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ADHERENCE CHALLENGES AND ANTIRETROVIRAL TREATMENT SIDE EFFECTS AMONG MIGRANTS WITH HIV IN SWEDEN

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WE NEED TO INCREASE KNOWLEDGE ON WHY MIGRANTS HAVE LOWER ADHERENCE TO ART AND WHY THEY EXPERIENCE MORE ART SIDE EFFECTS

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Background

Migrants living with HIV may be more exposed to discrimination and stigma because of their HIV infection but also because of skin color, gender and sexual orientation, so-called intersectional stigma (1). In other European countries, foreign-born people have had poorer access to HIV treatment and had worse treatment results than natives (2,3). In Sweden, the percentage receiving HIV treatment is equal for foreign-born (98%) and Swedish-born (99%). InfCareHIV's annual report 2019 showed that there were differences in antiretroviral treatment (ART) outcome also in Sweden, where 97 percent of Swedish-born met the treatment target (HIV RNA < 50 copies/ml) after at least 6 months compared to 93 percent of foreign-born (4).

Since 2011, a self-reported health survey has been electronically integrated into the decision support in InfCareHIV, with questions about physical, mental, sexual health as well as compliance, experience of side effects and satisfaction with care. The questionnaire has been translated into 11 languages and is answered on paper, computer or online. Using patient-reported outcome measures in HIV care to improve health-related quality of life is recommended in the EACS European guidelines since 2023 (5).

Aim

The purpose of this study was to investigate self-reported experiences of health, adherence to treatment and experience of side effects among people living with HIV and to analyze any differences between Swedish-born and foreign-born living with HIV in Sweden. The study was commissioned by the Public Health Agency based on the national strategy against HIV/AIDS.

Method

The study is a cross-sectional study conducted in 2020 with data taken from the national quality register InfCareHIV. From the health questionnaire, all variables were included. Univariable and multivariable logistic regression were used to analyze associations between patient characteristics, clinical data, and health survey questions with a binary outcome.

Ethical considerations

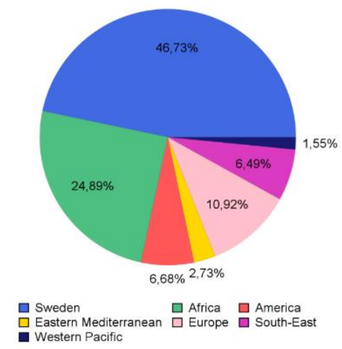
Describing differences between different groups of people can be perceived as stigmatizing. At the same time, it is an advantage to increase knowledge about socio-demographic differences as well as experiences of health and experiences with HIV care, as it can lead to improving care for marginalized groups and reducing inequality in health. The study is approved by the Ethics Review Authority: dnr 2021-03956.

Discussion

Being born abroad was associated with twice the risk of reporting missed doses. Reduced adherence to antiviral treatment can lead to treatment failure and low-grade viremia, which is associated with long-term health, comorbidity and mortality. In order to achieve equal health, it is important that we offer everyone living with HIV in Sweden to complete the health survey in InfCareHIV to have the opportunity to discuss the reasons for reduced adherence and whether you experience side effects from ART. Reasons for impaired adherence needs to be investigated in foreign-born and include socio-economic factors, intersectional stigma, co-morbidity, exposure to violence and cultural factors.

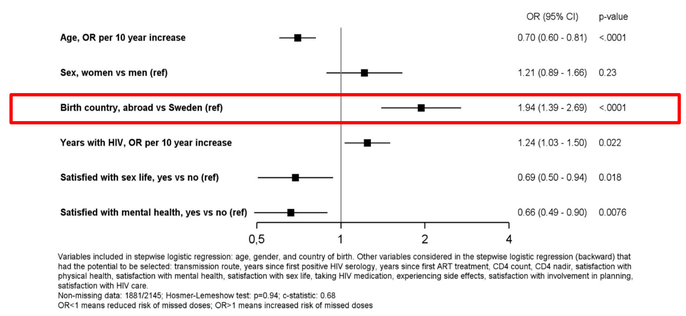
Results

In 2020, InfCareHIV included 7766 adult persons with HIV (PWH). Of them, 2145 (27,6%) had performed the health questionnaire and were included in the study. 118 individuals (5,2%) had declined. Men, Swedish born and those who had acquired HIV by homo/bisexual transmission were overerepresented in the study cohort. The origin of all PWH in the study cohort, according to WHO regions, are shown in figure 1.

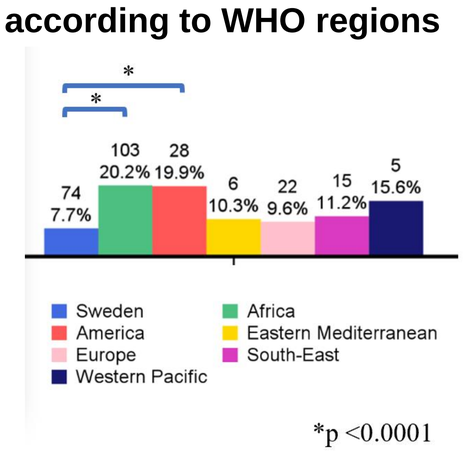


Adherence to ART

Adherence is reported as number of missed doses last week. Migrants reported impaired adhernce till behandling (figur 5) där 14,1% rapporterade att de missat 1-2 doser, jämfört 7,7% av de födda i Sverige (p<0.001) Factors that were associated with impaired adherence are presented in figure 2.



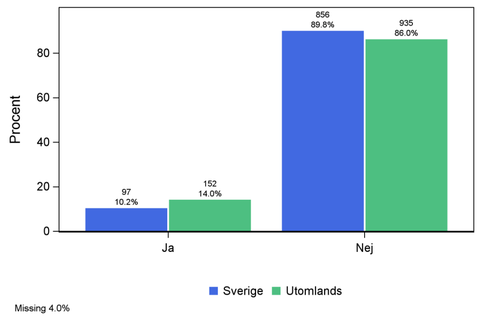
Adherence rates according to WHO regions



*p <0.0001

Antiretroviral side effects

Self-reported antiretroviral side effects were more common in migrants (14%) compared to Swedish born people with HIV 1,2% p= 0.01 .



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1. Joint United Nations Programme on HIV and AIDS (UNAIDS). Global partnership for action to eliminate all forms of HIV-related stigma and discrimination; 2023. 2. Saracino A et al. Increased risk of virological failure to the first antiretroviral regimen in HIV-infected migrants compared to natives: data from the ICONA cohort . Journal of the International AIDS Society 2014 . 3. Reyes-Urueña . Differences between migrants and Spanish-born population through the HIV care cascade, Catalonia: an analysis using multiple data sources. Epidemiol Infect. 2017 . 4. www.infcarehiv.se 5. Ambrosioni J, et al. EACS Governing Board. Major revision version 12.0 of the European AIDS Clinical Society guidelines 2023. HIV Med. 2023

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