

# HIV IN SPECIFIC GROUPS

## HOLISTIC CARE FOR HIV IN UNDERREPRESENTED GROUPS

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Holistic approach to care requires seeking improvements in all aspects of health and considering patients as a whole. Quality communication is needed to help alleviate mental distress, which may not be readily discernible to HCPs.

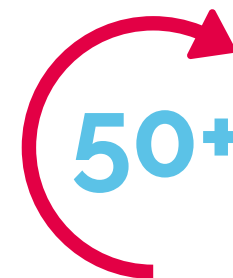
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**Short D** *et al.* Presented at IAC 2020.<sup>1</sup>  
ViiV Healthcare employee

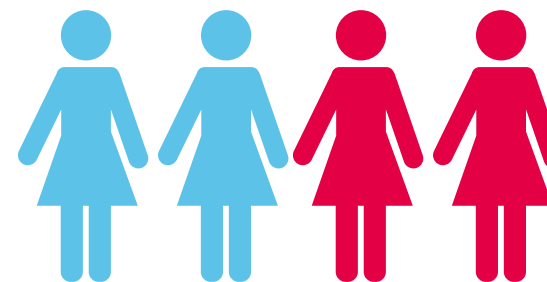


People with HIV are a diverse community that includes multiple underrepresented groups.<sup>2,3</sup> Achieving the fourth go—a good health-related quality of life (HRQoL)—for all people with HIV means **acknowledging the distinct differences in physical, psychological and social health among each subgroup.**<sup>1-6</sup>

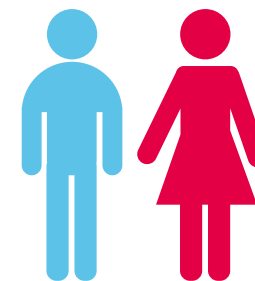
The Positive Perspectives Wave 2 study evaluated **the experiences of specific underrepresented groups of people with HIV, defined by age, gender, or sexual orientation.**<sup>1-6</sup>



People with HIV aged 50 years and older



Women with HIV



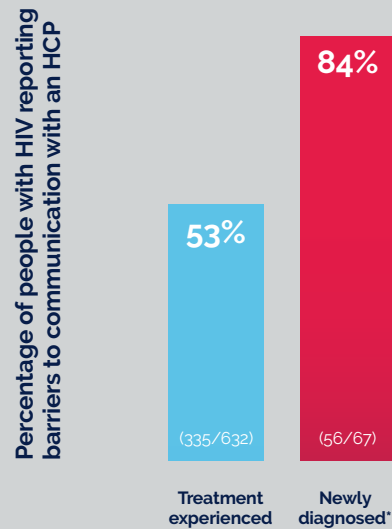
Men who have sex with women

# AGEING WELL WITH HIV



Ageing with HIV typically follows a pattern of increased complexity in care, which can impact health-related quality of life.<sup>7</sup> The Positive Perspectives Wave 2 study found communication issues can impair HIV care in older people with HIV (aged  $\geq 50$  years)—**over half of all older respondents reported barriers to raising concerns with their HCP.**<sup>2</sup>

**Figure 1.** Self-reported barriers to communication with an HCP among treatment-experienced (antiretroviral therapy  $\geq 2$  years) and newly diagnosed (defined as diagnosed from January 2017) people with HIV  $\geq 50$  years old (N=699 /2,389).<sup>2</sup>



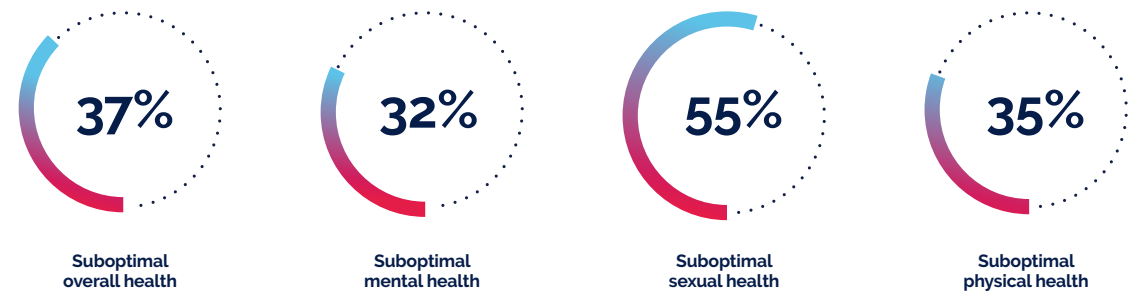
Adapted from Positive Perspectives Study, Wave 2 Results Report.<sup>2</sup>

