

# “Closer to a cure”: mixed-methods analysis of reasons for switching to long-acting injectable Cabotegravir + Rilpivirine

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Key Takeaways

- CAB+RPV can offer positive psychological improvements beyond the reduction of burdensome adherence experiences, underlining the importance of offering injectables equitably to people living with HIV.
- Further research is needed to measure longer-term improvements in quality of life that injectables may offer.

Background	Results
<ul style="list-style-type: none"><li>Research into why people choose to switch to long-acting injectable cabotegravir and rilpivirine (LAI CAB+RPV) has mainly produced survey data describing the challenges of oral therapy (e.g., pill fatigue, adherence anxiety, daily reminder of HIV status, inadvertent disclosure).</li><li>ILANA is the first mixed-methods implementation study examining the acceptability and feasibility of CAB+RPV in six clinics and community settings across Brighton, Liverpool and London in the United Kingdom (UK).</li><li>This presentation explores motivations and experiences that go beyond avoidance of oral therapy. In-depth attention to patient experience can reveal unanticipated motivations for switching.</li></ul>	<div>Survey data</div> <ul style="list-style-type: none"><li>At baseline, 16 (14%) identified wanting to try a new approach as the most important reason for switching (Table 3).</li><li>The most common reasons for switching included ease of socialising (61%), wanting to try a new approach (60%), not carrying pills when travelling (57%), convenience (54%), and avoiding inadvertent disclosure (45%) and the daily reminder of HIV (45%) (Table 3).</li><li>At M12, 92 (97%) participants expressed a preference for CAB+RPV over oral medication. Most common reasons for this preference included greater convenience (76%), being tired of taking HIV medication every day (75%), and relief from adherence anxiety (72%).</li></ul>

Methods
<ul style="list-style-type: none"><li>ILANA is a 1-yr implementation study exploring acceptability and feasibility of on-label LAI CAB+RPV every 2 months.</li><li>Inclusive recruitment was conducted throughout 2022 with targets for 50% women, 50% racially minoritised people, and 30% aged &gt;50.</li><li>ILANA is a mixed-methods longitudinal study, with iterative qualitative-quantitative data collection via quarterly surveys between M0 and M12 and semi-structured interviews with a sub-sample of participants at M0 and M12.</li><li>Baseline survey data was summarised using descriptive statistics.</li><li>Theoretically-informed interview narrative summaries were analysed thematically. Mixed-method data analysis was integrated and iterative.</li><li>We present analysis of baseline and M12 survey and interview data on motivations for switching to LAI CAB+RPV.</li></ul>

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Interview data
<div><div><div>CAB+RPV as an indicator of progress</div><div>Overall, participants discussed how the injections provided a sense of progress. Some considered injectables as being ‘closer to a cure’ for HIV, with many describing how CAB+RPV enabled them to experience a sense of ‘normalcy’ between appointments.</div></div><div><div>“</div><div>“It's more like normality. I'm like everybody else now. It's one less thing to worry about.”</div><div>– Robert, White British man, aged 51, clinic arm, M12 interview</div><div>”</div></div></div> <div><div><div>Relief from oral medication challenges</div><div>Many participants described great relief from oral medication challenges (e.g. worries about adherence and the daily reminder of HIV status). However, even those who did not experience such challenges still expressed a preference for CAB+RPV over their oral regimen.</div></div><div><div>“</div><div>The first thing I noticed it was like a big relief – a big mental relief – that I don't have to go through tablet anymore, I don't have to remember whether I've taken the tablets or not – Jacob, Black African man, aged 62, clinic arm, M12 interview</div><div>”</div></div></div> <div><div><div>Improved quality of life</div><div>Many participants described how CAB+RPV had improved the quality of their life, giving them greater freedom to socialise and travel despite the increased appointment schedule. For some, the reduced medication burden has helped them to overcome psychological challenges related to their HIV status.</div></div><div><div>“</div><div>The injectable has improved my outlook on life, more focused on living now. Before I was focused on regret, and how things just weren't the same [since my diagnosis]... I've got a more positive outlook now.</div><div>– Abimbola, Black African woman, aged 55, clinic arm, M12 interview</div><div>”</div></div></div>

Conclusion
<ul style="list-style-type: none"><li>CAB+RPV can offer positive psychological improvements beyond the reduction of burdensome adherence experiences, with implications for how and to whom it is offered. Participants who reported no significant challenges with previous medication still described substantial improvements in their quality of life, underlining the importance of offering injectables equitably to people living with HIV.</li><li>Further research is needed to measure longer-term improvements in quality of life that injectables may offer.</li></ul>

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