

# CONTRASTING ACCOUNTS OF HIV PRE-EXPOSURE PROPHYLAXIS (PREP) DISCONTINUATION IN TWO QUALITATIVE STUDIES (2024–2025)

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**LA TROBE**  
UNIVERSITY



Australian  
Research Centre  
in Sex, Health  
and Society



# DISCLOSURES

**Research funding and honoraria from  
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unrelated to current studies.**

# ACKNOWLEDGEMENTS

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## PARTICIPANTS

Participants in *Interruptions* and *Newly Positive* studies.

## INVESTIGATORS

*Interruptions*: Jeanne Ellard; Tinonee Pym; James Gray

*Newly Positive*: Jeanne Ellard; Adam Bourne; Dion Kagan

## FUNDERS

Australian Government Department of Health, Disability and Aged Care

Health Equity Matters (National HIV Task Force)

## PARTNERS

National Association of People With HIV Australia (NAPWHA)

# INTRODUCTION

- Previous research has indicated considerable diversity in patterns of PrEP discontinuation and recommencement.

<sup>1</sup> Medland N. (2023). Discontinuation of government subsidized HIV pre-exposure prophylaxis in Australia. <sup>2</sup> Garofoli N. (2024). Incidence and factors associated with PrEP discontinuation in France. <sup>3</sup> McCormick C. (2024). Adherence and persistence of HIV pre-exposure prophylaxis use in the United States.

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- Discontinuation associated with:
  - younger age,<sup>1,2,3</sup> prescriber experience and location.<sup>1</sup>
  - self-assessed reduced risk
    - entering relationship,<sup>2</sup> no casual sex.<sup>2,3</sup>

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- This analysis compares reasons for PrEP discontinuation in two qualitative studies (conducted 2024–2025).

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## *Newly Positive study*

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- People recently diagnosed with HIV in past 12 months.
  - only participants with a history of PrEP use included in analysis.
- Participants asked about circumstances related to stopping PrEP.

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  - All men
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## *Newly Positive* study

- 8 participants
  - median age 36 years
  - 4/8 Australian born
  - All men
  - All gay

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- Reasons for stopping articulated in terms *not directly related to sex or risk*

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- All had exhausted supply of pills and prescription repeats (and most didn't have a regular prescriber/doctor)
- Among those who sought to start PrEP again later, several experienced barriers (e.g. doctors unwilling to prescribe, or lacking knowledge about PrEP)

# DISCUSSION/CONCLUSION

<sup>4</sup>Schroer, M (2019). Sociology of attention. 5 Brekhus W. (1998). A Sociology of the unmarked. 6 Franck G. (2018). The economy of attention.

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  - Alternative (e.g. event-based) strategies
  - Alternative access points (e.g. Pharmacy PrEP)

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# THANK YOU

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