

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

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and Society

DISCLOSURES

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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

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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.**

¹ Medland N. (2023). Discontinuation of government subsidized HIV pre-exposure prophylaxis in Australia. ² Garofoli N. (2024). Incidence and factors associated with PrEP discontinuation in France. ³ 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,^{1,2,3} prescriber experience and location.¹
 - self-assessed reduced risk
 - entering relationship,² no casual sex.^{2,3}

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

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 - only participants with a history of PrEP use included in analysis.

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Newly Positive study

- 2024–2025
- 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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Interruptions study

- **25 participants**
 - median age 33 years
 - 18/25 Australian born
 - All men
 - 17/25 gay

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Newly Positive study

- **8 participants**
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 - 4/8 Australian born
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 - All gay

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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

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 - Greater attention/attentiveness to discontinuing PrEP ^{4,5,6}

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 - e.g. maintaining pills/prescriptions, [and trusted prescriber]
 - Alternative (e.g. event-based) strategies
 - Alternative access points (e.g. Pharmacy PrEP)

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THANK YOU

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