Patient attitudes to HIV testing

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Patients and testing

- Testing acceptability when offered
- Why don’t people test?
- How can we encourage them?
Patient acceptability: in-patients

- CHAN, BHIVA 2010 #296
- 84/101 in-patients accepted test when offered
- 17 declined: 3 already HIV+
- Reasons for declining test:
  - I don’t like blood tests
  - It would be too much to cope with
  - It’s a stigma and a death sentence
  - I have the same husband as I did when I was tested during my pregnancy
  - I’ll do it if it’s routine, even though I don’t really need one
Patient acceptability: GUM

- Crowe G, BHIVA 2010
- 5 GUM clinics in Essex, 500 men 500 women
- 82% accepted test of whom 3 (1/270) was HIV+
- Reasons for decline:
  - 34 Tested negative in last 3 months or were within window period of reported risk
  - 28 needle phobia
  - 28 "I haven’t been at risk" (NB having an STI is a risk factor for HIV independent of reported behaviour)
  - NB 30 patients from SS Africa seen, 73% accepted test, 3 had HIV

Patient acceptability: GP

- Wasef, BHIVA 2010
- GP practices, Blackpool
- All GP staff attended training in HIV info/counselling
- Patients informed of HIV testing initiative
- Questionnaire: 475 responses, 1/3 men 2/3 women
- 31% had accepted test, 68% hadn’t
- By far the most common reason was “not at risk” (77%)
Why don’t people test?

The undiagnosed undiagnosed

- HPA anonymous testing survey: 94% of gay men who attend GUM clinics take test when offered
- But 1.5% of total have undiagnosed HIV and still have it undiagnosed after checkup
- Why?
  - Are actually HIV+ and concealing it?
  - Mistaken beliefs about window period?
  - Think a recent (< 1 year ago) test = negative?
  - Are actively avoiding testing?
Gay men’s sexual health survey, 2002*

- MRC social and public health sciences unit
- N = 1734
- 46% had not tested
- ‘Not at risk’ 45%
- I know I don’t have it 36%
- I’m too scared/don’t want to know 28%

From Hart G, *Why do some patients refuse HIV testing? BHIVA*

Mistaken status beliefs

- Williamson AIDS 2008:
- Multi-city survey of gay men
- 33%-48% with HIV undiagnosed
- 62% undiagnosed thought they were negative
- Elford STDs 34 2007
- Of 75 gay men who were undiagnosed
- 66% thought they were negative
- 11 reported a known risk, i.e. sdUAI
- 11 reported ‘false concordant’ UAI, i.e. had had UAI with a negative partner
HCWs and patients may share false beliefs

- Munro STIs 2008, 238 GUM clinics
- All patients offered test on 1st appointment, 60% for subsequent
- Patients less likely to be offered test if acute STI than routine checkup
  - Even though an acute STI is a risk factor for HIV independent of reported risks
- Reasons for not testing:
  - 39% had a test <3 months before
  - 23% 'window period'
  - 23% 'not at risk'
  - 11% anxiety
  - 9% deferral

Africans and testing

- Bassline survey, Dodds 2009
- 69% ‘not at risk’
- 42% thought HIV ➔ deportation
- 19% not aware of treatments
- 16% thought HIV = symptomatic
- 12% not aware of test
Reasons for not testing

- Qualitative interviews – RHIVA survey
- Consequences
- Stigma

“Not at risk”

Could mean:
- I haven’t been at risk
- I don’t know about HIV risks
- I think HIV = symptomatic
- I haven’t taken risks but I don’t know my partner has
- I think one negative test is enough
- I don’t want to think about risks I have taken
- There’s too much else going on to think about HIV
How can we encourage patients to test?

1. Address false beliefs about
   - Prevalence
   - Window period
   - Reliability of recent negative test if has STIs
   - Consequences

2. Make it routine
   - Anxiety of waiting
   - Stigma of GUM clinic
   - Testing culture: community testing etc?
Addressing anxiety

- Only the stigmatised can address stigma, but...
- Address fears of discrimination
- Refer to pre-test counselling *if indicated*, e.g. scared of disclosing to partner
- Don’t take ‘not at risk’ at face value
- Make it less scary to test than not to test
  - Eg recent UK CHIC life expectancy study (May, Glasgow 2010)
  - HIV+ still have 13 years lower life expectancy
  - But only three years lower in those tested at CD4s >200
  - And no lower in last two years if CD4s stay over 200

Prevention paradox

- Some well-intentioned prevention campaigns may make it scarier to test
- ‘Russian roulette’: HIV is to be feared ⇒ people with HIV are to be feared
- ‘HIV is to be feared’ ⇒ HIV is manageable
- People can’t turn on a sixpence
Gus (and band), 1985

1 December 2010 • BHIVA WAD testing conference

Testing as a positive life choice

- Paul, 1961-1990
- I tested for all the ‘wrong’ reasons
- I wanted to be with someone who was already HIV+
- I wanted to have unprotected sex with him
- Have we allowed HIV to signify stigma and isolation when it can mean love and a sense of community?

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