

What influences acceptability of long-acting injectable ART and treatment setting: preliminary qualitative findings from the ILANA study

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Background

Methods

- ILANA (Implementing Long-Acting Novel Antiretrovirals) is a pragmatic implementation study about feasibility and acceptability of long-acting Cabotegravir and Rilpivirine (CAB + RPV LA) administration at NHS HIV clinics and community settings for people with HIV.
- As an anti-ageist, anti-sexist and anti-racist trial, ILANA capped recruitment to ensure representation of:
 - 50% women
 - 50% people from racially minoritised communities
 - 30% people aged 50+.

- Semi-structured qualitative interviews (Aug-Nov 2022) with patients and health care professionals (HCPs) participating in ILANA.
- Purposive recruitment from six HIV clinics across Brighton, Liverpool, and London. Most interviews took place prior to first injection.
- Thematic analysis performed on this 'baseline' dataset.
- Follow up interviews planned for August 2023

Findings

Patient characteristics

- Fourteen patients and 13 HCPs were interviewed.
- Patient participants were 57% female, 57% from racially minoritised groups, and the median age was 49 (IQR 40-54).
- HCPs included doctors, nurses, and pharmacists.

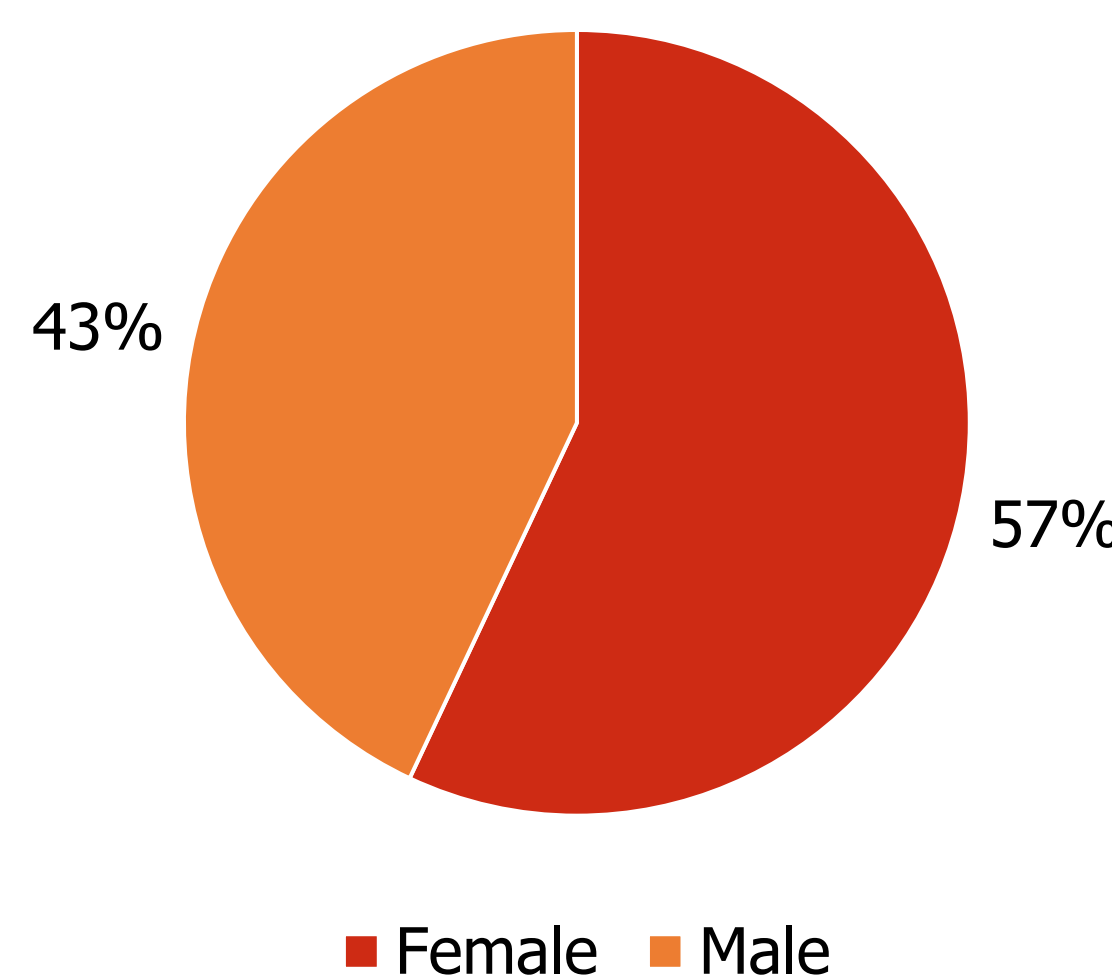


Figure 1. Patient participants (n=14), Gender

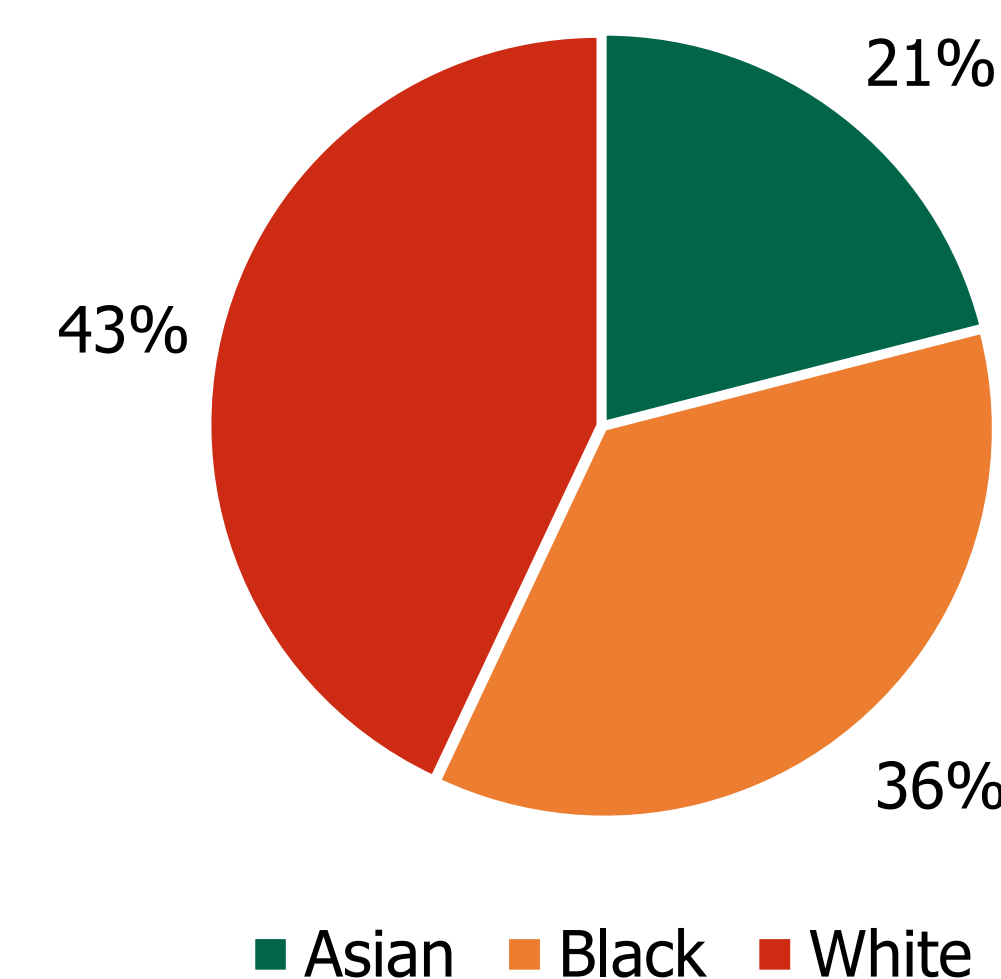


Figure 2. Patient participants (n=14), Ethnicity

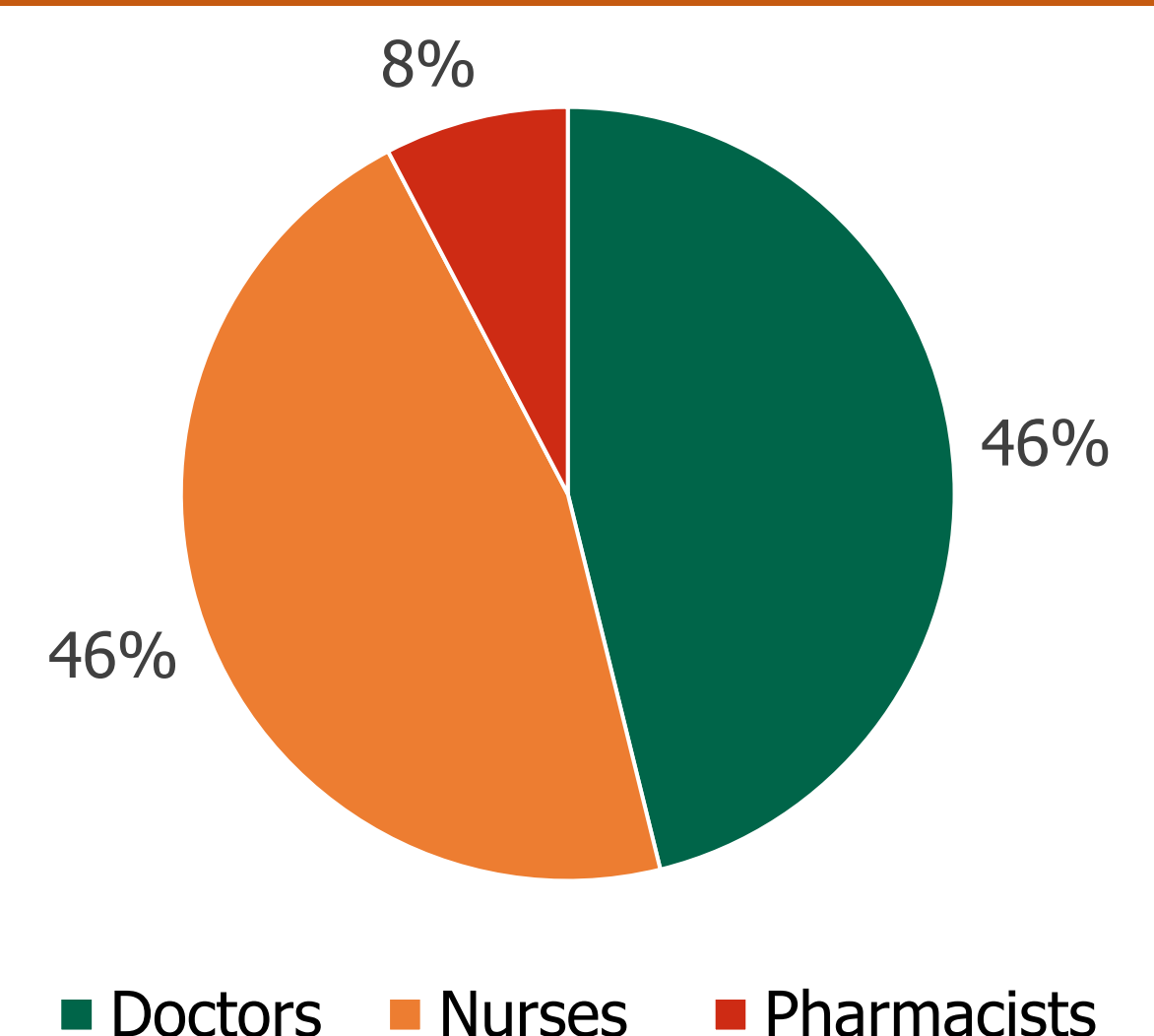


Figure 3. HCP participants (n=13), Provider Type

Facilitators

Relief from pill fatigue	Nearly all participants highlighted the substantial mental health improvement experienced by patients due to the relief from taking daily medication that CAB + RPV LA provides.
