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Suboptimal Adherence and Health Concerns in People With HIV Taking Antiretroviral Treatment in Italy: Results From the Positive Perspectives 3 Study

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Key Takeaways

- **In the third wave of the Positive Perspectives study (PP3), people with HIV taking antiretroviral therapy (ART) living in Italy reported high rates of virologic suppression, yet nearly half reported suboptimal adherence, which was significantly associated with female sex assigned at birth and delayed treatment initiation**
- **While most participants trusted their healthcare providers, many still reported fair-to-poor health and identified room for improvement in their care and treatment regimens, suggesting unmet needs that may impact adherence and long-term outcomes in Italy**

Introduction

- While the 95-95-95 target remains central to ending the HIV epidemic,[1] improvement in quality of life (QoL), also called the "fourth 90," has also been recognised as key to driving sustained viral suppression and supporting the end of the epidemic[2]
  - Patient-reported outcomes are essential subjective measures towards understanding the unmet needs and adherence challenges that may drive disruptions in care[3]
  - QoL and individual needs of people with HIV are crucial contributors to antiretroviral therapy (ART) adherence, directly impacting clinical and health outcomes[4]
- In Italy, despite strong progress reported in 2024 (care continuum: 95-94-93),[5] approximately 2300 new infections were reported that year[6] indicating that gaps continue to persist
  - Therapeutic innovations, such as long-acting injectables, may alleviate this gap
- The Positive Perspectives study is a global, cross-sectional survey co-created with community representatives to capture the experiences of >2000 people living with HIV[7]
  - The third wave of the study (PP3) expands on previous research[8] by delving deeper into lived experiences, including adolescents and patient organisation personnel, and increasing the representation of trans and gender-diverse people, older individuals, and women, across broader geographic areas
- Here, we present an analysis from PP3 that aims to characterise adherence, health and treatment perceptions, and healthcare experiences among people with HIV living in Italy to identify factors associated with suboptimal adherence

Methods

- The Positive Perspectives 3 (PP3) study consisted of an anonymous, cross-sectional survey of people living with HIV on ART; this analysis explored specific needs of people living in Italy
  - Participants were recruited via HIV clinics and patient support groups
- Self-reported survey data on treatment adherence, treatment satisfaction, and health status from adults with HIV receiving ART were evaluated
  - Suboptimal treatment adherence was defined as self-reporting any non-adherence behaviour (a mistaken or intentional missed dose, not following prescription instructions, or taking extra medication) as occurring often, sometimes, or always
- Descriptive data were summarised with percentages, and Firth's bias-reduced logistic regression analysis was used to estimate odds ratios (ORs)

Results

Baseline Demographics and Current ART Regimens

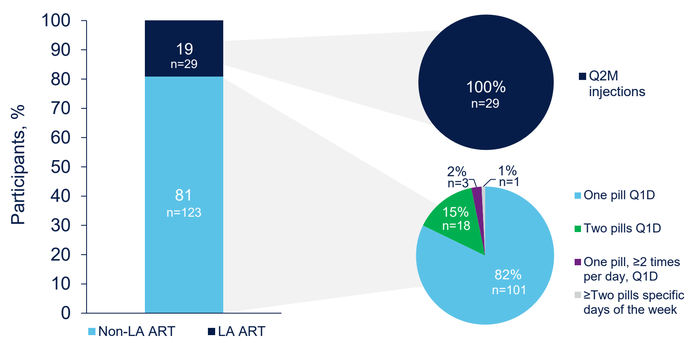
- Among a total of 152 participants living in Italy, 73% (111/152) were of male sex at birth, and median (range) age was 55 (29-77) years (Table 1)

Table 1. Baseline Demographics

	Participants (N=152)
Male sex at birth, n (%)	111 (73)
Male gender, n (%)	110 (72)
Median (range) age, y	55 (29-77)
Sexual orientation, n (%)	
Gay	72 (47)
Heterosexual	55 (36)
Bisexual	17 (11)
Lesbian	2 (1)
Pansexual	2 (1)
Prefer not to answer	4 (3)
Time from HIV diagnosis to medication start, n (%)	
≤6 months	85 (56)
6 months to ≤5 years	28 (18)
>5 years	23 (15)
Do not know/cannot remember	16 (11)

