

Positive Perspectives Study, Wave 2 (Positive Perspectives 2) is one of the largest, global, HIV patient-reported outcomes studies to date, involving 2,389 people living with HIV (PLHIV) across 25 countries. The research explores the aspirations and attitudes of a diverse range of PLHIV, revealing how they feel about their HIV care and relationships with their health care providers (HCPs).

Visit viivhealthcare.com to download a copy of the Positive Perspectives Study, Wave 2 Global Results Report Results from Positive Perspectives 2 reveal the experiences of PLHIV, reflecting changes in HIV care and providing insights into aspects of quality of life that need to be addressed across several key areas including:

- ightarrow Impact of polypharmacy
- → PLHIV-HCP engagement
- → Undetectable = Untransmittable (U=U)
- → HIV and Women
- Ageing well with HIV

## IMPACT OF POLYPHARMACY

Positive Perspectives 2 defined polypharmacy as taking five or more pills a day or taking medicines for five or more health conditions



**82% of people living** with HIV in the study reported taking at least one non-HIV pill daily<sup>1</sup> (1,731/2,112)\*

73%

an HIV treatment with fewer medicines, as long as viral load remains suppressed<sup>1</sup>

(1,544/2,112)



More than half (57%) of PLHIV were concerned about taking more medicines as they grow older<sup>1</sup> (1,195/2,112)\*

\*Total number of participants is 2,112 as the figures were calculated before the inclusion of additional data from Russia and South Africa



 $(1,556/2,389)^2$ 

## INFORMING PLHIV ABOUT U=U

Positive Perspectives 2 data show that people living with HIV who reported they were informed of Undetectable = Untransmittable (U=U) by their HCPs have more favourable health outcomes than those reporting they were not informed by their HCPs (66%, 1,588/2,389)<sup>3</sup>

Those informed of U=U by their HCPs were significantly more likely to report:3

Treatment satisfaction

(1,201/1,588) 76%

(456/801) 57%

Optimal adherence

(1,266/1,588) 80%

(548/801) **68%** 

Self-reported virologic control

(1,220/1,588) 77%

(551/801) 69%

Yet, Positive Perspectives 2 discovered that just over one-third of PLHIV were not told about U=U by their HCPs (34%, 801/2,389)<sup>3</sup>

Informed by HCPs
Not Informed by HCPs



## **HIV AND WOMEN**

Today, women make up more than half of all people living with HIV worldwide $^4$ , and HIV/AIDS is now the leading cause of death for women aged 15-44 $^5$ 

69%



Over two thirds (69%, 396/571) of women living with HIV (WLHIV) desired greater involvement in their care, yet almost one quarter (22%, 128/571) were uncomfortable discussing treatment issues with their HCPs due to a lack of confidence<sup>6</sup>

1/3

1 in 3 (34%, 196/571) WLHIV reported their HCPs did not tell them about U=U and they did not believe maintaining effective treatment prevents transmission<sup>6</sup>



Only 59% (336/571) of WLHIV reported being virologically suppressed compared to 78% (1,155/1,486) of men living with HIV (MLHIV)<sup>6</sup>

'Total number of participants is 2,112 as the figures were calculated before the inclusion of additional data from Russia and South Africa

## AGEING WELL WITH HIV

It isn't always possible for people living with HIV to make planning for the future a top priority. Positive Perspectives 2 data show that the priorities of PLHIV evolve as they grow older, highlighting the importance of HCPs and PLHIV having ongoing open discussions to address changing needs<sup>7,8</sup>



Almost one-quarter of PLHIV aged ≥50 years reported suboptimal health in all areas including physical, mental, sexual and overall health (23%, 161/699)<sup>7</sup>

**53%** 

Over half of treatment-experienced PLHIV aged ≥50 years reported barriers to raising concerns with their HCPs (336/632)<sup>8</sup>

84%

Newly diagnosed\* PLHIV aged ≥50 years were more likely than treatment-experienced PLHIV to report barriers to raising these concerns (56/67)<sup>8</sup>

'Newly diagnosed in the study was defined as PLHIV who have been diagnosed from January 2017  $\,$ 

References 1. Okoli C, de los Rios P, Eremin A, Brough G, Young B, Short D. Relationship Between Polypharmacy and Quality of Life Among People in 24 Countries Living With HIV. Prev Chronic Dis 2020;17;190359, DOI: http://dx.doi.org/10.5888/pcd17;190359, 2. de los Rios P, Okoli C, Castellanos E, Allan B, Young B, Brough G, Eremin A, Corbelli GM, McBritton M, Van de Velde N, Putting the heart back into HAART: greater HCP-patient engagement is associated with better health outcomes among persons living with HIV (PLHIV) on treatment. Presented at the 23rd International AIDS Conference, July 6 – 10, 2020. 3. Okoli C, de los Rios P, Richman B, Allan B, Castellanos E, Young B, Brough G, Eremin A, Corbelli GM, McBritton M, Hardy D, Van de Velde N, A tale of two "U's and their use by healthcare providers: a cross country analysis of information sharing about undetectable - untransmittable (U-U); Presented at the 23rd International AIDS Conference, July 6 – 10, 2020. 4. UNAIDS, Core Epidemiology-Sildes, Available at: https://www.unaids.org/sites/default/files/media\_asset/UNAIDS\_2017\_core-epidemiology-sildes\_enpdf. Last accessed June 2020. 5. Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. https://www.who.int/healthinfo/global\_burden\_clisease/estimates/en/indext.html Last accessed June 2020. 6. Okoli C, de los Rios P, Muchenje M, Young B. Treatment experiences, perceptions towards sexual intimacy and child-bearing, and empowered decision making in care among women living with HIV; Positive Perspectives; Presented at the 10th International Workshop on HIV & Women, Boston, MA, March 6-7, 2020. 7. Short D, Spinelli F, Okoli C, de Los Rios P. Clinical and sociodemographic characteristics associated with poor self-rated health across multiple domains among older adults living with HIV and difficulties with patient-provider communication; Presented at the 23rd International AIDS Conference, July 6 – 10, 2020.



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