

Adherence through the prism of long-acting injectable therapy: qualitative findings from the ILANA implementation study

Sara Paparini¹, Rosalie Hayes¹, Chikondi Mwendera², Chloe Orkin^{3,4}.

¹ SHARE Collaborative, Wolfson Institute for Population Health, Queen Mary University of London, London UK. ² University of Liverpool, Liverpool, UK. ³ SHARE Collaborative, Blizard Institute, Queen Mary University of London, London UK. ⁴ Barts Health NHS Trust, Infection and Immunity, London, UK.

Key Takeaways

- This cohort of people living with HIV who were highly enthusiastic about CAB+RPV highlighted ways that this new long-acting therapy has implications for the ways in which we think about adherence.
- The full implications of CAB+RPV for scale-up and sustainability remain unknown and require ongoing research.

Background

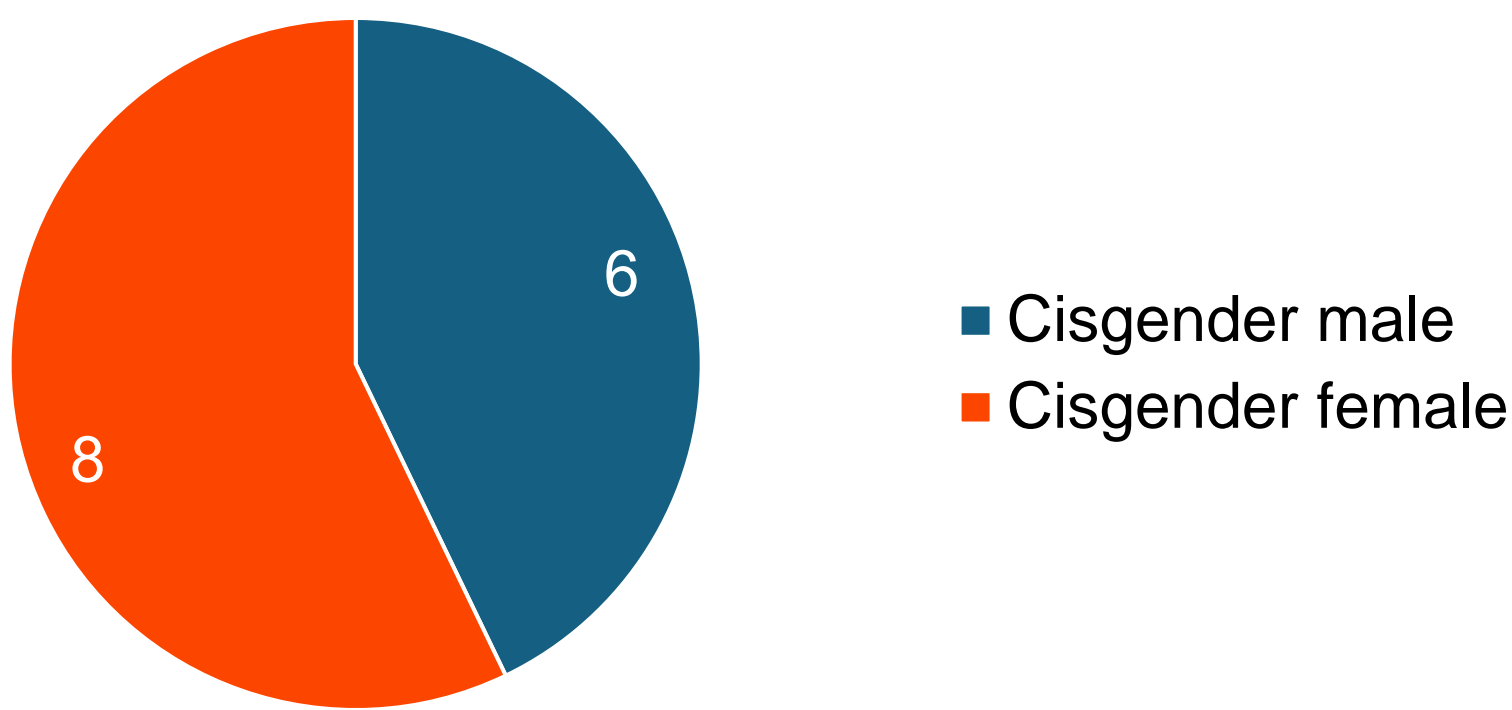
- Adherence to ART is one of the most studied topics in HIV research. Many disciplinary, methodological, and theoretical approaches have been applied to understanding adherence as a complexity of life with HIV.
- The advent of long-acting injectable antiretroviral therapy (LAI-ART) is the most significant paradigmatic disruption since the introduction of combination treatment.
- ILANA is the first UK-based mixed methods study examining the acceptability and feasibility of long-acting injectable Cabotegravir + Rilpivirine (CAB+RPV) among healthcare providers and people living with HIV.
- We describe the analysis of the patient participant interviews.

