

Detecting potential barriers in health units to prevent interruptions in HIV treatment: a self-report measure of care engagement in three Brazilian cities – Campo Grande, Curitiba, and Florianopolis

Authors: V. Cota, M. Cruz, C. Santamarina, R. Miranda, G. Pessanha, A.P. Cunha, F. Aguiar, C. Schweitzer, G. Faccin, J. Santos

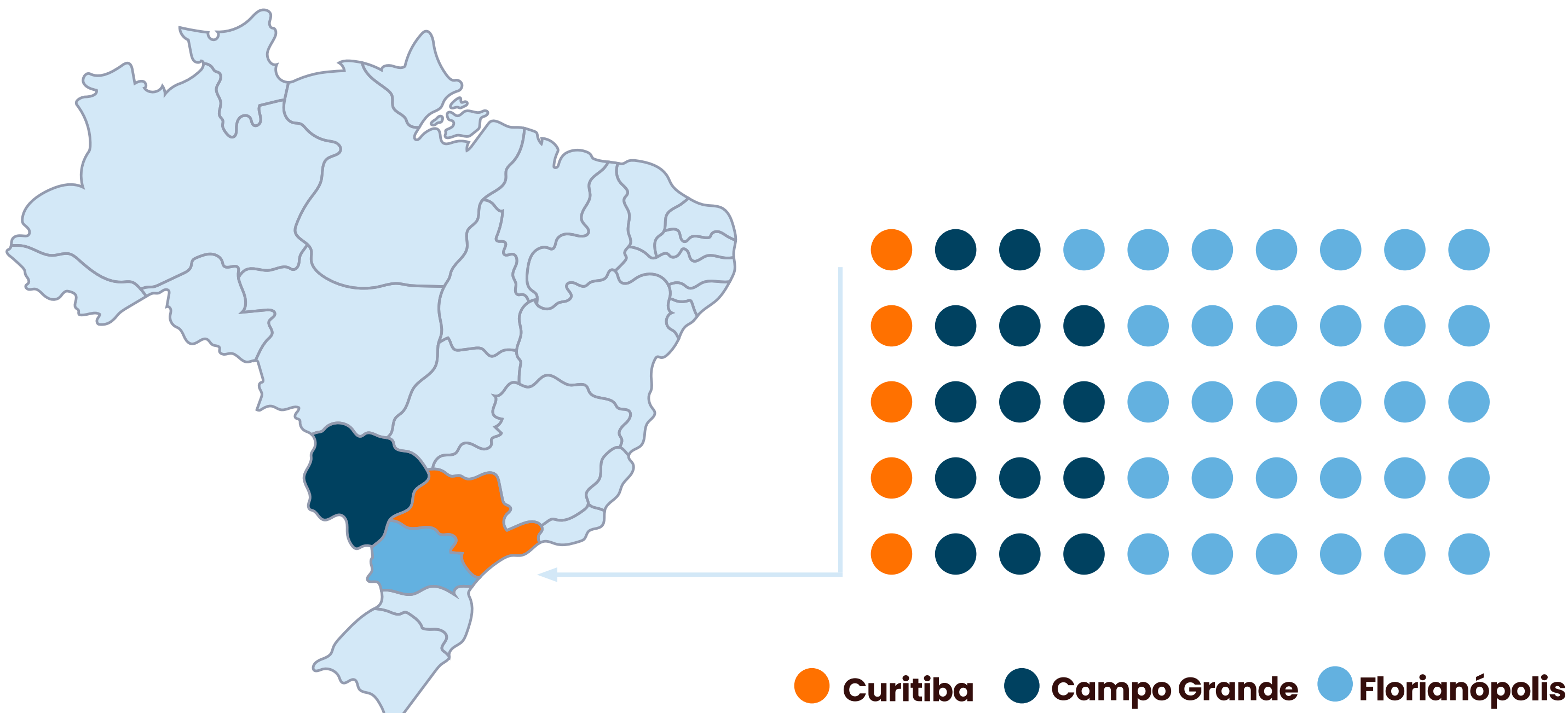


INTRODUCTION

Antiretroviral therapy (ART) has many benefits, but one of the main issues associated with it is a lack of adherence, which can lead to interruptions. Non-adherence to ART in Brazil varies from **18% to 74.3%**, stressing the need for an adaptable approach. This study is part of A Hora é Agora (AHA) project, which aims to identify client engagement and barriers to treatment interruption.

