



nPEP and Sexual Risk Taking

Kathryn Marsilio, Deborah Yoong, Darrell H. S. Tan
St. Michaels Division of Infectious Disease

What is nPEP?

- Non-Occupational Post Exposure HIV Prophylaxis
 - Anti-HIV regimen given within 72 hours of HIV exposure for 28 days
 - Reduces risk of HIV acquisition by >80-90%
 - Not 100% effective- type of exposure, time until PEP initiated, adherence
- Non-Occupational exposure: sexual assault, IDU, unprotected sex
- Side Effects
- \$~1000.00 (nPEP not covered in Ontario)
- *NOT a substitute for safe sex practice*

nPEP and Risk taking?

- Could nPEP influence sexual risk taking? Encourage it?
- Behavioural disinhibition?
- Is this an obstacle to publicly-funded nPEP?



SMH nPEP protocol

Pt with potential HIV exposure presents within 72 h to **SMH ED**

- Risk assessed
- nPEP started if clinically indicated
- Baseline HIV testing

Pt visits **SMH ID** within 3-5 days

- Further assessment
- Continued on nPEP if appropriate

Pt arranges follow-up with **physician**

6-8 weeks, 3 months, 6 months

Our Question



Do adults who take nPEP demonstrate a significant change in sexual risk-taking behaviour over the 6-month period following their course of nPEP?

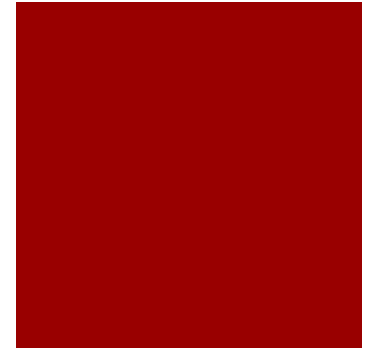
Objectives

1. To determine the mean change in the number of sexual partners with whom participants reported having unprotected sex in the past 3 months
2. To identify patient characteristics associated with having a significant change in the number of unprotected sexual partners in the past 3 months
3. To assess PEP recipients' interest in using pre-exposure prophylaxis for HIV prevention



Methods

- Baseline and Follow-up surveys created
 - 28 questions (demographics and sexual practices)
- All patient receiving nPEP at SMH asked to consider study participation at first visit to ID clinic
 - Offered baseline survey (Feb 2012 start)
 - Offered follow-up survey at scheduled follow-up visits
- Baseline survey data entered in MS Access Database
 - Descriptive quantitative data analysis
 - Qualitative themes
- Sample size of 34 participants estimated to permit detection of change in number of unprotected sex partners of 0.5



Results

- Completed **baseline** surveys (Feb-Aug 2012): **35**
- Completed **follow-up** surveys (Feb- Aug 2012): **22**
- Incomplete surveys (time-limitation, decline): **4**
- **This presentation will focus on the results of baseline questionnaire responses only**



Results- Demographics and Risk Factors



Measure	n	% of participants
Sexual Identity		
Male	33	94%
Female	1	3%
Undisclosed	1	3%
Education		
High School	7	20%
College/Uni	20	57%
Graduate	7	20%
Undisclosed	1	3%

Measure	median	IQR
Age	30	28-38
#HIV Tests	6	3-9.5
#STI Tests	5.5	2-10
# of Partners	5	3-6.25