Methods

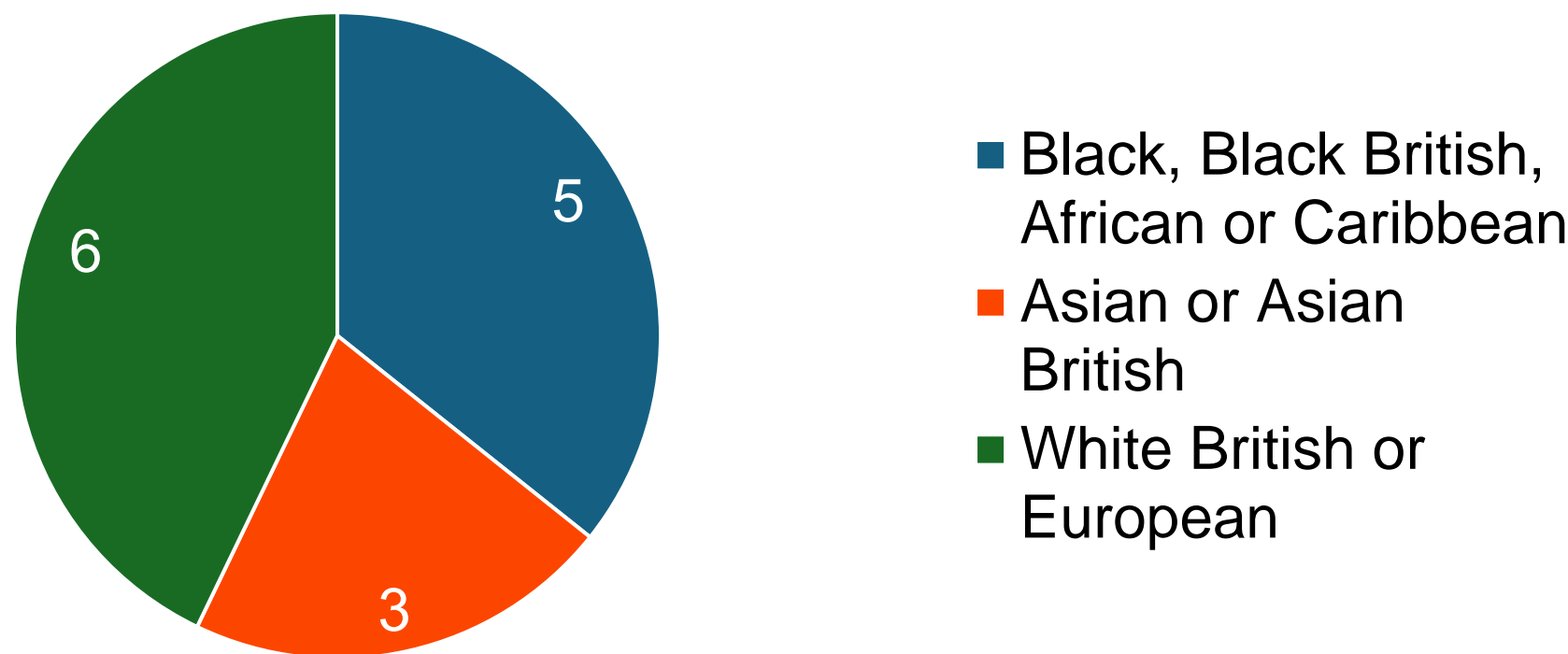
- A longitudinal qualitative study design was used.
- Fourteen semi-structured repeat interviews were conducted with patient participants at baseline (Aug-Nov '22) and at study end (Sept-Nov '23).
- Participants were recruited from six HIV clinics across the UK. Interview topics included questions regarding adherence before switching to CAB+RPV, perceptions around switching and experiences of being on CAB+RPV after 12 months.
- Interviews were transcribed in full then analysed using thematic analysis of individual narrative summaries. We drew on the findings generated from the interview data as well as the wider literature to develop a framework for future adherence research in the context of LAI-ART.

