Patients' Fears and Expectations Related to HIV Infection and Its Treatment in Poland. A Positive Perspectives 2 (PP2) Substudy

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Key Takeaways

- **We report concerns about ART and knowledge needs among people with HIV in Poland from a substudy of the Positive Perspectives 2 (PP2) survey**
- **To date, this is one of the first global perspectives studies of people with HIV that includes Polish respondents**
- **Important concerns among Polish respondents were unplanned disclosure of their HIV status to others and being treated differently because of their HIV status**
- **Polish respondents were moderately concerned about long-term effects of ART and were less open to taking fewer medications in their ART regimen**

Introduction

- As of November 2022, 29,676 cases of HIV have been diagnosed in Poland since 1985,[1] and the number of new cases of HIV per year has risen from 1763 in 2019 to 2399 in 2022[2]
- The escalation of military operations in Ukraine has led to an influx of Ukrainian refugees into Poland; as of May 2023, 3300 Ukrainian refugees entered HIV care in Poland[3]
- Globally, people with HIV report emotional and psychosocial challenges such as coping with their diagnosis, sharing their HIV status with others, difficulties with decisions surrounding treatment, sexual activity, seeking support, and workplace-related issues[4]
- Poland has been among the first countries in Eastern and Central Europe to offer free access to ART and care for individuals with HIV, yet studies on the experience of living with HIV in this region are limited[1,5]
- Despite progress in HIV care, Polish people with HIV still experience stigma and discrimination,[6,7] which undermine ART acceptance and adherence
- To better understand treatment-related burden, unmet needs, and expectations, we aimed to investigate the attitudes, concerns, and knowledge needs of people with HIV in Poland, based on results from PP2

Methods

- PP2 is an international cross-sectional study of people with HIV from 25 countries (N=2389) in North and South America, the Asia-Pacific region, South Africa, and Europe, with Poland being the only country representing East-Central Europe
- Participants aged 18 to 84 years taking ART were surveyed online between April 2019 and January 2020
- Results from 50 Polish respondents (2% of the total PP2 population) surveyed from May to August 2019 were analyzed
  - Notably, this study was completed before the escalation of military operations in Ukraine

Results

Demographics and Clinical Characteristics of Respondents

- Among Polish respondents, 60% identified as male and 26% as female, similar to other European countries and the overall PP2 population; 40% identified as homosexual (Table)
  - Compared with those from other European countries, a higher proportion of Polish respondents identified as a gender other than male or female (14% vs 2%), and interestingly, no Polish respondents preferred not to disclose their gender compared with 3% from other European countries
- 20% of Polish respondents were aged ≥50 years compared with 32% of those from other European countries and 29% of the overall PP2 population
- Mean duration of HIV was 11.9 years; 48% of respondents were taking single-tablet regimens, and 74% reported having an undetectable viral load
- 10% of Polish respondents were diagnosed with HIV after May of 2017, compared with 17% and 19% from other European countries and the overall PP2 population, respectively
- Co-morbidities reported by ≥25% of Polish respondents were mental health disorders (36% [18/50]), gastrointestinal disease (32% [16/50]), liver disease (30% [15/50]), hypertension (28% [14/50]), substance abuse (28% [14/50]), and insomnia/sleep disorders (26% [13/50])
  - Between 8% (4/50) and 28% (14/50) indicated that they were receiving treatment for one or more of these co-morbidities

Comfort Sharing HIV Status With Others

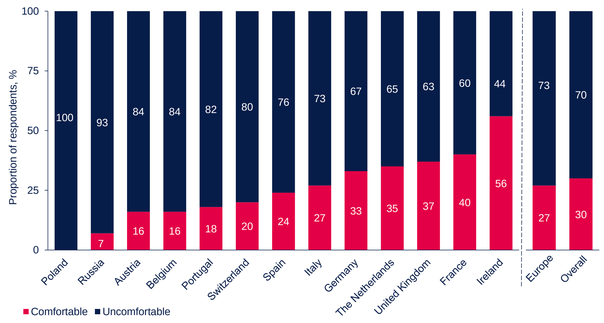
- None of the Polish respondents felt comfortable sharing their HIV status with others, which contrasts with PP2 results from other European countries, for which the proportions of respondents feeling comfortable ranged from 7% to 56% (Figure 1)

