

# **OPEN AND ACTIVE DIALOGUE**

## OPEN AND ACTIVE DIALOGUE FOR A HOLISTIC APPROACH TO HIV CARE

“

To continue to identify and address unmet treatment needs among [people with HIV], [healthcare] providers need to ensure that there is ongoing open dialogue. ”

**Okoli C** *et al.* 2021<sup>1</sup>

ViiV Healthcare employee



As HIV care has come to meet the treatment targets of the UNAIDS 90-90-90 initiative, there is **expanding recognition that the standard of care now encompasses the fourth 90—a good health-related quality of life** (HRQoL).<sup>2</sup> Satisfying this target requires a holistic approach to HIV care, including improvements in physical, emotional, and psychological wellbeing.<sup>3</sup>

Evidence from the Positive Perspectives Wave 2 Study, an international, cross-sectional survey of 2,389 people with HIV, **reasserts the importance of HRQoL and a holistic approach to HIV care.**<sup>1,4</sup>

**Unmet care needs were present in the Australian cohort**

**(n=120):** although reported viral suppression (96.7%; 116/120) and treatment satisfaction (83.3%; 100/120) were high, suboptimal mental health (35%; 42/120) and the perception of HIV management gaps (42.5%; 51/120) were prominent.<sup>5</sup>

The global results from Positive Perspectives Wave 2 showed that **maintaining high levels of engagement between people with HIV and their healthcare providers (HCPs)** is an important facet of HIV care, which can impact HRQoL.<sup>1,4</sup> Poor quality of life can affect treatment adherence and lead to non-retention in care.<sup>1,4</sup>

**Engaging people with HIV to be partners in their care may help to improve HRQoL.**<sup>1</sup> Open and active dialogue and shared decision-making between people with HIV and their treatment providers has the potential to **empower people with HIV and facilitate discussions about their priorities and concerns.**<sup>3,6</sup>

### Fostering open and active discussion

PozQoL is an Australian-developed and validated HIV quality of life scale that can be used to facilitate dialogue and help service providers achieve improved health outcomes.<sup>7,8</sup>

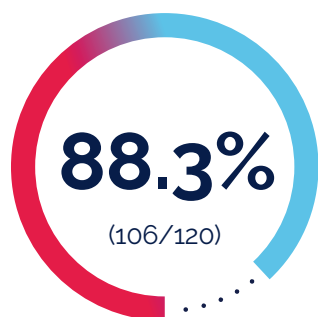
See how PozQoL can be used in day-to-day practice

[Read more](#)

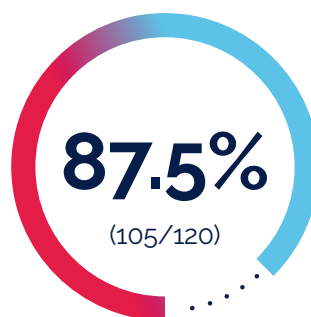


## SHARED DECISION-MAKING AND FAVOURABLE HEALTH OUTCOMES

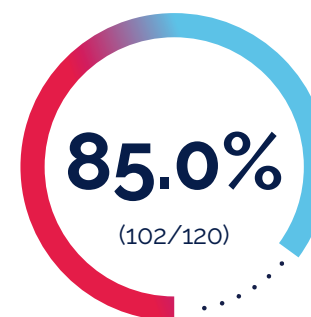
In the Australian cohort of Positive Perspectives Wave 2, people with HIV understood their treatment well. Three markers of knowledge in Australia were the highest across all study countries:<sup>5</sup>



were aware of the  
number of medicines  
in their antiretroviral  
(ART) regimen