Figure 1a-c. Demographics of patient participants (N=14)

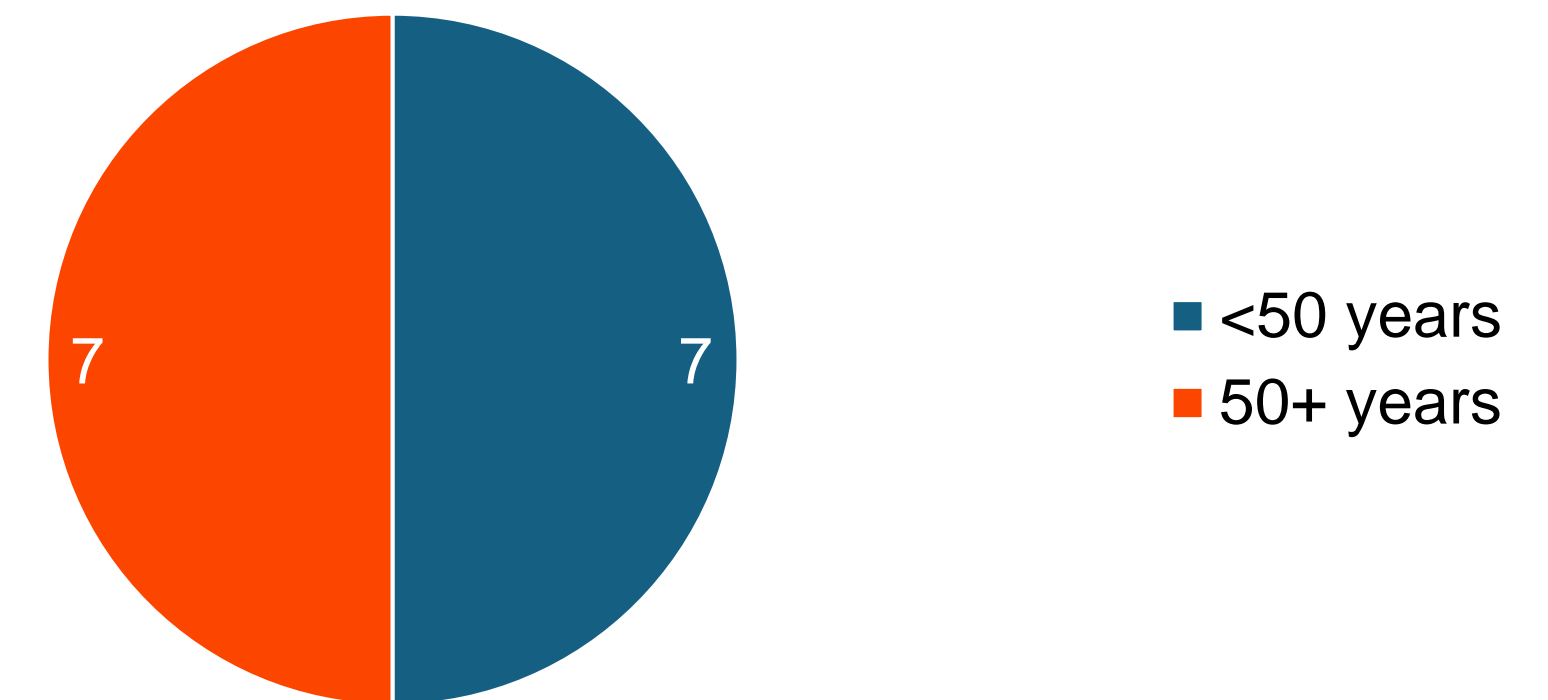
1a. Gender



1b. Ethnicity



1c. Age



Results

Illustrative quotes

“The privacy factor of [oral medication], it's quite hard for me. [With CAB+RPV] I don't need to hide anything.
— Jamelia, Black African woman, aged 54, clinic arm, M12 interview

