

Pre-exposure prophylaxis (PrEP)- review of current clinical practice

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Background

- PrEP has been shown to reduce HIV transmission risk by 86%.
- We have been providing and managing PrEP in our service since July 2017.
- It is important to monitor PrEP for any related issues.
- 2018 PrEP guidelines recommend PrEP for:
 - HIV negative men who have sex with men (MSM) having condomless anal sex in the previous 6 months and ongoing.
 - Trans women having condomless anal sex in the previous 6 months and ongoing.
 - Those with a HIV positive partner not on antiretrovirals or for less than 6 months with a viral load of >200 copies/ml.
 - Those with high risk factors for HIV on a case by case basis¹.

Aim

- To review our current clinical practice of PrEP.

Figure 1: PrEP



Methods

- A retrospective review of 156 PrEP patients prescribed PrEP from July 2017 to beginning of February 2019 was performed.
- The reason for starting PrEP, whether they had any sexually transmitted infections (STIs) when they first attended clinic, whether they had any STIs whilst taking PrEP and whether they had to stop PrEP for any reason was recorded.

Results

Table 1: Patient characteristics and reason for starting PrEP

Characteristics	Percentage
Total number of patients: 156	
Age range: 18-59	
Reason for starting PrEP:	
Men who have sex with men (MSM)- condomless anal sex in previous 6 months	98%
Trans woman having condomless anal sex in the previous 6 months	1%
Partner from high prevalence area	1%