METHODS

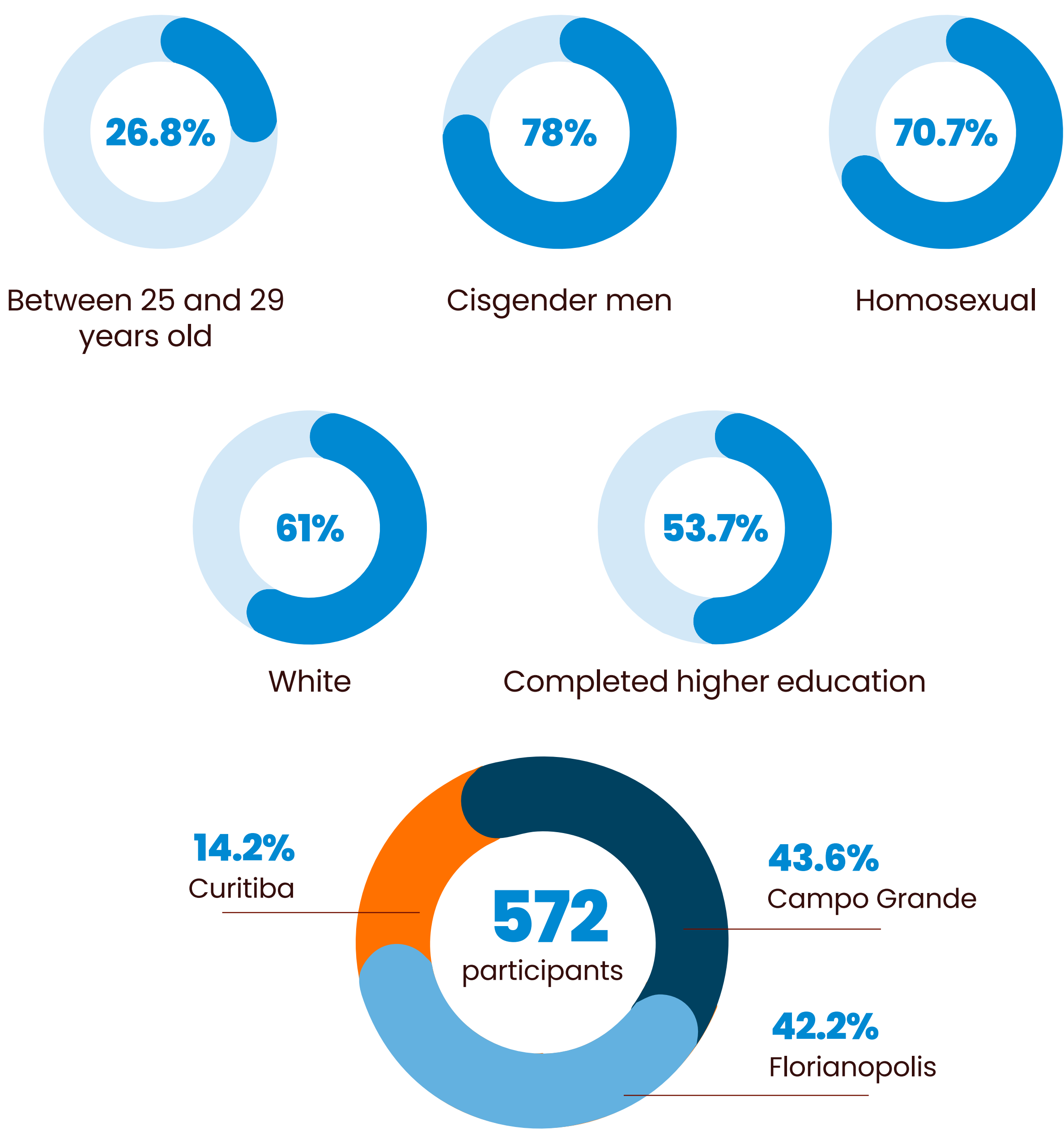
We conducted a self-report questionnaire adapted from Johnson MO et al., 2019 using Google Forms in six AHA-supported healthcare facilities across three cities – Campo Grande, Curitiba, and Florianópolis. The survey was conducted between November 2022 and March 2023, with **572 participants**.