Table. Respondent Demographics and Clinical Characteristics

Parameter	Poland (N=50)	Other European countries (N=1069)[a]	Overall PP2 population (N=2389)
Age, mean (SD), y	39.2 (12.7)	NA	41.2 (12.2)
18-34 y, n (%)	17 (34)	314 (29)	862 (36)
35-49 y, n (%)	23 (46)	408 (38)	828 (35)
≥50 y, n (%)	10 (20)	347 (32)	699 (29)
Gender, n (%)			
Male (including transgender male)	30 (60)	708 (66)	1615 (68)
Female (including transgender female)	13 (26)	316 (30)	687 (29)
Other gender	7 (14)[b]	17 (2)	54 (2)[c]
Prefer not to say	0	28 (3)	33 (1)
Sexual orientation, n (%)			
Homosexual	20 (40)	500 (47)	951 (40)
Heterosexual	19 (38)	385 (36)	1076 (45)
Bisexual	5 (10)	125 (12)	248 (10)
Other	6 (12)	33 (3)	83 (3)
Prefer not to say	0	26 (2)	31 (1)
Time of HIV diagnosis			
Before 2006	22 (44)	365 (34)	709 (30)
2006-2017	23 (46)	519 (49)	1219 (51)
May 2017 to present	5 (10)	185 (17)	461 (19)
Time since HIV diagnosis, mean (SD), y	11.9 (9.1)	NA	9.6 (9.6)
Taking single-tablet regimen, n (%)			
Yes	24 (48)	516 (48)	1143 (48)
No	26 (52)	553 (52)	1246 (52)
Viral load, n (%)			
Undetectable or suppressed	37 (74)	NA	1770 (74)
Detectable or unsuppressed	13 (26)	NA	505 (21)
I don't know	0	NA	110 (5)
Prefer not to say	0	NA	4 (<1)

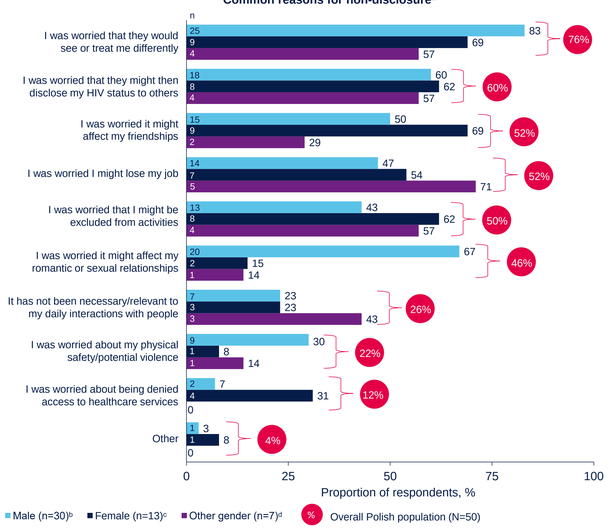
NA, not available. Percentages may not add up to 100% due to rounding.
[a]Included Russia (n=150), United Kingdom (n=123), France (n=120), Germany (n=120), Italy (n=120), Spain (n=120), Portugal (n=60), Switzerland (n=55), The Netherlands (n=51), Austria (n=50), Belgium (n=50), and Ireland (n=50). [b]Non-binary, n=2; specified as another gender, n=5. [c]Non-binary, n=27; specified as another gender, n=27.

Figure 1. Proportion of Respondents Reporting Feeling Comfortable vs Uncomfortable Disclosing Their HIV Status to Others, by Country, Region, and Overall



- Overall, common reasons for not sharing HIV status were concerns about being seen or treated differently (76% [38/50]), unplanned disclosure (60% [30/50]), and friendships being affected and job loss (both 52% [26/50]); each of these concerns was shared by ≥50% of both male and female respondents
  - Notably, a higher proportion of male vs female respondents were worried about potential violence (30% [9/30] vs 8% [1/13]) and romantic relationships being affected (67% [20/30] vs 15% [2/13]), whereas a higher proportion of female vs male respondents were worried about being denied access to healthcare services (31% [4/13] vs 7% [2/30]; Figure 2)
  - A higher proportion of respondents who identified as another gender were worried about job loss (71% [5/7]) compared with male (47% [14/30]) and female respondents (54% [7/13])

Figure 2. Polish Respondents' Reasons for Not Disclosing Their HIV Status to Others, by Gender



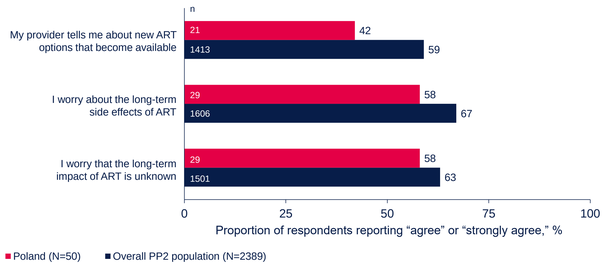
[a]Not mutually exclusive. [b]Including transgender male. [c]Including transgender female. [d]Non-binary, n=2; specified as another gender, n=5.

