

First impressions matter: Differences in experiences with first PrEP-related healthcare encounters between gay, bisexual and other men who have sex with men (GBM) on PrEP and GBM who discontinued PrEP

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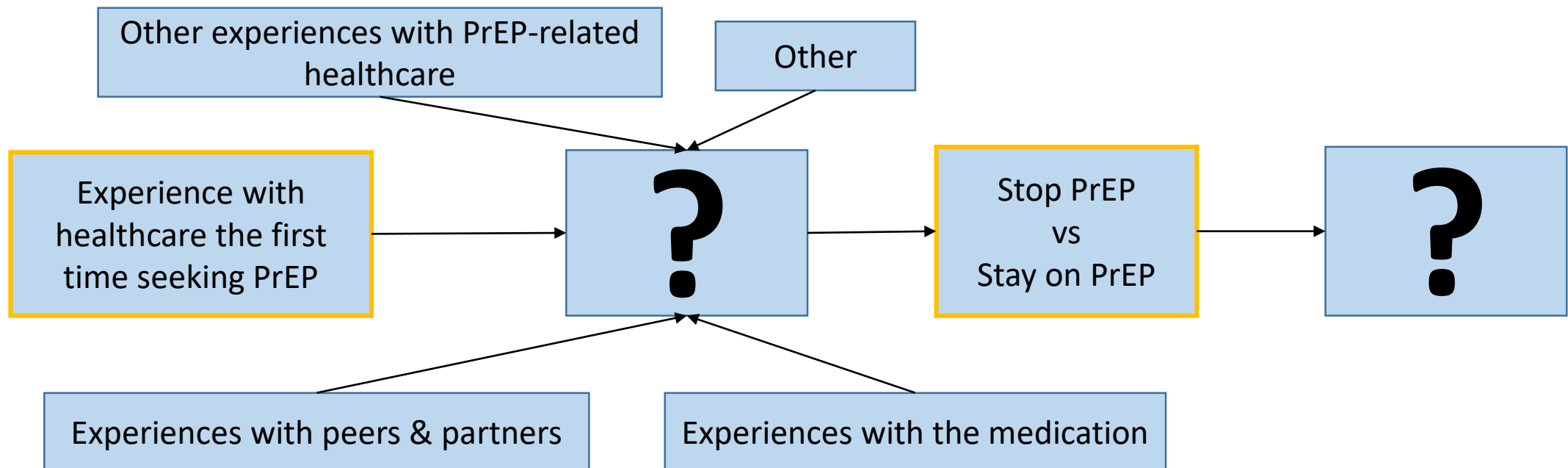
Background

- Healthcare-related factors may influence future PrEP use. We explored whether first experiences with PrEP-related healthcare differed between GBM on PrEP and GBM who discontinued PrEP.



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Methods

- Data from the PrEP implementation project (PRIMP), a cross-sectional survey from July 2019 to August 2020 in Toronto, Ottawa, Hamilton, Vancouver and Victoria.
- Our analytic sub-sample was GBM who met criteria for PrEP according to the Canadian PrEP guidelines.
- We asked about their first experience seeking PrEP using a likert scale questions:
 - Healthcare provider (HCP) was aware of PrEP
 - HCP was able to answer questions about PrEP
 - HCP was comfortable discussing about PrEP
 - HCP thought PrEP was effective
 - HCP thought the client needed PrEP
 - HCP was willing to refer client to a PrEP provider