Figure 2: Percentage of patients with a STI at first PrEP clinic attendance

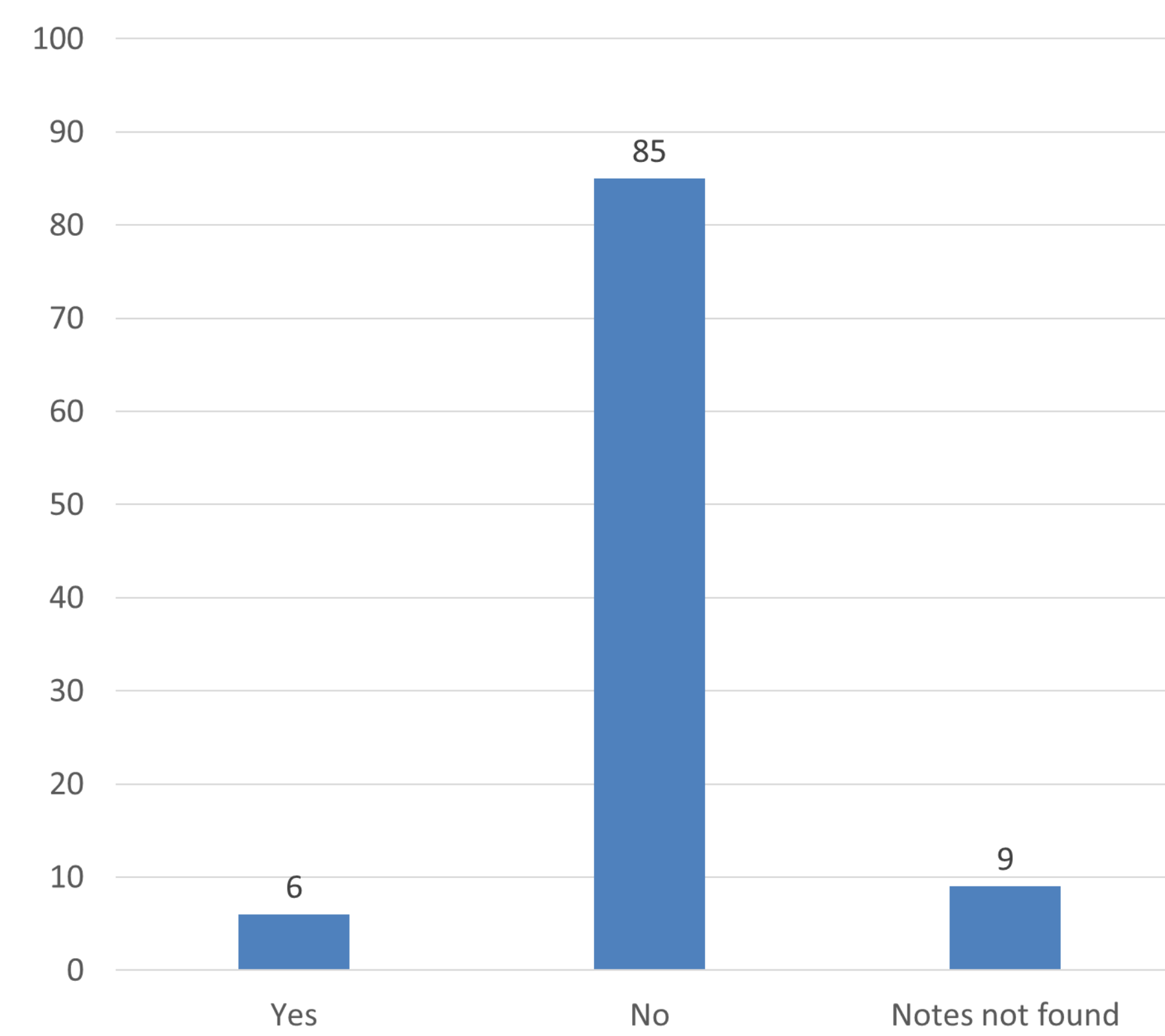


Figure 3: Percentage of what type of STI in those who had STIs at first PrEP clinic attendance

