and resultant financial and time burdens
2. Driving and braking factors for OM were identified at patient and healthcare provider levels
3. Patient anxiety and desire for action were prominent drivers of OM

Trust and engagement with GP

"I have a long-term relationship with medical people, it's really good because you don't have to explain everything every time and they understand, they've got the background there." (Participant 1)

Health literacy

"If I don't agree with something I will tell him no I don't want to do that. So definitely, I'm the one who is going to receive that medical care and I'm entitled to have my say." (Participant 2)

Brakes

METHODS

- 13 semi-structured interviews were conducted with people living with HIV in Northern NSW over February to March 2022
- Interviews were transcribed and coded in NVivo
- Inductive thematic analysis performed using a constructivist approach
- Latent analysis used to identify participant attitudes and sociocultural factors that could contribute to OM

Patient anxiety

"If I ask for a diagnostic or something because um...there's never a problem to get it [...] whenever I get really anxious about what's going on I go and get buckets of bloods done and what have you." (Participant 1)

Desire for action

"Yeah action, action is good, okay we'll send you off for a scan." (Participant 7)

Poor coordination of care

"I've been asking him for years to send the results [...] to my GP but he's never done it. So I do the [medication] levels twice I do them with the GP as well." (Participant 4)

Increasing multimorbidity of PLWH

"I had bronchitis, a couple years ago, you know the magic words are 'I suffer from HIV', well, into overdrive they go..." (Participant 3)

Drivers

CONCLUSIONS AND IMPLICATIONS

- Patient education may play a critical role in addressing modifiable risk factors for OM such as patient anxiety and desire for action
- Trust and engagement with GPs was varied, but where present could support co-ordinated care with GPs that may reduce OM
- Perspectives from other levels of the healthcare system should be sought to comprehensively describe OM in HIV care

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