

ADAPTPREP STUDY: WHY DO PREP USERS WHO OPTED FOR PREP FOLLOW-UP AT GPS KEEP RETURNING TO WESTERN SYDNEY SEXUAL HEALTH CENTRE?

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Background: Users of HIV pre-exposure prophylaxis (PrEP) in Western Sydney prefer returning to the Western Sydney Sexual Health Centre (WSSHC), even after receiving PrEP care from general practitioners (GPs). We investigated the patterns and reasons for this return among PrEP users transferred to GP follow-up.

Methods: From March 11, 2024, to March 13, 2025, 101 PrEP users at WSSHC were enrolled in the ADAPTPREP cohort and opted for follow-up GP care for 2 years. Participants completed an enrolment survey, consented to clinical record access, and agreed to 6-monthly surveys. We evaluated their returns to WSSHC and associated factors using descriptive statistics and chi-squared tests.

Results: Among 101 participants, 74.5% were under 40, 46.5% overseas-born, 66.3% resided in Western Sydney postcodes, 15.6% used PrEP for <1 year, and 54.6% used it daily. 90 men had 4+ months of follow-up: 25.6% never returned to WSSHC, 6.1% had an STI at enrolment and returned within 21 days for treatment, and 21.1% returned within 90 days with a new STI. The remaining 46.7% returned >90 days after enrolment. 38.9% went back to GPs after visiting WSSHC. Overall, 64.5% remained in GP care. There were no significant differences between those who returned and those who didn't, but returnees were somewhat more likely to be from Western Sydney postcodes (71.6% vs. 52.2%) and to use PrEP on-demand (45.5% vs. 30.4%). Returnees cited difficulties finding bulk-billing GPs for PrEP follow-up, GPs unwilling to prescribe PrEP, or STI symptoms as reasons for returning.

Conclusion: Models of PrEP care can vary based on user characteristics, preferences, and needs. About a third of PrEP users may temporarily return to sexual health services for STI diagnosis and treatment before continuing follow-up with GPs. Enhancing GP training in PrEP care and STI management could improve user satisfaction and retention in GP follow-up.

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