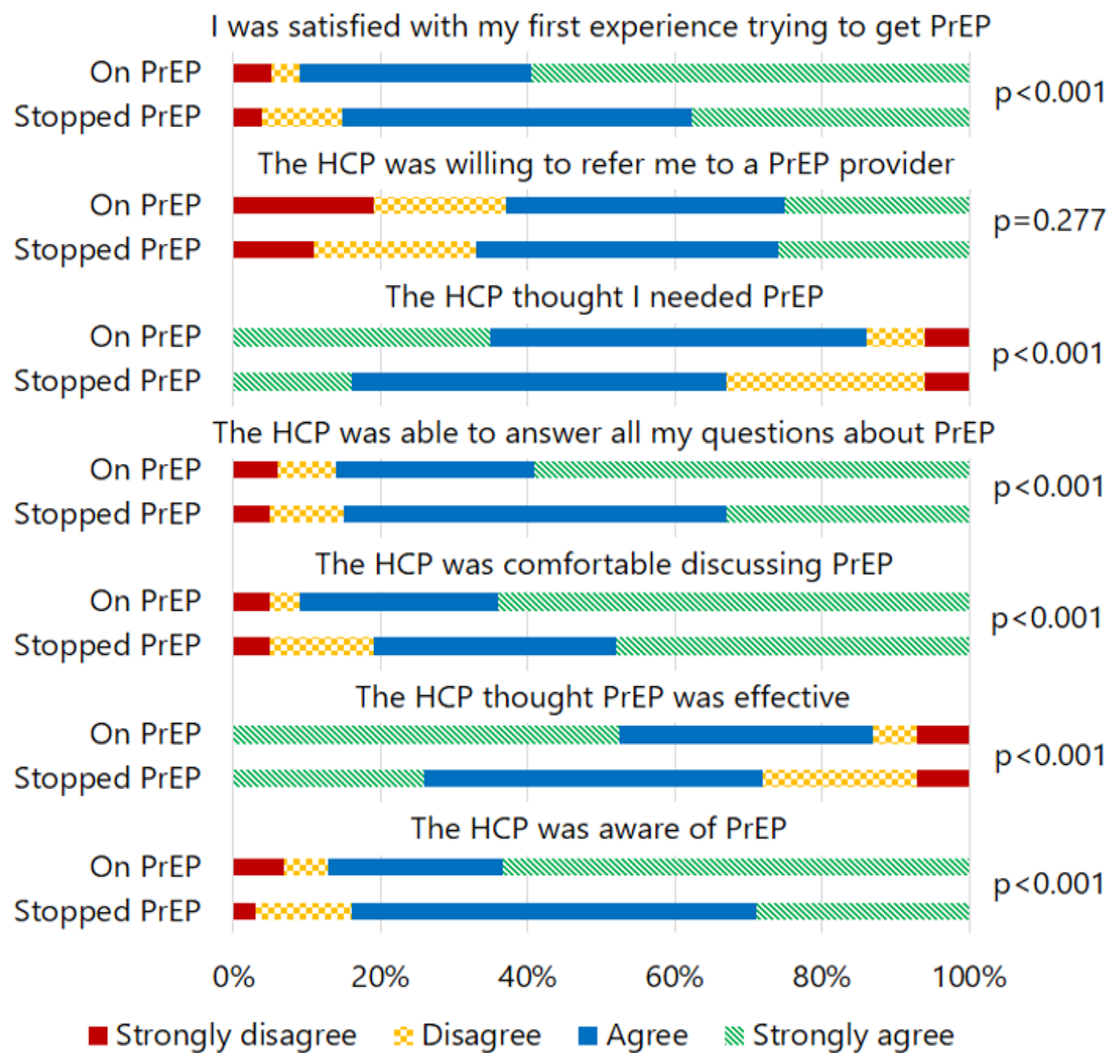
Results

- Of **522 respondents**, 147 had stopped PrEP and 375 were taking PrEP.
- **GBM who discontinued PrEP were younger** than those taking PrEP (30.3 (SD=7.8) vs. 35.3 years (SD=10), $p<0.001$) **and earned less** (26% earned $> \$60,000/\text{year}$ versus 45%, $p<0.001$).
- **GBM who discontinued PrEP were more likely to have sought PrEP from their family doctor** (instead of a sexual health clinic) more often than those who continued PrEP (42% vs 27%, $p=0.004$).

Results - continued

- Participants **who stopped PrEP waited a median of 11.5 days** (IQR= 7-16) for their first prescription **versus 19 days** (IQR= 7-60) for those currently on PrEP ($p<0.001$).
- **Those still taking PrEP felt more comfortable discussing their sexual health with their healthcare provider (HCP)** (86% vs 75%, $p=0.003$) and **were more often instructed to take PrEP daily (91%)** versus on-demand (58%, $p<0.001$).

Results - continued



Conclusions

- GBM who discontinued PrEP were less satisfied with PrEP-related healthcare than GBM who stayed on PrEP. Initial experiences seeking PrEP may have lasting implications on PrEP persistence

Funding