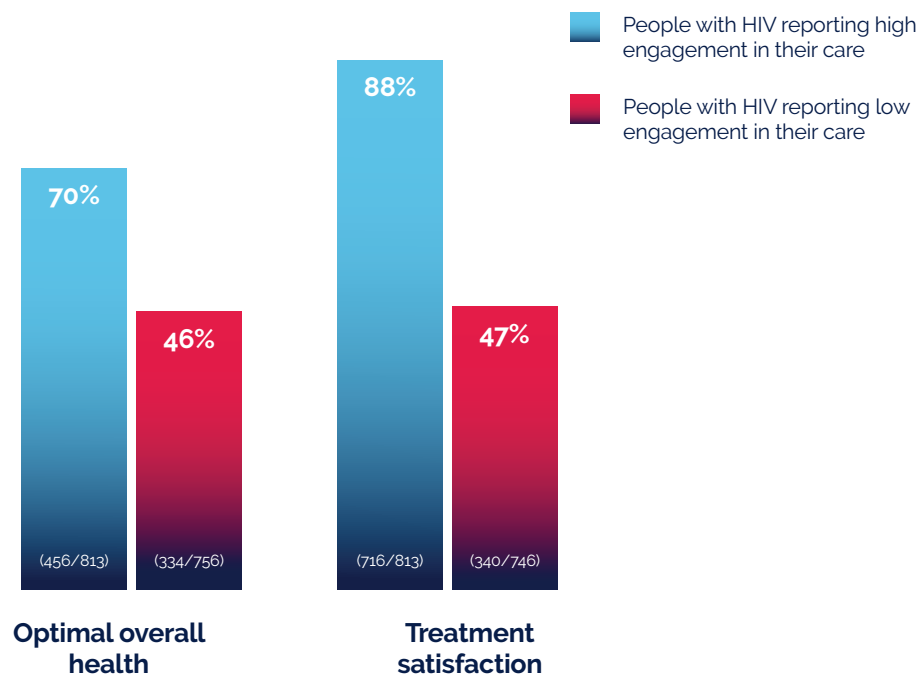
were confident to report:  
'I understand enough  
about my HIV treatment'



reported their HCP  
gave them 'enough  
information' to be involved  
in making decisions

Globally, evidence from the Positive Perspectives Wave 2 Study showed that **a high level of engagement in care was associated with favourable health outcomes**.<sup>1,4</sup> Conversely, people with HIV reporting moderate and low engagement had significant associations with reporting suboptimal mental, physical, cognitive and behavioural health outcomes (all  $p < 0.05$ ).<sup>1</sup>

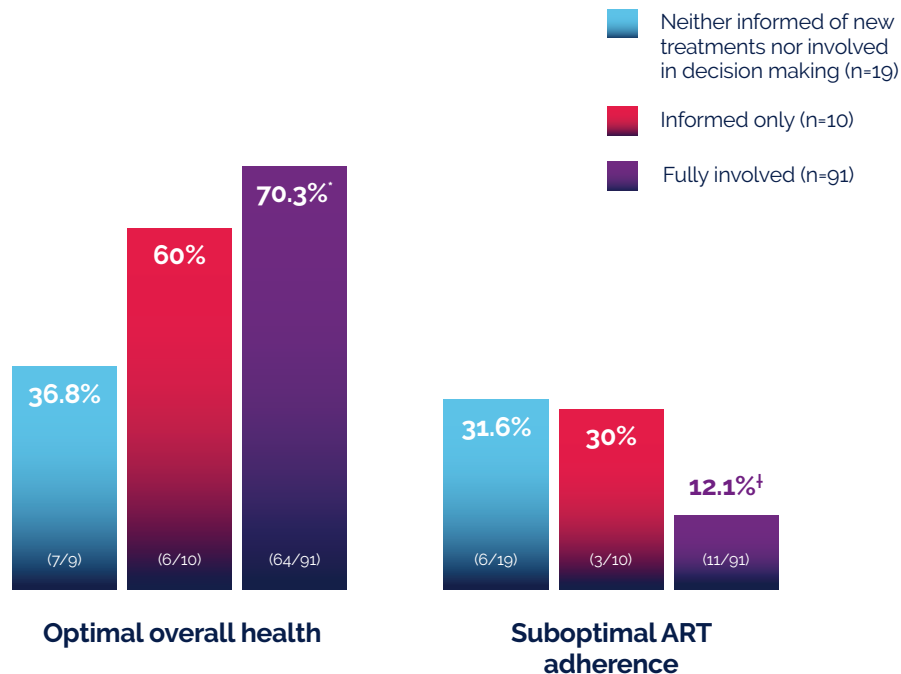
**Figure 1.** Global rates of self-reported health outcomes among people with HIV by level of self-reported engagement with an HCP.



Adapted from Positive Perspectives Study, Wave 2 Results Report.<sup>6</sup>

**This positive association between involvement and favourable health outcomes was reflected in the Australian cohort.** People with HIV who were both informed of new treatments and involved in decision making in their HIV care reported significantly higher rates of health outcomes than participants who were neither involved nor informed.<sup>5</sup>

**Figure 2.** Prevalence of health-related, self-reported outcomes among people with HIV in Australia (N=120).



\*Prevalence among those fully involved was significantly higher compared to those who were neither informed of new treatments nor involved in decision making;  $p < 0.05$ , adjusted for age and gender.