Additionally, data was collected from Research Electronic Data Capture (REDCap) to assess reasons for treatment interruption. Health professionals contacted **2005** clients (**28%** Campo Grande, **10%** Curitiba, **62%** Florianopolis) who were without treatment between October 2022 and September 2023.

RESULTS

The survey showed that most respondents (**26.8%**) were aged between 25 and 29 years, **78%** were cisgender men, **70.7%** were homosexual, **61%** were white, and **53.7%** had completed higher education. **43.6%** of the responses came from Campo Grande, **42.2%** from Florianopolis, and **14.2%** from Curitiba.



Campo Grande reported non-acceptance of HIV/ negative beliefs as the primary reason (**19%**), while in **Curitiba**, mental health issues were cited as significant (**16.3%**). In **Florianópolis**, difficulty in personal organization for treatment was the most prevalent reason (**45.8%**).

Table 1: Client relationship/satisfaction with services and professionals*, in Campo Grande, Curitiba and Florianópolis, Brazil, Nov 22 to March 23.

	Total (N)	Not at all	A little	A moderate amount	A lot	A great deal
How much do you trust your HIV care provider?	572	0.3%	1.0%	4.2%	27.6%	66.8%
How much does your HIV care provider respect what you say?	571	0.2%	0.2%	1.4%	26.1%	72.2%
How much do you think your healthcare professionals understand what you say and feel?	571	0.2%	1.2%	6.7%	39.6%	52.4%
How satisfied are you with the level of healthcare provided by your health unit to meet your health needs?	571	0.4%	1.8%	7.7%	36.6%	53.6%
How open do you feel you can be with your HIV care provider?	570	0.4%	2.8%	10.4%	31.2%	55.3%
How much can you comprehend the information provided by your healthcare provider?	571	0.0%	0.5%	4.0%	33.1%	62.3%
	Total (N)	Not at all	Slightly	Moderately	Very	Extremely
How important is it to set goals for health?	571	0.0%	0.9%	4.9%	28.5%	65.7%
How crucial do you believe it is to stay up-to-date on the latest research about HIV?	364	0.3%	0.3%	0.5%	14.8%	84.1%
	Total (N)	Never	Sometimes	Half the time	Most of the time	Always
How comfortable do you feel asking questions during appointments?	568	0.2%	1.4%	1.8%	18.3%	78.3%
In different phases of your life, how well were you able to adhere to the prescribed treatment and medication?	571	0.5%	1.2%	3.0%	31.5%	63.7%
How important is your involvement in decision-making processes regarding your HIV prevention or treatments?	363	0.6%	1.1%	1.9%	17.4%	79.1%
How often do you leave your HIV care appointments feeling like you got really good care?	364	0.3%	0.5%	0.8%	15.9%	82.4%
Do you refill HIV medications on time?	364	1.1%	0.0%	0.5%	10.7%	87.6%

Source: Google Forms, AHA Project

*Adapted from: Johnson MO, et al. Detecting Disengagement From HIV Care Before It Is Too Late: Development and Preliminary Validation of a Novel Index of Engagement in HIV Care. J Acquir Immune Defic Syndr. 2019 Jun 1;81(2):145–152. doi: 10.1097/QAI.0000000000002000. Erratum in: J Acquir Immune Defic Syndr. 2019 Oct 1;82(2):e42. PMID: 30865180; PMCID: PMC6522296.

Most clients expressed confidence in health professionals and services, as indicated in Table 1.