- Almost all (93%; 142/152) participants reported being virologically suppressed, as described by their healthcare provider
- Treatment regimens reported consisted of 19% (29/152) of participants taking long-acting (LA) ART, and 81% (123/152) taking non-LA ART (Figure 1)
  - Among individuals on non-LA ART, 82% (101/123) were on daily oral 1-pill regimens, while 15% (18/123) were on daily 2-pill regimens

Figure 1. Current ART Regimens (N=152)

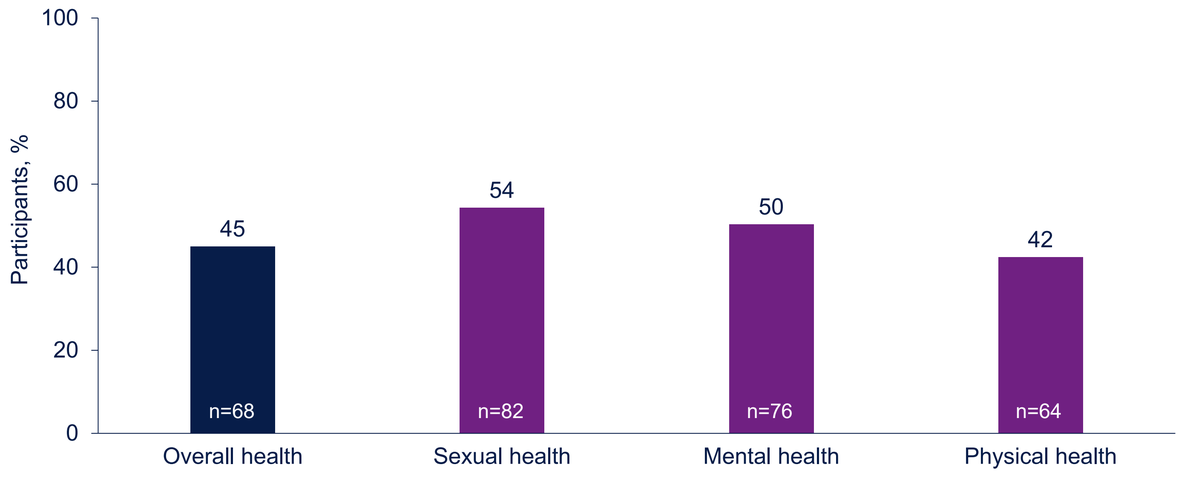


Q1D, every day; Q2M, every two months.

Participant Perceptions of Health and Current ART Regimens

- Despite most participants indicating they were virally suppressed, a high proportion of participants self-reported their health was "fair," "poor," or "very poor" across several domains (Figure 2)

Figure 2. Proportion of Participants Reporting "Fair," "Poor," or "Very Poor" Health (N=151)

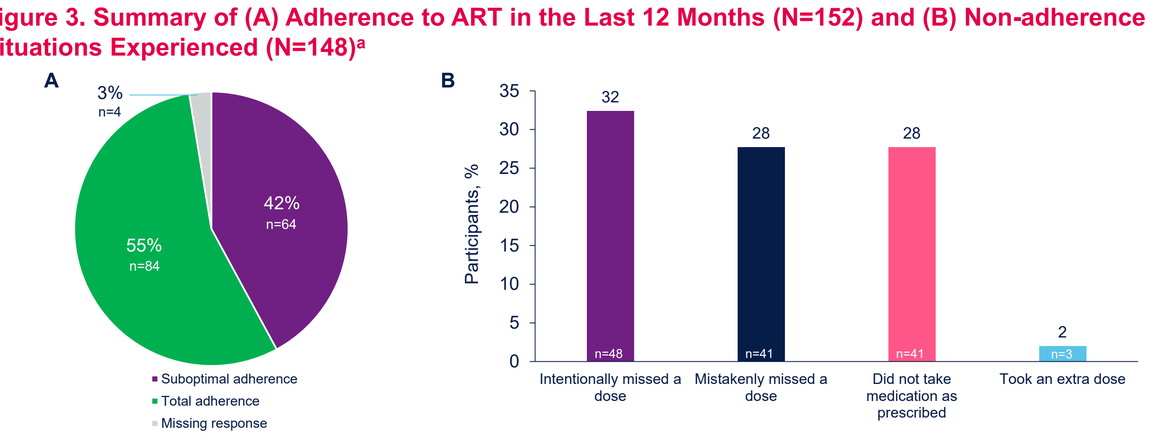


- Though most participants (89%; 132/149) reported satisfaction with their current ART medication, over half (56%, 83/149) agreed that their current medication regimen could be improved, and 28% (42/149) were neutral or expressed disagreement when asked if they would like to continue their current medication regimen
- Furthermore, most participants (76%, 113/149) were worried about forgetting or missing their medication

