

The East London Immediate ART (ELIA) survey - Attitudes & Barriers to Immediate ART initiation

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Background

Initiation of same day ART (Immediate ART) has been introduced in resource limited settings & has been shown to increase retention in care and shorten time to viral suppression^{1,2}. The feasibility and safety of immediate ART has also been demonstrated in HIV clinics in San Francisco and London^{3,4}. Furthermore the option of immediate ART is included in international treatment guidelines^{5,6,7}. We conducted a survey of the attitudes of healthcare professions to the implementation of an immediate ART pathway (figure 1) in an East London HIV network. Our aim was to better understand the potential barriers to immediate ART and to develop the East London Immediate ART pathway.

Methods

Healthcare professionals from across the Bart's Health NHS Trust who provide HIV care were surveyed. This included doctors, nurses, pharmacists and health advisors. Healthcare professionals were invited to participate by email invite. Multiple choice (pre-defined) and free text response were collected and collated confidentially using Survey Monkey and analysed using Excel.

Results

44 healthcare professionals completed the survey; 57% were doctors, 16% were nurses and 11% were pharmacists. 49% have been providing HIV care for more than 10 years. 86% of respondents were aware of evidence to support immediate ART initiation. 46% supported ART initiation on the same day as HIV diagnosis, while an additional 54% supported initiation within one week. The majority chose a boosted protease inhibitor (83%) over an INSTI regimen for the immediate ART regimen (17%). The main perceived concerns and barriers of respondents regarding immediate ART initiation were are shown in figure 2; including lack of time to adjust to HIV diagnosis (37%), undiagnosed opportunistic infections (20%) and drug resistance (15%). 17% had no concerns regarding immediate ART. 51% of respondents reported unavailable baseline investigations as a barrier to immediate ART; baseline results that prescribers would require prior to ART initiation are shown in figure 3. From a pre-defined list of responses, the greatest perceived benefit of immediate ART (reported as strongly agreed) was decreased risk of onward HIV transmission (78%), improved patient experience (32%) increased engagement in care (19%), decreased lost to follow up (19%) and improved ART adherence (14%), these are summarised in figure 4. Respondents reported that immediate ART patients should be seen by the following healthcare professionals on day of ART start: doctor (97%), pharmacist (95%), health advisor (76%) nurse (66%), adherence support (35%), peer support (16%) and psychologist (11%).

Figure 1: Flow chart illustrating the principle of immediate ART – the aim is to commence ART with 7 days of delivering a new HIV diagnosis.

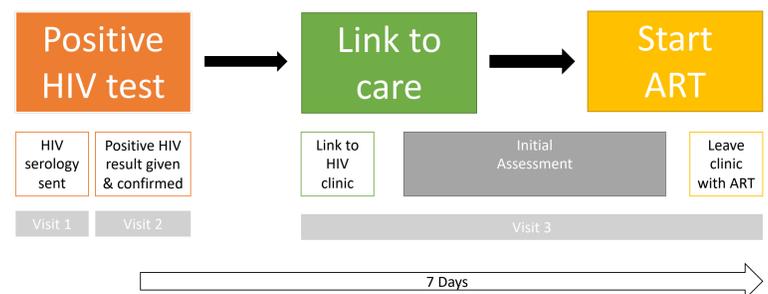


Figure 2. Pie chart illustrating the main concerns and barriers to immediate ART of those surveyed.

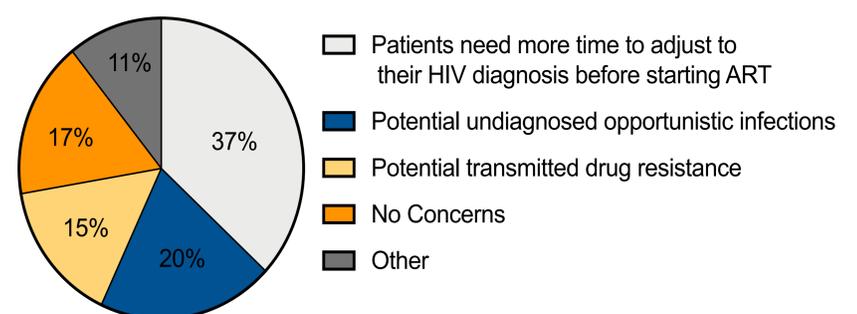


Figure 3. Proportion of individuals who reported a baseline investigations as required prior to ART initiation are shown in the bar graph.

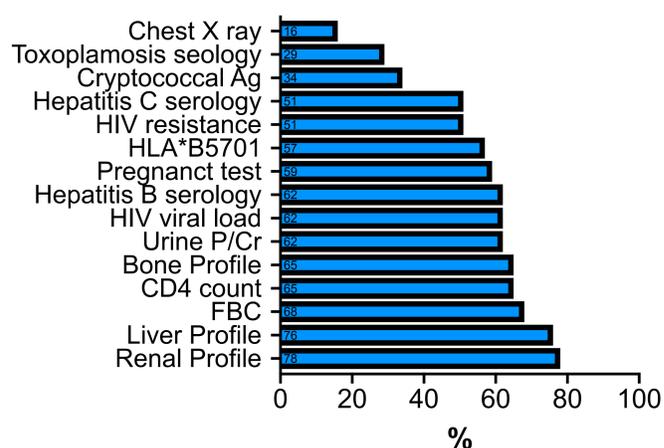
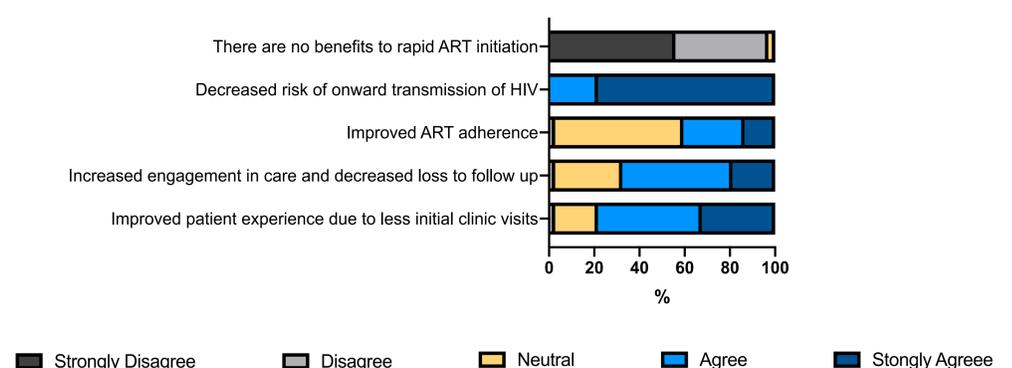


Figure 4. Healthcare professionals were asked to agree (or strongly agree) or disagree (or strongly disagree) to statements on the benefits of immediate ART. Responses are shown in the bar graph below.



Conclusions

Implementation of immediate ART is supported by the majority of healthcare professionals in East London. However, traditional concerns & barriers to ART initiation, including insufficient time to adjust to a HIV diagnosis and lack of baseline test results may delay the offering of immediate ART. This highlights the importance for the engagement, consultation and education of healthcare professionals prior to implementing immediate ART pathways.



References

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