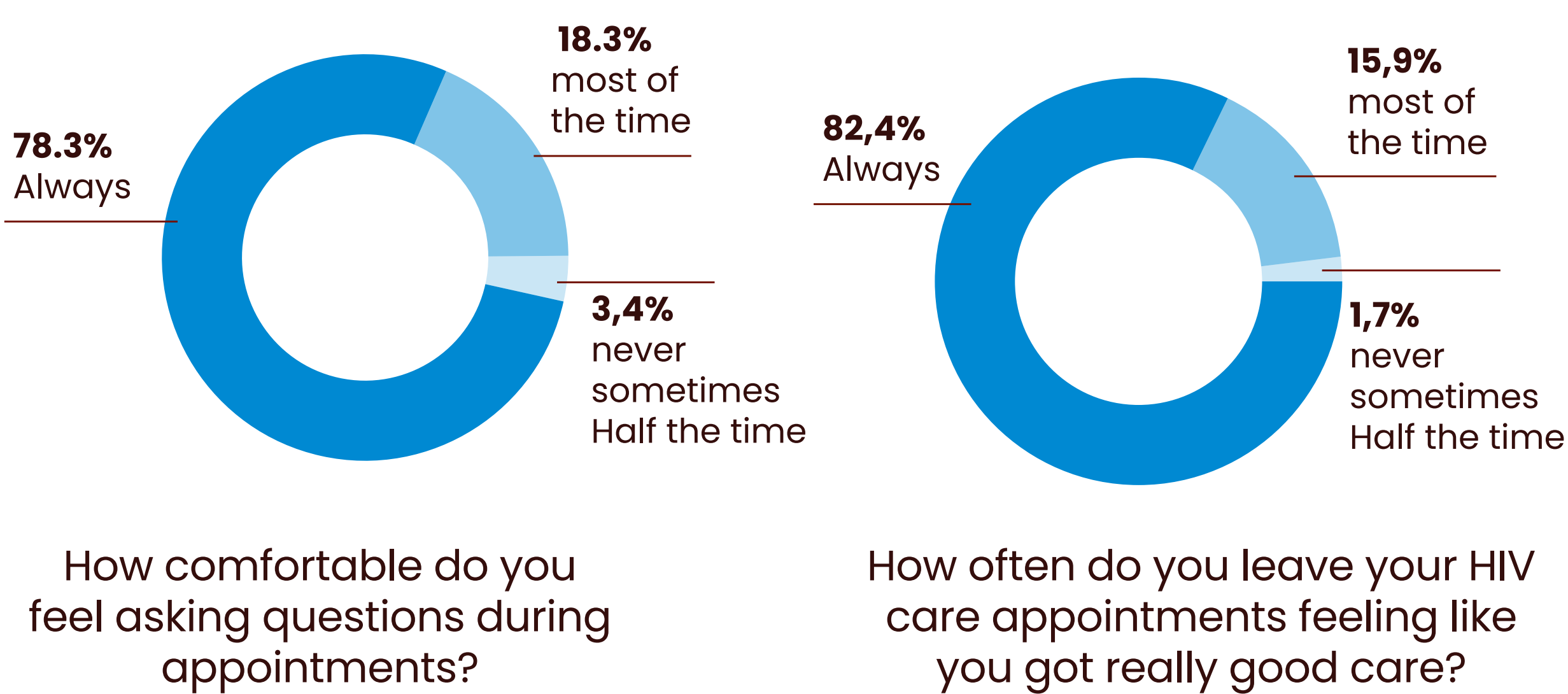


Table 2: Causes for discontinuing the treatment in Campo Grande, Curitiba and Florianópolis, Brazil – Oct 22 to Sept 23

Causes for discontinuing the treatment	Campo Grande	Curitiba	Florianópolis
Financial difficulty	2.8%	1.4%	1.3%
Difficulty moving around	5.7%	2.4%	2.8%
Didn't see the need for treatment	1.8%	1.0%	2.0%
"Healing" (religious beliefs)	0.9%	1.0%	0.1%
Alcohol and drug abuse	12.3%	12.0%	2.4%
Homeless Person	1.8%	1.4%	1.2%
Adverse effects of medication	1.4%	7.2%	2.9%
Complexity of ART (not understanding dosage)	0.2%	2.9%	0.8%
Difficulty in personal organization for treatment	16.7%	13.5%	45.8%
Non-acceptance of HIV/negative beliefs – Stigma and Discrimination	19.0%	4.3%	3.4%
Mental health issues	1.1%	16.3%	3.4%
Dissatisfaction with professionals/services	1.1%	3.4%	0.6%
Couldn't access/didn't know how to access the network	1.1%	8.7%	2.3%
Travel	3.4%	1.0%	4.5%
Lack of time to withdraw the medication	4.1%	18.2%	4.5%
Moving to another city, state or country	1.8%	10.6%	1.9%
Others	10.9%	0.0%	0.0%

Source: REDCap, AHA Project

CONCLUSIONS

The study's results can help local managers improve services and enhance customer-centered care, thereby contributing to stronger treatment adherence.



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