Adherence to ART

- Almost half (42%; 64/152) of all participants reported suboptimal treatment adherence in the last 12 months (Figure 3A)
  - All participants with suboptimal treatment adherence used non-LA ART
- Frequent non-adherence situations experienced among all participants included intentionally missing doses (32%; 48/148), mistakenly missing doses (28%; 41/148), and not following prescription instructions (28%; 41/148; Figure 3B)

Figure 3. Summary of (A) Adherence to ART in the Last 12 Months (N=152) and (B) Non-adherence Situations Experienced (N=148)[a]



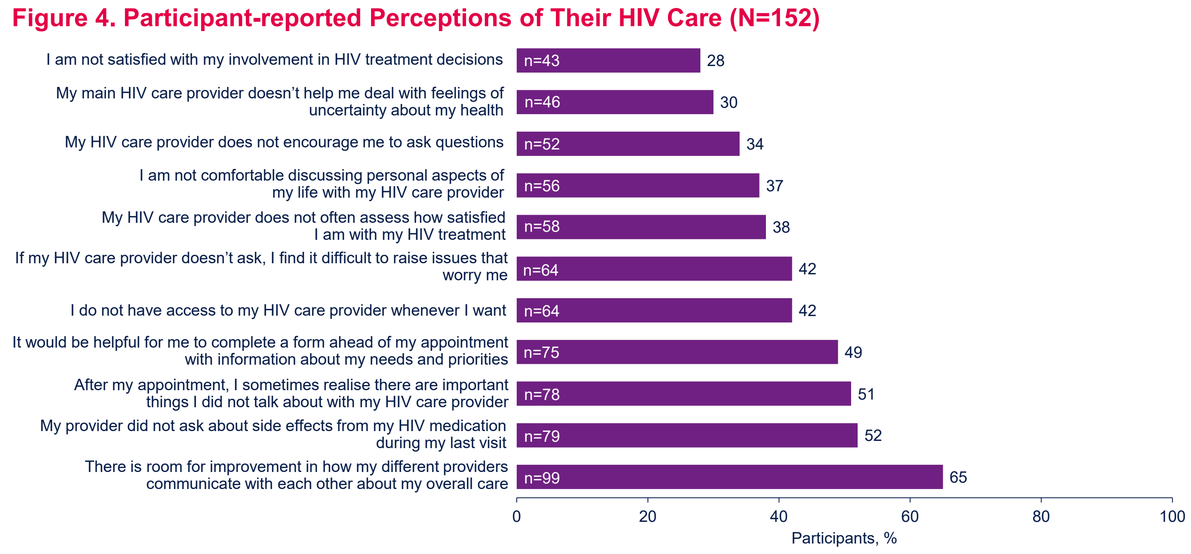
[a]This analysis includes questionnaire respondents who were on LA ART (n=29) and non-LA ART (n=123 in [A] and n=119 in [B]); however, no participants on LA ART reported non-adherence.

- In logistic regression analyses, participants were more likely to report suboptimal adherence if they were on a non-LA regimen (LA ART vs non-LA ART, OR=0.04; $P<0.001$) or had a period of >5 years between HIV diagnosis and treatment initiation (≤1 month vs >5 years, OR=0.08; $P<0.001$)

Engagement in Care and With Healthcare Providers

- While most participants (72%; 109/152) trusted their main HIV healthcare provider to meet their health needs, many participants identified areas of improvement or need in their care (Figure 4)

Figure 4. Participant-reported Perceptions of Their HIV Care (N=152)



Conclusions

- Though participants in Italy reported a suppressed viral load when surveyed, nearly half had suboptimal adherence in the last 12 months with most missing their doses intentionally; a significantly higher likelihood of non-adherence was found among those currently taking non-LA ART or those with treatment delays >5 years after diagnosis
- Participant responses highlighted poor health, the need for improved HIV treatment regimens, and improved HIV care as important issues to address during care of people with HIV living in Italy, suggesting that addressing these unmet needs may improve adherence and long-term health outcomes

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