Results- Demographics and Risk Factors



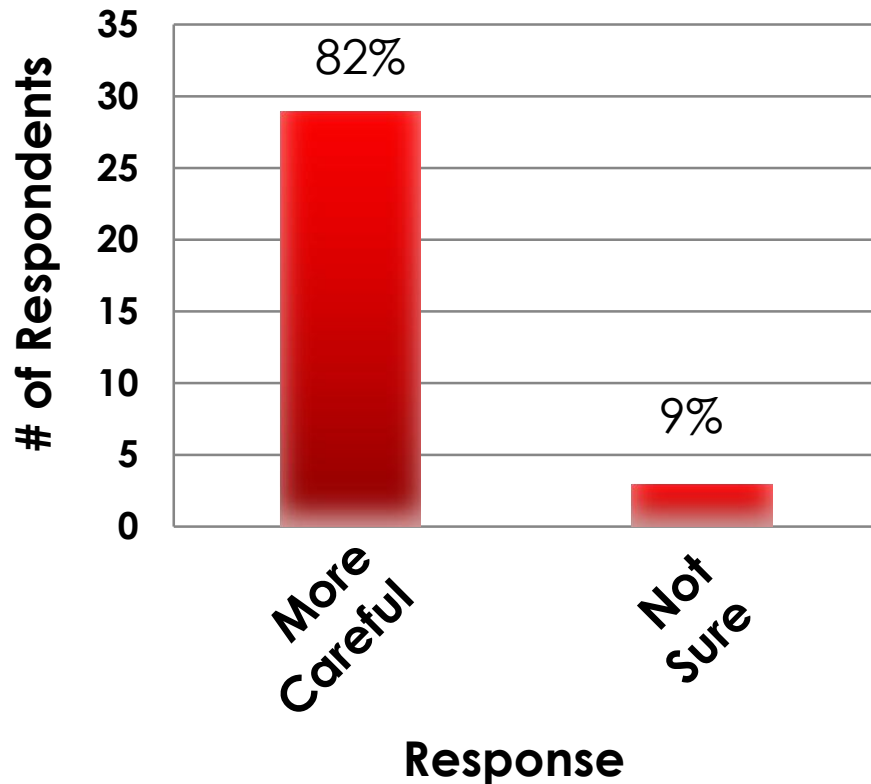
Measure	n	% of participants
STI History		
Gonorrhea	10	29%
Chlamydia	8	23%
Syphilis	3	9%
Genital Warts	4	11%
Sexual Preference		
Male Partners	28	80%
Female Partners	4	11%
Both Partners	2	6%

Measure	n	% of participants
Description of Sexual Partners		
Regular	5	14%
Multi-Regular	9	26%
Casual	21	60%
Anonymous	17	49%
Escort	2	6%
Unprotected Intercourse		
Anal or Vaginal	24	69%