Discreet nature of injections	For patients who did not want others to know about their medication use, CAB + RPV LA offers discretion and privacy , providing further stress relief.
Convenience of injection schedule	Most patients were confident they could manage appointments within their schedules. Most did not perceive the injection appointment schedule as onerous, seeing it as a lesser burden than daily pill-taking.
Benefits outweigh discomfort	Some patients expressed concerns about injection pain , but most felt this was outweighed by the treatment's benefits, in particular improved mental health due to reduced medication burden.
Confidence in effectiveness of CAB + RPV LA	Participants were largely confident in CAB + RPV LA's effectiveness at suppressing HIV viral load. Patients attributed this to conversations with trusted clinical staff. Although both HCPs and patient participants expressed nervousness prior to first injection, their confidence grew after receiving the first viral load results.
Trust in clinical staff	Most patients at this initial stage preferred to receive injections at their clinic rather than a community setting. They cited supportive relationships with clinical staff as a key factor, built upon trust and confidentiality, often over many years.

"For so many decades, I've been having tablets day in and day out, and now I have two monthly treatment... It's a joy for me"
Patient, 62 yrs, Black African, Male

"[At] the first visit, they have been quite anxious about having the injections... But once they've got the result of the first viral load back, they seem to be a bit more settled with the process."
HCP, Doctor, Brighton

Barriers