\*Newly diagnosed in the study was defined as people with HIV who had been diagnosed from January 2017

Self-reported suboptimal health was prominent in the Positive Perspectives Wave 2 study with **23% of older people with HIV (N=699 /2,389) reporting suboptimal health across all four assessed domains: overall, psychological, sexual and physical.**<sup>1</sup>

**Older people with HIV in Australia (N=65 /120) self-reported lower rates of suboptimal health across all domains** than the overall study cohort, but age and sex-adjusted rates were still substantial:

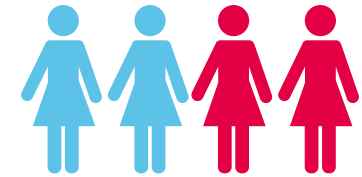
**Figure 2.** Prevalence of self-reported suboptimal health by domain in people with HIV living in Australia and aged  $\geq 50$  years, age and sex-adjusted (N=65/120).<sup>1</sup>



Adapted from Short D *et al.* Presented at IAC 2020<sup>1</sup>

**Positive Perspectives Wave 2 showed that older people with HIV have evolving priorities in their HIV care.**<sup>2</sup> Open discussions with HCPs may be helpful to addressing changing needs and specific concerns.<sup>2</sup>

# WOMEN WITH HIV



The Positive Perspectives Wave 2 study examined gender-based differences in perceptions of HIV care among women with HIV (N=571 /2,112) and men with HIV, and highlighted specific concerns among women with HIV.<sup>2,4</sup>

Globally, women with HIV were significantly more likely to report suboptimal overall and physical health, being virally non-suppressed, and experiencing treatment dissatisfaction.<sup>2,4</sup>

**Figure 3.** Self-reported health outcomes among women with HIV and men with HIV (N=2,112).<sup>2,4\*</sup>

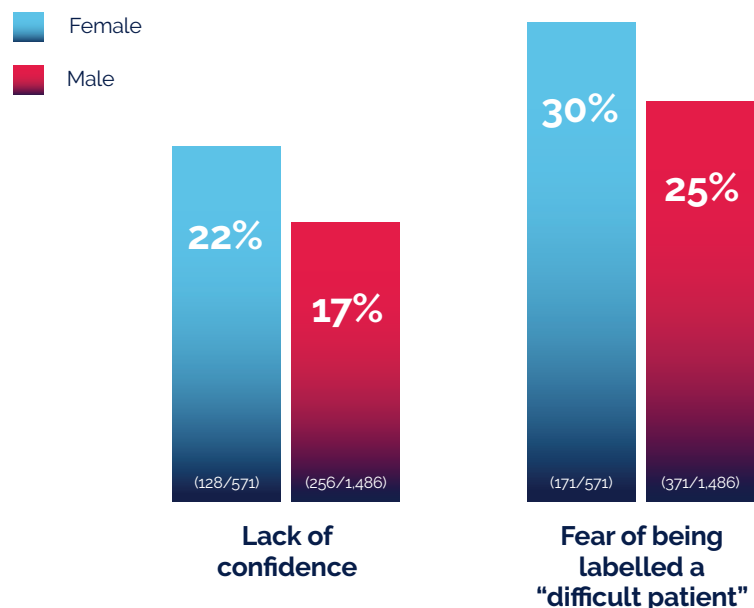


Adapted from Positive Perspectives Study, Wave 2 Results Report.<sup>2</sup> and Okoli C. Presented at International Workshop on HIV & Women 2020.<sup>4</sup>

\*Total number of participants is 2,112 as the figures were calculated before the inclusion of additional data from Russia and South Africa.