“Also, we are finding that I'm now detectable, but like the last one was 78, the one before was 60, and then 51 and 40... I'm not [as] undetectable now as I was on the pills... That's something that I'm worried about, the fact that it's not, it doesn't seem to be as effective as, um, pills. — Robert, White British man, aged 51, clinic arm, M12 interview

“I was quite anxious to forget because you know it's so important and you can develop a resistance if you forget your pills – so it made me quite anxious, to tell you the truth – and this treatment has relieved me from some burden off my shoulder. — Max, White European man, aged 39, clinic arm, M12 interview

“Oh, my God, no, no, [returning to oral treatment is] not an option now [laughs]. I would be ready to say that I would pay for the treatment if I had to. — Dev, Asian Indian man, aged 47, clinic arm, M12 interview

Developing Framework

The interviews generated data about new, key dimensions of a developing framework to understand adherence in the context of LAI-ART:

1. Viral suppression is not the only marker of treatment 'success'

The relief experienced by the majority participants when moving to CAB+RPV reveals the ongoing treatment burden on patients otherwise considered to be taking therapy 'successfully' based on their undetectable viral load. This highlights the importance of increased focus on quality of life at the individual level (e.g. during consultations) and population level (e.g. informing the focus of national HIV strategies).

2. Different treatment modalities produce different treatment-related anxieties

The relief from previous treatment-related anxieties experienced by users of CAB+RPV was accompanied by the birth of new anxieties among a minority of participants. These included concerns about the effectiveness of CAB+RPV, the rigid exigencies of regular injections, and the skill and consistency of those administering the injection to minimise pain.

3. Shift in responsibility for adherence

For many participants, CAB+RPV injections entail a welcome shift in responsibility for managing treatment from the patient to the clinical team, resulting in reduced anxiety around adherence. How people living with HIV and healthcare practitioners feel about this in the long-term, and how it may affect healthcare practices remains unknown.

4. Reluctance to return to oral medication

All participants bar one stated that they would struggle to ever return to oral medication now that they have experienced long-acting injectables. This may create challenges for people having to switch medication for whatever reason – such as moving to a country where LAI-ART is not available or in the case of emergent resistance. Strategies such as advance discussion of potential situations requiring treatment switches may help to minimise adherence issues.

5. Long-term implications of scale-up remain unknown

Research into LAI-ART thus far has been concentrated in relatively small-scale studies conducted in pioneering clinics (including ILANA). The long-term implications of scaling up LAI-ART for adherence and broader treatment management are still unclear, and a programme of research that explores the long-term sustainability of injectable provision is required.

Proposed Future Research Questions

How can quality of life be better incorporated into measurement of treatment success at the individual and population level?

How do we manage and minimise new treatment-related anxieties?

How do HCPs feel over time as their responsibility for adherence increases? How can they best be supported in this?

What strategies can be used to support people to switch back to oral treatment successfully, where necessary?

How do adherence support practices change over time as LAI-ART is scaled up and provided more widely?

Conclusion

- ILANA participants constitute a diverse and pioneering group characterised by enthusiasm for injectable therapy.
- The study identifies new areas of research to maximise opportunities afforded by injectable therapy whilst understanding new arising concerns in the context of injectables for a wider population, outside of study conditions, and in different geographical contexts.

Acknowledgments

With thanks to the ILANA study group (Haviland J, Lam Wong Y, Ring K, Apea V, Kasadha B, Clarke E, Byrne R, Fox J, Barber TJ, Clarke A, Ullah S, Halim N, Hand J), Gill-Hilton Smith, Jenny Scherzer, Amber Haley and Maggie Czarnogorski (all of ViiV Healthcare), the SHARE Collaborative Community Advisory Board, and the Trial Steering Committee's external members for their contributions to the wider study. Thanks also to the ILANA study participants who graciously consented to contribute data to improve our understanding around implementation of this new treatment modality.