

Abstract: Factors associated with retention and adherence in a comprehensive HIV Pre-Exposure Prophylaxis (PrEP) clinic

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Background: Retention in HIV pre-exposure prophylaxis (PrEP) care and adherence to PrEP has been suboptimal, despite evidence that high adherence dramatically enhances PrEP's efficacy. A comprehensive PrEP Clinic with a retention specialist and clinical may impact patient's adherence and retention in in PrEP care.

Methods: A retrospective chart review was conducted of electronic medical records of patients in an academic PrEP Clinic between 6/2018 to 6/2019 for at least one visit for PrEP. Retention was defined as a medical or lab visit every three months +/- 30 days, as recommended by CDC guidelines. Adherence was calculated using a Medication Possession Ratio (MPR). Patient characteristics were compared for both retention and adherence using chi-squared tests, Fisher's exact tests, or regression analyses.

Results: 122 patients were identified by chart review, 91 had sufficient data for follow-up and were included in at least one analysis. The population was primarily cis gender MSM, 50% self-identified as non-white race/ethnicity. Just under half (43%) of patients were classified as retained in care, consistent with larger studies. The retention analysis demonstrated that individuals who self-identified as gay were more likely to be retained than those who identified as heterosexual (53% vs. 18%, $p=0.044$). Though not statistically significant, African Americans were less likely to be retained (25%) vs. other racial/ethnic groups (50%). The adherence analysis found higher MPRs among individuals over age 35 vs. ages 18-24 (87% vs. 60%, $p=0.02$), and among those not reporting previous incarceration (83% vs. 53%, $p = 0.008$).

Conclusions: Despite comprehensive PrEP clinical care, heterosexual individuals and previously incarcerated individuals were less likely to be retained in PrEP care. The study found younger individuals are less likely to be adherent to PrEP, similar to other studies. Additional research should be conducted to determine what barriers may impede retention and adherence among these populations.