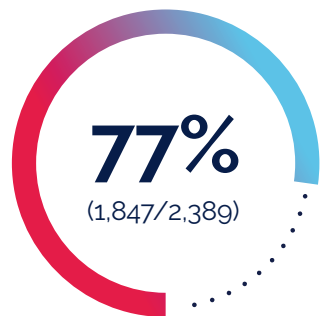
†Prevalence among those fully involved significantly higher compared to those who were only informed of new treatments;  $p < 0.05$ , adjusted for age and gender.

Adapted from Allan B *et al.* 2020.<sup>5</sup>



## BARRIERS TO OPEN AND ACTIVE DIALOGUE

While high levels of engagement between people with HIV and their HCPs appear to promote improved health outcomes, **there can be barriers to communication and fostering this engagement.**<sup>6</sup> Results from the Positive Perspectives Wave 2 study show that a substantial proportion of **people with HIV report at least one issue they felt uncomfortable discussing with their HCP.**<sup>4</sup>



**of people with HIV**

**reported ≥1 issue they felt uncomfortable discussing with their HCPs<sup>4</sup>**

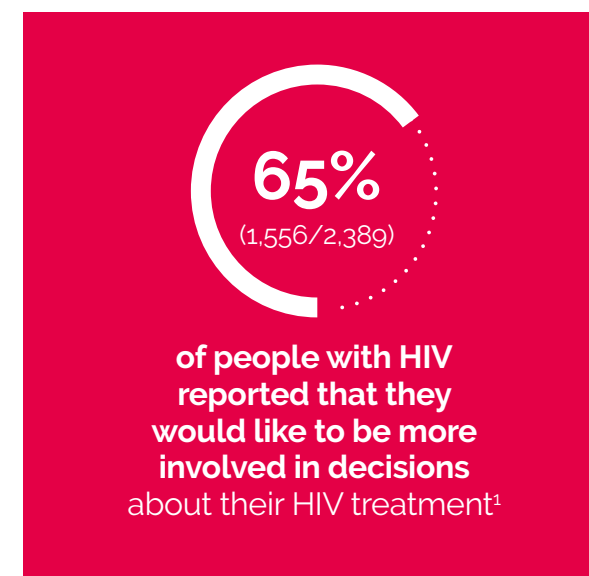
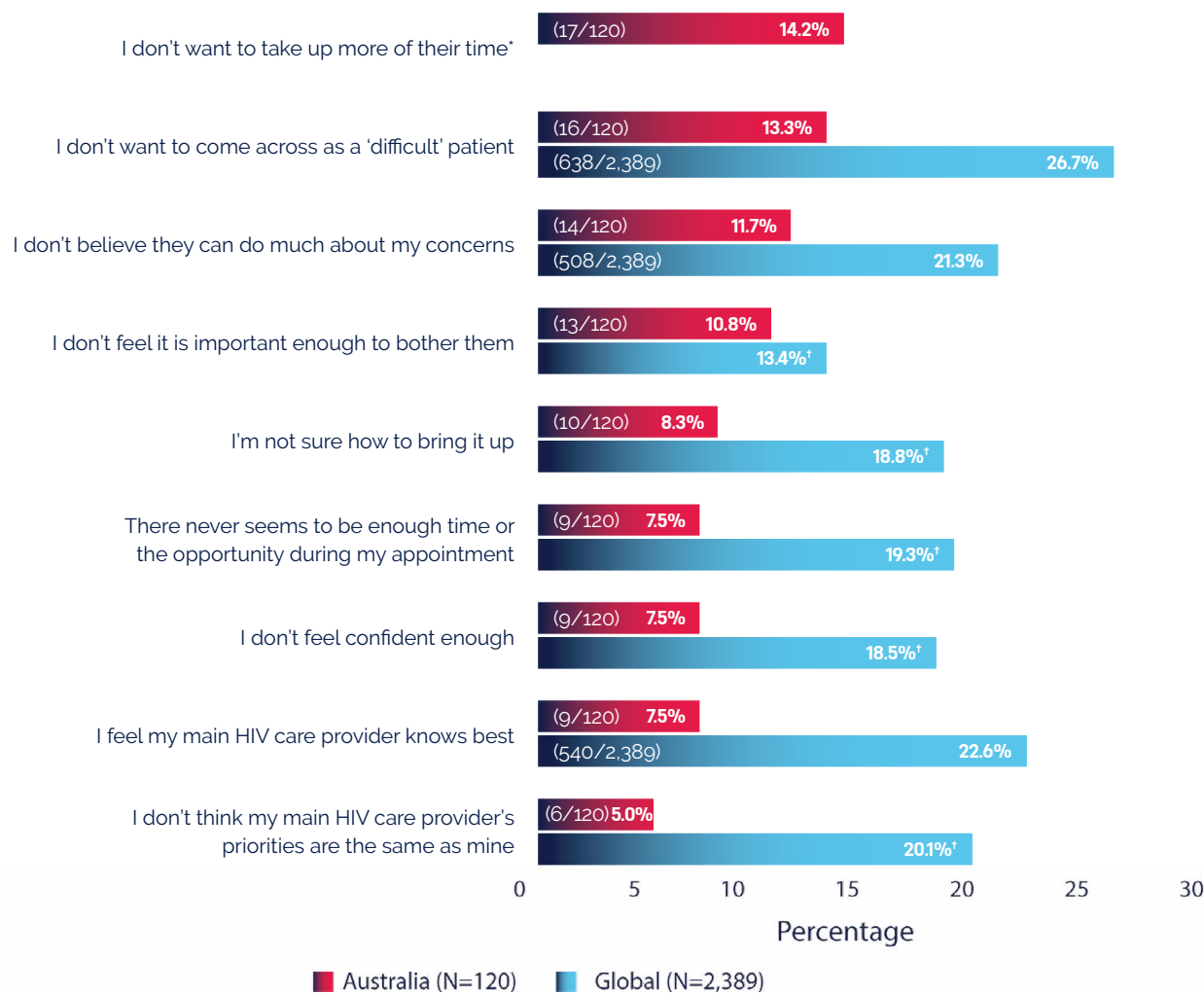
**The need for open and active dialogue between HCPs and people with HIV** clearly exists and is supported by findings from the Positive Perspectives Wave 2 study, which demonstrated that **high levels of engagement with HCPs were associated with significantly better self-reported health outcomes.**<sup>1,6</sup>

