The TIME Study: Trans People Living with HIV Throughout Europe: Clinical Outcomes and Stigma Perception

1020

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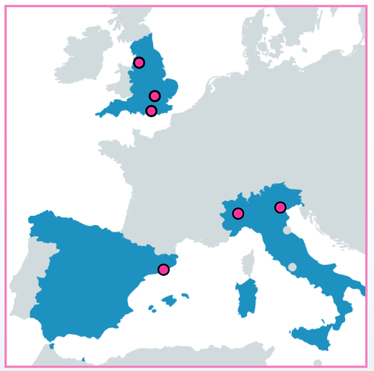
BACKGROUND

Per a 2012 global meta-analysis, transgender and gender-diverse (TGD) people are at up to 49x higher risk of acquiring HIV than general populations, with a 1:5 prevalence in some areas. Economic and social marginalisation are common and HIV outcomes are generally poor, making this a key target population for global public health goals.

Data for European cohorts are lacking. We present findings from the TIME study (Transgender people living with HIV throughout Europe), assessing viral response to antiretroviral therapy (ART) in TGD people living with HIV (PLWH) in Europe; exploring demographics, risk behaviours, community needs, barriers and facilitators to ART adherence.

METHODS

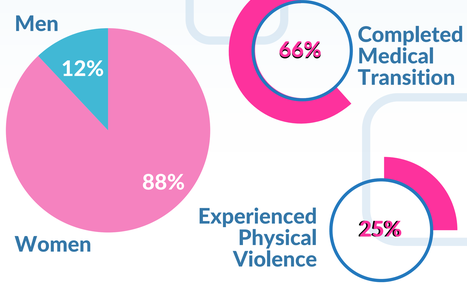


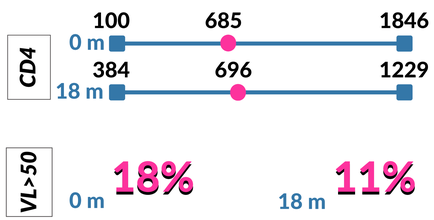
6 HIV medicine centres across Europe: London, Manchester, Brighton, Barcelona, Turin and Padua targeted recruitment of all patients >18 diagnosed with HIV, having ever been prescribed ART, and identifying as another gender than that assigned at birth.

Following participant written consent, clinics submitted observational data from medical records on gender identity, HIV viral loads (VL) and CD4 counts at enrolment and 6-monthly for 18 months, ART prescription adherence and co-morbidities. Participants completed questionnaires on their lifestyles, transitions, self- and societal perceptions of gender, HIV, ART, stigma and discrimination.

RESULTS

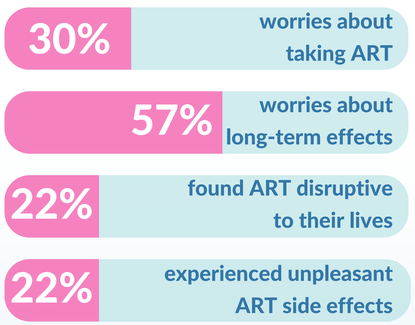
100 participants were recruited to date, 88% were trans women, of mean age 41 (22-65). 66% had completed medical transition. 60% had one or more physical/mental comorbidities at recruitment; at 18 months 36% did. 25% experienced physical violence in the preceding year.

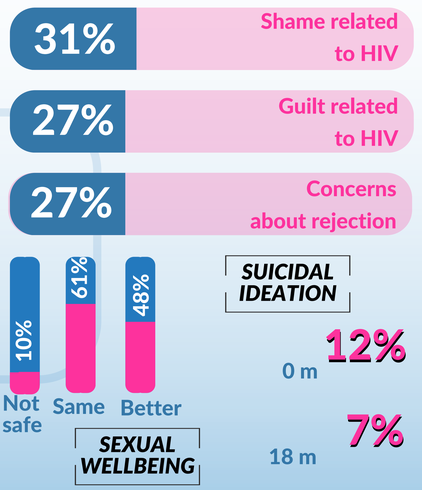




Mean baseline CD4 counts were 685 (100-1846) and 696 (384-1229) at 18 months. 18% of patients had known detectable VLs (>50 copies/ml) at baseline, falling to 11% at 18 months. 5% had clinician-documented ART adherence issues during the study .

30% agreed or strongly agreed that having to take ART worried them. 57% were worried or very worried about long-term effects of ART. 22% found ART disruptive to their lives, and 22% experienced unpleasant ART side effects.





31% felt shame and 27% guilt relating to HIV. 10% described not always having sex as safe as they want, and 27% reported concern about rejection by a partner. 12% had recently received care for suicidal ideation, dropping to 7% at 18 months. 48% described their sex life as better since transition, and 61% the same or better since HIV diagnosis.

GOOD QUALITY, GENDER-INCLUSIVE MEDICAL CARE CAN FACILITATE BETTER PHYSICAL AND SOCIAL OUTCOMES FOR VULNERABLE, COMORBID TRANSGENDER AND GENDER-DIVERSE PEOPLE LIVING WITH HIV.

CONCLUSIONS

TGD PLWH are highly comorbid, with experienced violence, unsafe sex, guilt, shame, suicidality and fear of rejection. Although immune status was fair, adherence issues and participant concerns about ART adverse effects were high; VL detectability rates were over 8 times higher than in UK PLWH generally. However, a significant proportion of TGD PLWH reported sexual satisfaction since their gender transition and/or HIV diagnosis, indicating that supportive gender and HIV care can facilitate better quality of life, thus the need for intersectional stigma-aware health service design.

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