Characterizing HIV Pre-Exposure Prophylaxis (PrEP) Discontinuation Among Men Who Have Sex with Men in the United States

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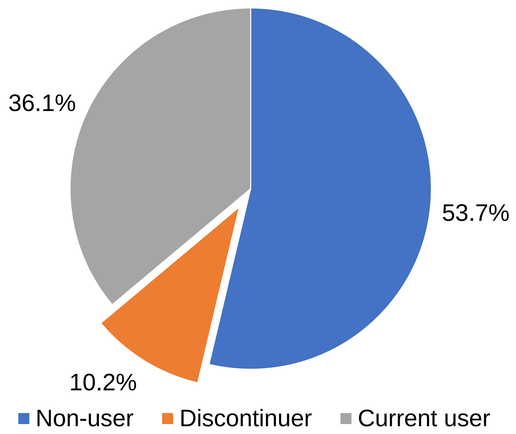
BACKGROUND

For PrEP to have optimal impact, persons indicated for PrEP must not only initiate it but also be retained in care. However, few studies have assessed characteristics associated with PrEP discontinuation among men who have sex with men (MSM).

METHODS

- Data were collected from the 2022 American Men's Internet Survey (AMIS), a web-based behavioral survey of U.S. MSM.
- Eligible participants for this analysis were:
  - cisgender males
  - aged≥15 years,
  - resided in the U.S.,
  - HIV negative,
  - gay, bisexual, or had a history of sex with other men.
- Participants were categorized into three groups:
  - never used PrEP
  - currently using PrEP
  - have discontinued PrEP (used in the past but not currently using)
- We performed multivariate logistic regression, adjusting for all covariates presented.

Figure 1. Percentage of different PrEP users



In a national sample, 10% of all MSM had ever initiated PrEP and were no longer taking it. Recent STD diagnoses were elevated in this group compared to MSM who had never used PrEP.

RESULTS

- Over half (54%, 2033/3785) of MSM had never used PrEP, over one-third (36%, 1365/3785) were using PrEP, and 10% (387/3785) had discontinued PrEP.
- Half of these (190/387) had discontinued PrEP within the past 12 months.

RESULTS (cont.)

- MSM who discontinued PrEP were younger than those never using or currently using PrEP.
- MSM discontinuing PrEP were less likely to have private health insurance than current PrEP users.
- MSM discontinuing PrEP had elevated sexual risk relative to those who never used PrEP: condomless anal sex with HIV-discordant partners was higher (33% vs 20%, aOR=1.83, 95%CI=1.43-2.34) and sexually transmitted diseases diagnoses in the last year were more frequent (14% vs 5%, aOR=2.69, 95%CI=1.86-3.90).
- These relationships were similar for MSM who had discontinued PrEP over a year ago and for those who discontinued PrEP within last year.

CONCLUSIONS

- Risk for PrEP discontinuers was elevated relative to MSM who never initiated PrEP.
- Structural barriers, such as health insurance and lower educational attainment, were associated with PrEP discontinuation.
- Tailored intervention is needed to support persons who have discontinued PrEP, such as health messaging, healthcare coverage interventions, clinical discussions, and ensuring few barriers to care, to optimally address the sexual health needs of this group.

Table 1. Sociodemographic and Behavioral Characteristics Among MSM with Different PrEP Use Status, 2022 (n=3785)

	Overall (n=3785, %)	Non-user (n=2033, %)	Currently user (n=1365, %)	Discontinuer [1] (n=387, %)	Discontinuer vs. Non-user aOR (95%CI)	Discontinuer vs. User aOR (95%CI)
Age in years (mean, SD)	45.2, 14.9	44.7, 16.2	44.7, 13.4	40.9, 13.7	0.98 (0.98, 0.99) **	0.98 (0.97, 0.99)**
Race/Ethnicity						
Black, non-Hispanic	319 (8.4)	167 (8.2)	110 (8.1)	42 (10.9)	ref	ref
Hispanic	403 (10.7)	204 (10)	153 (11.2)	46 (11.9)	0.90 (0.56, 1.46)	0.82 (0.49, 1.36)
White, non-Hispanic	2818 (74.5)	1535 (75.5)	1016 (74.4)	267 (69.0)	0.88 (0.60, 1.29)	0.90 (0.60, 1.35)
Other or multiple races	245 (6.5)	127 (6.3)	86 (6.3)	32 (8.3)	1.02 (0.60, 1.75)	1.10 (0.63, 1.95)
College education and above (missing=4)	2504 (66.2)	1210 (59.6)	1037 (76.0)	257 (66.4)	1.70 (1.32, 2.19)**	0.75 (0.58, 0.98)*
Private health insurance	2692 (71.1)	1370 (67.4)	1077 (78.9)	245 (63.3)	0.74 (0.58, 0.95)*	0.45 (0.35, 0.59)**
Condomless anal sex with HIV-discordant partners [2]	1192 (31.5)	407 (20.0)	657 (48.1)	128 (33.1)	1.83 (1.43, 2.34)**	0.57 (0.45, 0.73)**
Sexual transmitted disease diagnosis [2]	515 (13.6)	95 (4.7)	367 (26.9)	53 (13.7)	2.69 (1.86, 3.90)**	0.43 (0.31, 0.59)**

[1] Prior PrEP use, but not currently using PrEP.
[2] Within 12 months.
* p<0.05, **p<0.01

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