HCPs can help **facilitate open and active dialogue by using tools, such as PozQoL, to assist with communication,** and asking more holistic questions.<sup>1,3,6</sup>



To start with, HCPs can identify the barriers to communication that people with HIV perceive, and **proactively engage in discussion around these concerns**. The top concerns reported by people with HIV in the Positive Perspectives Wave 2 study were:<sup>1,5</sup>

**Figure 3.** Perceived HCP communication barriers reported by people with HIV in Australia (N=120) and globally (N=2,389).



\*Response not reported for global cohort. †Number of respondents not reported.  
Adapted from Allan B *et al.* 2021<sup>5</sup> and Okoli C *et al.* 2021.<sup>1</sup>



# MINIMISING BARRIERS TO COMMUNICATION

In addition to **being aware of barriers to communication with people with HIV**, HCPs should actively seek ways to increase quality engagement.<sup>1</sup> This may include **actively engaging people with HIV in shared decision making**, educating people with HIV on new treatment options, and discussing the concerns and aspirations of people with HIV.<sup>1,5,6</sup>

HCPs can **actively foster communication with people with HIV** by using tools such as the PozQoL scale, which provide a validated measure of QoL. Using a patient-reported outcome measure of QoL, such as PozQoL, **can help people with HIV and their HCPs achieve a patient-centred level of care and may 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 scale can be used to help foster open and active dialogue between HCPs and people with HIV

Read more

## References:

1. Okoli C *et al.* *AIDS Behav.* 2021; 25(5): 1384–95 and supplementary. 2. Lazarus JV *et al.* *BMC Med.* 2016; 14(1): 94. 3. Lazarus JV *et al.* *Nat Commun.* 2021; 12(1): 4450. 4. Okoli C *et al.* Putting the heart back into HART: Greater HCP-patient engagement is associated with better health outcomes among persons living with HIV (PLHIV) on treatment. Presented at IAC 2020, July 6–10; Virtual. 5. Allan B *et al.* *Popul Med.* 2021; 31: 1–14. 6. ViiV Healthcare. Positive Perspectives Study, Wave 2 Results Report. June 2021. 7. Brown G *et al.* *BMC Public Health.* 2018; 18(1): 527. 8. PozQoL. About PozQoL available at <https://www.pozqol.org/about-pozqol/> Accessed October 2021.

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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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