Women with HIV experienced different barriers to communicating with their HCP than did men with HIV—a **significantly higher proportion of women were uncomfortable discussing concerns around treatment due to confidence and the perception of being labelled 'difficult'.<sup>2</sup>**

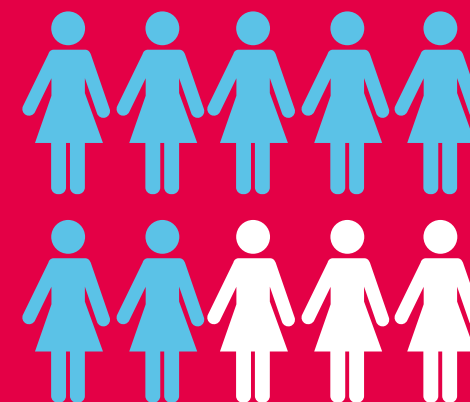
**Figure 4.** Communication barriers among women and men with HIV.<sup>2</sup>



Adapted from Positive Perspectives Study, Wave 2 Results Report.<sup>2</sup>

Importantly, results from the Positive Perspectives Wave 2 study showed that **women with HIV who had high engagement with their HCP had significantly improved self-reported health outcomes** compared to women with low engagement.<sup>4</sup>

The data from Positive Perspectives Wave 2 **reaffirms the need for increased communication** between women with HIV and their HCPs.<sup>2,4</sup>

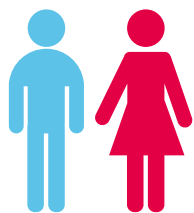


69% (393/571) of women with HIV in the global cohort wanted to be more involved with their HIV care<sup>2,4</sup>

## MEN WITH HIV WHO HAVE SEX WITH WOMEN

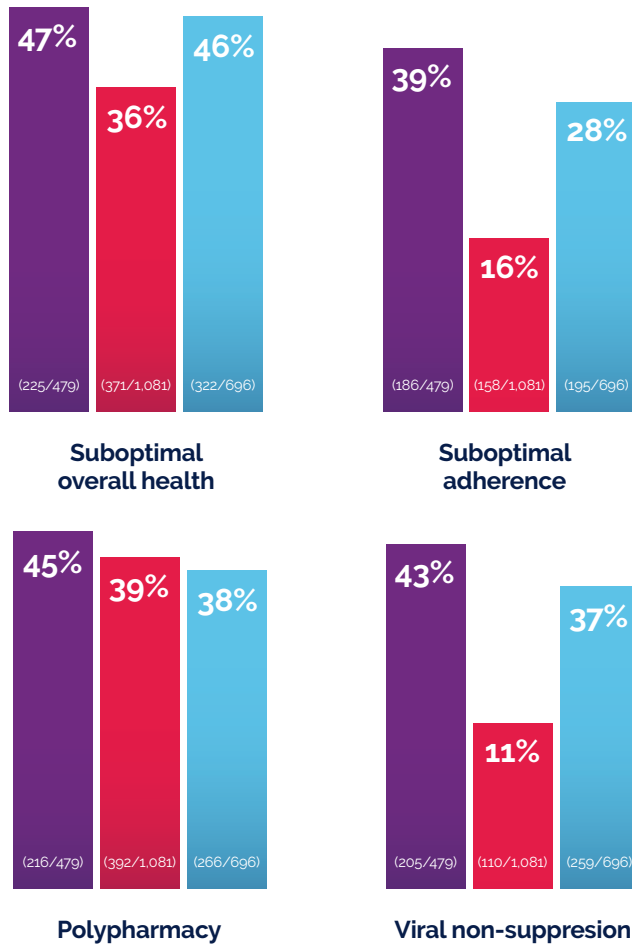
Results from the Positive Perspectives Wave 2 study showed that **men with HIV who have sex with women accounted for 20% (479/2,389) of the global cohort** and had a distinct set of experiences with the potential to impact treatment.<sup>2,6</sup>

**Men with HIV who have sex with women (N=479) were found to have the greatest unmet needs** in Positive Perspectives Wave 2, compared with men with HIV who have sex with men (N=1,018), and women with HIV (N=696).<sup>2,6</sup>