- Despite their discomfort, 94% (47/50) of Polish respondents indicated that others were aware of their HIV status, such as one or more close friends (89% [42/47]) or family members (81% [38/47])

Perceptions Toward HIV Treatment

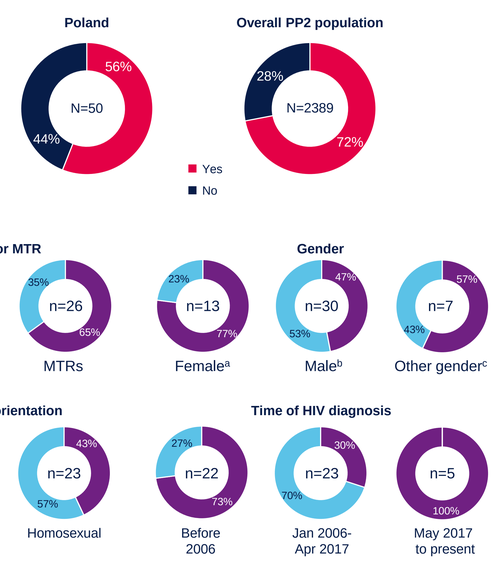
- 29 Polish respondents (58%) responded "strongly agree" or "agree" to feeling worried about the potential unknown long-term side effects or impact of ART compared with 67% (1606/2389) and 63% (1501/2389) of the total PP2 population, respectively (Figure 3)
- Fewer than half of Polish respondents (42% [21/50]) reported that their healthcare provider informs them about new ART options compared with 59% (1413/2389) of the total PP2 population

Figure 3. Proportions Reporting "Agree" or "Strongly Agree" on Perceptions of ART Treatment Among Polish Respondents and the Overall PP2 Population



- Only 56% (28/50) of Polish respondents reported that they were open to reducing the number of HIV medications they take as long as the same effectiveness was maintained compared with 72% (1726/2389) of the overall PP2 population (Figure 4A)
  - Polish respondents diagnosed before 2006 and from May 2017 to present, female respondents, those identifying as other genders, heterosexual respondents, and those using multiple-tablet regimens were more open to taking fewer HIV medications (Figure 4B)

Figure 4. Openness to Taking Fewer HIV Medications in (A) Poland and the Overall PP2 Population and (B) by Subcategories of Polish Respondents



MTR, multiple-tablet regimen; STR, single-tablet regimen. [a]Including transgender female. [b]Including transgender male. [c]Non-binary, n=2; specified as another gender, n=5.

Conclusions

- Polish respondents were more uncomfortable sharing their HIV status compared with those from other European countries and the overall PP2 population
  - Polish male and female respondents with HIV differed in their reasons for not disclosing their HIV status; male respondents were worried about potential violence and female respondents were worried about being denied access to healthcare services
- Healthcare providers should seek to proactively address patient needs and concerns as the prevalence of stigma continues to prevent patient-led high-quality engagement[8]
- Compared with the overall PP2 population, lower proportions of Polish respondents were worried about the long-term effects of ART and open to taking fewer medications
  - Fewer than half of Polish respondents reported that their healthcare provider informed them about new ART options
- These data emphasize the significant roles that fear of disclosure and health literacy play in the readiness for ART optimization; efforts toward improving stigma, health literacy, the HIV continuum of care, and quality of life among people with HIV can help address these issues

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References: 1. National AIDS Centre Agenda of the Ministry of Health. https://aids.gov.pl/epidemiology/poland/. Accessed September 13, 2023. **2.** National Institute of Public Health (NIZP/PZH). https://www.pzh.gov.pl. Accessed September 26, 2023. **3.** Wysocki and Marzec-Bogulawska. https://ndphs.org/news/public-health-in-the-context-of-the-polish-response-to-the-refugee-crisis-triggered-by-the-war-in-ukraine/. Accessed September 26, 2023. **4.** de los Rios et al. *AIDS Behav.* 2021;25:961-972. **5.** Gökengin et al. *J Virus Erad.* 2016;2:156-161. **6.** SIEĆ PLUS Polish Network of People Living with HIV/AIDS Association. The People Living With HIV Stigma Index: Poland. 2011. **7.** Global Network of People Living with HIV (GNP+). https://gnpplus.net/project/people-living-with-hiv-stigma-index/. Accessed September 26, 2023. **8.** Geter et al. *AIDS Patient Care STDS.* 2018;32:418-424.

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