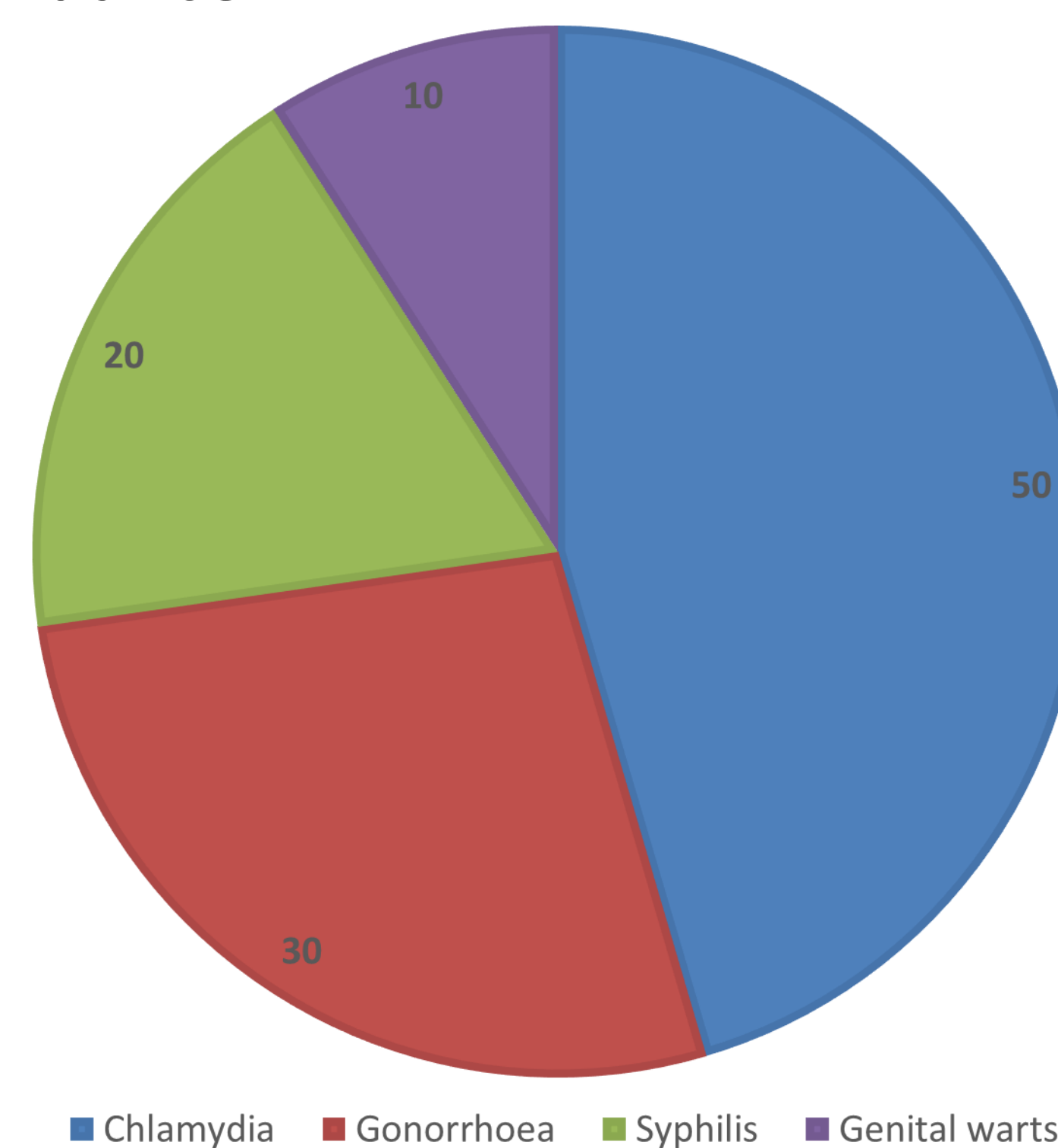
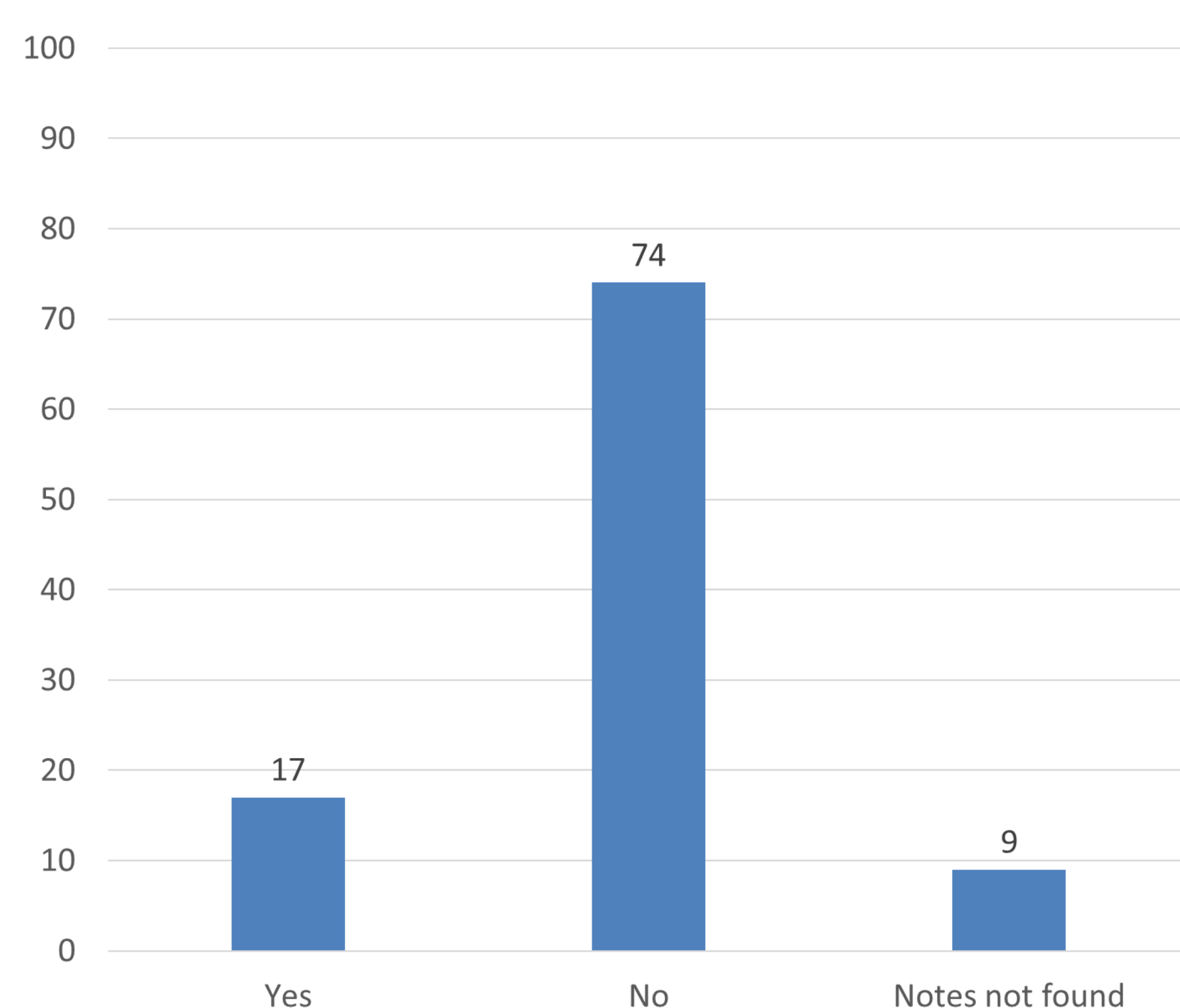
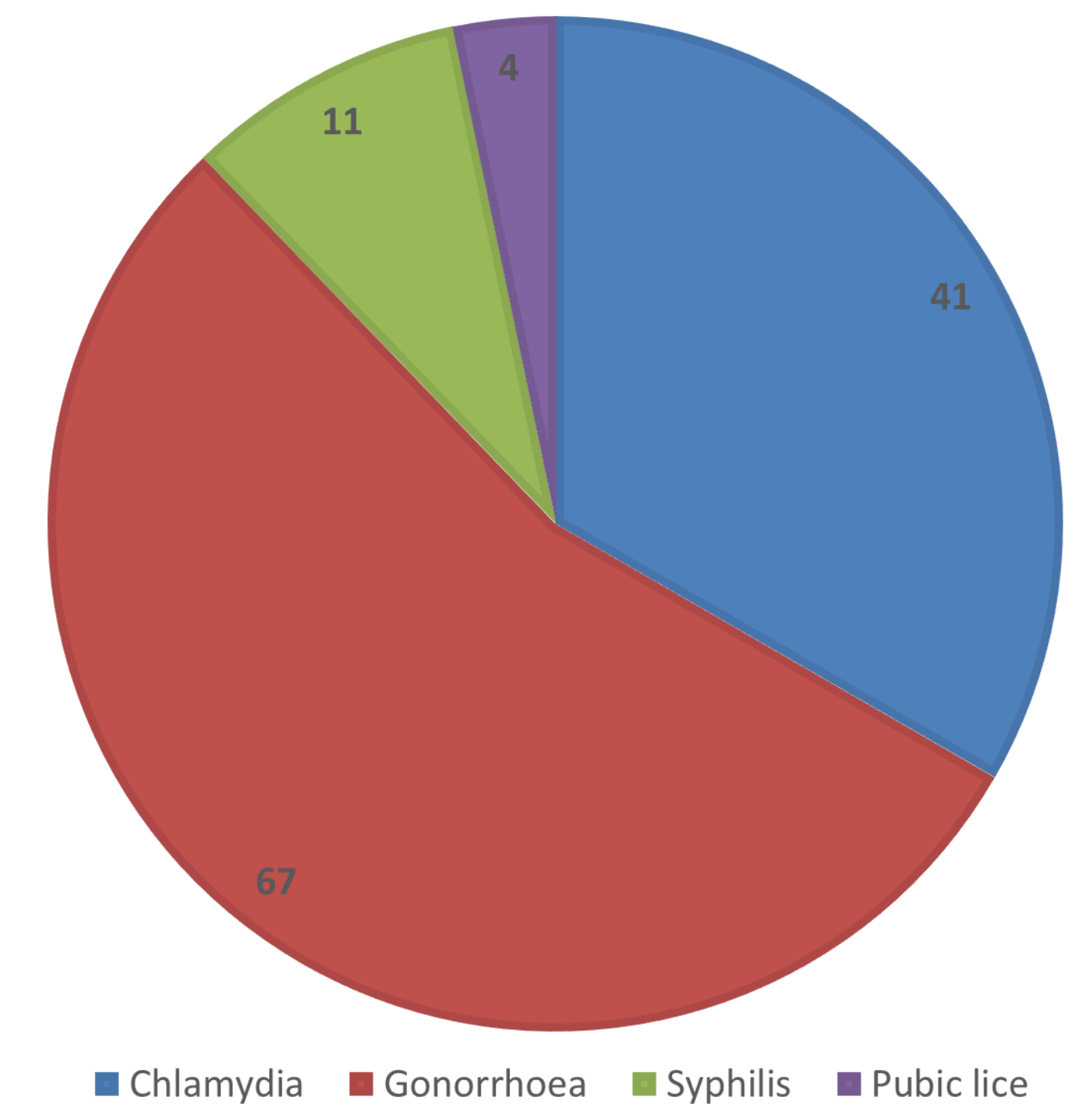


Figure 4: Percentage of patients with a STI whilst taking PrEP



Results

Figure 5: Percentage of what type of STI in those who had STIs whilst taking PrEP



- Some patients had more than 1 STI.
- Overall 30 patients have not attended follow up, 3 patients have elected to stop PrEP, 2 patients have been advised to stop PrEP due to decreased eGFR and 2 patients have changed from daily to event based PrEP due to decrease in eGFR.

Conclusion

- HIV is still a growing epidemic and one way to reduce this is by providing PrEP to those at high risk to reduce HIV transmission.
- The majority of patients taking PrEP in our service are MSM.
- Regular monitoring and health promotion for other infections such as chlamydia and syphilis is also important to reduce transmission rates. The rate of STIs in patients attending our service for PrEP increased by just under 3 times when patients commenced on PrEP.
- The majority of patients in our service have tolerated PrEP well however it is important to monitor renal function as 4 had to stop or change to event based due to deterioration.

References

- BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP) 2018 <https://www.bhiva.org/file/5b729cd592060/2018-PrEP-Guidelines.pdf>