Side-effects	Many patient participants cited side-effects as a reason they would stop CAB + RPV LA, although none had experienced at the time of interview. They appreciated that the oral lead-in medication would allow them to stop treatment quickly if they experienced side-effects.
Potential for drug resistance	Although most participants were positive about the long-term benefits of LA-ART, some were concerned about the potential for drug resistance in the event of treatment failure.
Restrictive eligibility criteria	Some HCPs were concerned that the current eligibility criteria for LA-ART would exclude patients who might benefit most .
Stigma and confidentiality	Those who preferred community settings cited proximity as their main advantage. However, several patients expressed concerns about HIV stigma and confidentiality breaches in non-HIV-specialist settings.

"Just facing new people, you know, and having to go through everything you've been through and yet at [HIV clinic], they know me in and out, you know what I mean."
Patient, 54 years, Black African, female

"The people that seem to really need the injectables are the ones that don't fulfil the eligibility criteria. And that's my greatest frustration"
HCP, Nurse, Liverpool

"Well, the big challenge is to be honest, what will be the side effects, because it is new, I don't know."
Patient, 42 years, Asian Other, Female

Discussion

Acknowledgements

- CAB + RPV LA is **highly acceptable** to patients and HCPs.
- General preference for clinical treatment setting among patients, highlights **importance of enabling choice**.

- Limitations include patients already participating in ILANA (influencing acceptability) and prospective nature of study.
- Further research needed to understand if participants' **experience matches their expectations**.

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