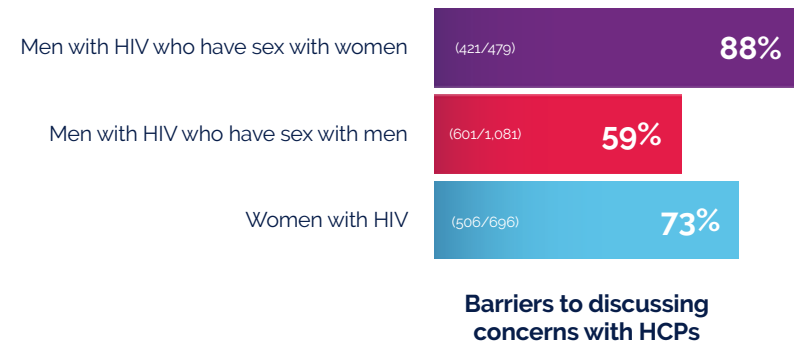
**Figure 5.** Comparison of health outcomes among men with HIV who have sex with women, men with HIV who have sex with men, and women with HIV.<sup>2</sup>

■ Men with HIV who have sex with women
 ■ Men with HIV who have sex with men
 ■ Women with HIV



All  $p < 0.05$ .  
Adapted from Positive Perspectives Study, Wave 2 Results Report.<sup>2</sup>

**Figure 6.** Prevalence of self-reported communication barriers to discussing health with an HCP by gender and sexual orientation.<sup>2</sup>



All  $p < 0.001$ .  
Adapted from Positive Perspectives Study, Wave 2 Results Report<sup>2</sup> and Okoli C, et al. Presented at HIV Drug Therapy Glasgow 2020.<sup>6</sup>

**Men with HIV who have sex with women reported the greatest unmet need in Positive Perspectives Wave 2. Acknowledging these differences and implementing targeted approaches to address specific concerns may help reduce these disparities.<sup>2,6</sup>**



# MINIMISING BARRIERS TO COMMUNICATION

One method that can be used to **implement more holistic approaches to care for people with HIV** is to include a measure of HRQoL, such as the PozQoL scale. **Tools like PozQoL provide a validated means to measure the HRQoL of people with HIV.** Using a patient-reported outcomes measure of HRQoL, such as PozQoL, can **help both people with HIV and their HCPs to achieve a patient-centred level of care and can promote open and active dialogue.**<sup>8</sup>

To learn more about PozQoL and how it is used in clinical practice, head over to the PozQoL section of the site.

See how the PozQoL clinical tool can help improve engagement between HCPs and people with HIV

[Read more](#)

## References:

**1.** Short D *et al.* Clinical and sociodemographic characteristics associated with poor self-rated health across multiple domains among older adults living with HIV. Presented at the 23rd International AIDS Conference, July 6–8 2020; Virtual. **2.** ViiV Healthcare. Positive Perspectives Study, Wave 2 Results Report. June 2021. **3.** Allan B *et al.* *Popul Med* 2021; 31: 1–14. **4.** Okoli C *et al.* Treatment experiences, perceptions towards sexual intimacy and child-bearing, and empowered decision making in care among women living with HIV. Presented at the 10th International Workshop on HIV & Women, Boston, MA, March 6–7, 2020. **5.** Short D *et al.* Understanding the changing treatment concerns of older people living with HIV and difficulties with patient-provider communication. Presented at the 23rd International AIDS Conference, July 6–10, 2020; Virtual. **6.** Okoli C *et al.* "What about me?" The unmet needs of men who have sex with women and differences in HIV treatment, experiences, perceptions, and behaviours by gender and sexual orientation in 25 countries. Poster P016 Presented at HIV Drug Therapy Glasgow 2020, October 5–8 2020; Virtual. **7.** Althoff KN *et al.* *Curr Opin HIV AIDS.* 2016; 11: 527–36. **8.** Lazarus JV *et al.* *Nat Commun.* 2021; 12(1): 4450.

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This study could not have been completed without people living with HIV who have generously shared their time, experiences, and bodies, for the purposes of this research. Much of the fight against HIV and AIDS relies upon people living with HIV continuing to put themselves forward and this research and our fight against HIV and AIDS is indebted to those past and present.

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