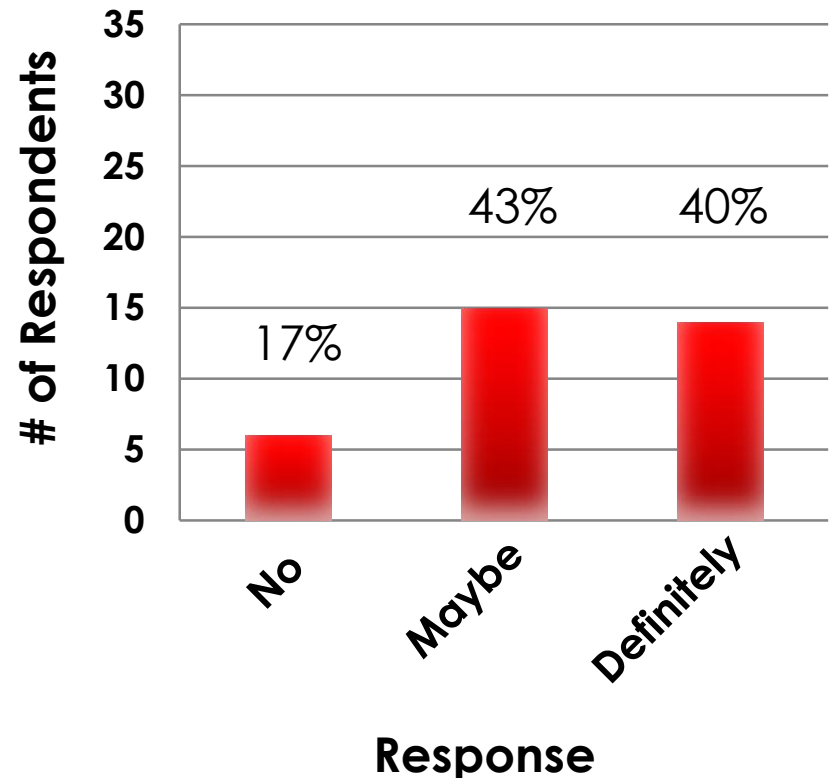
Results- Perception of nPEP and prPEP



nPEP effect on Sexual Risk-taking



Interest in prPEP

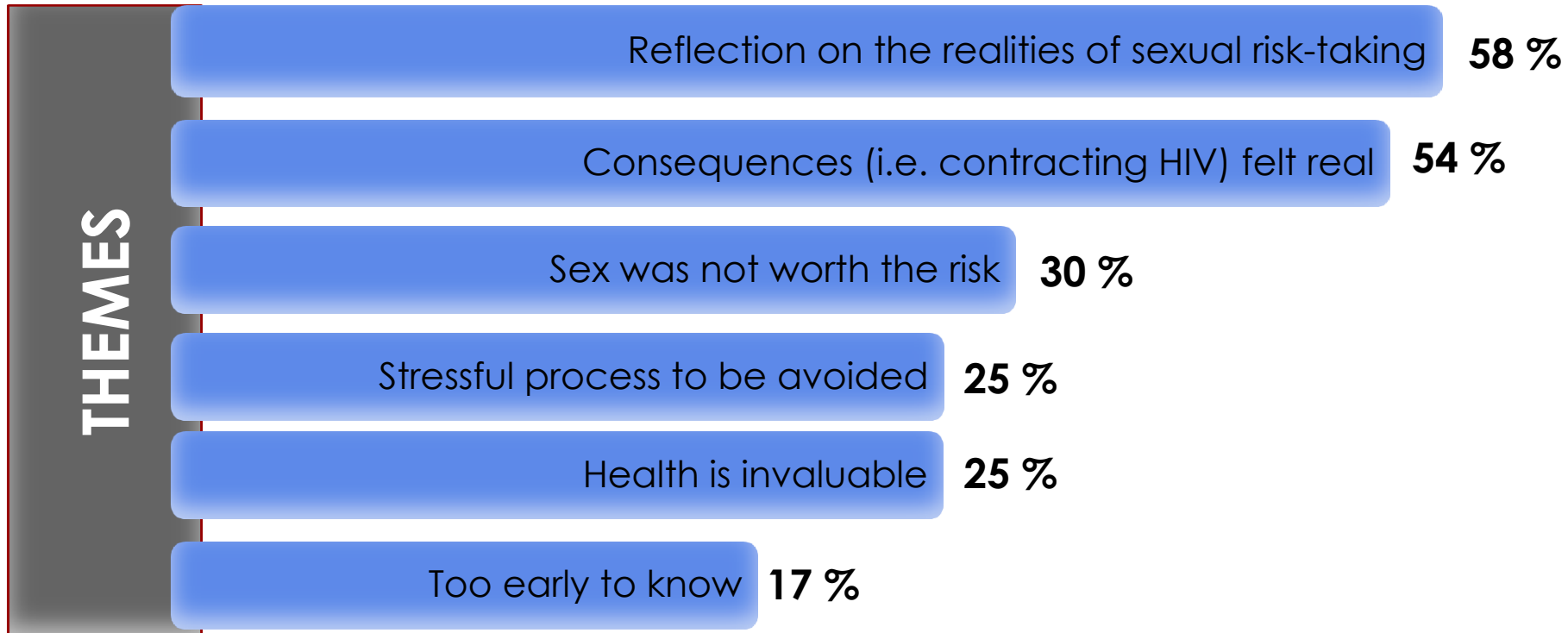


Results– The nPEP experience



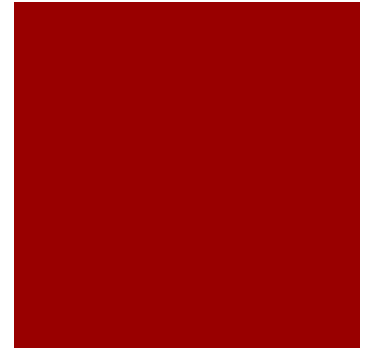
Q 25: “If you think **PEP** has **affected your sexual behaviour**, can you comment on **why** you think this may be true?”

24 of 35
responded



Limitations

- Sample size
- Reliability of future patient follow-up (3 and 6 Mo)?



Discussion and Concluding Thoughts



- Demographic and risk-factors
 - Over 85% MSM, median of 5 sexual partners, 60% anonymous and 49% casual partners, significant STI history.
 - 69% had UI
- Perception of nPEP and prPEP
 - 82% reported nPEP encouraged them to be less 'risky' (time to reflect, appreciate health)
 - 83% had interest in prPEP

Future work



- Continue follow-up survey administration (up to Feb 2013)
- Primary Analysis:
 - Significant change in UI between baseline and follow-up?
- Secondary Analysis:
 - Regression analysis- correlate other sexual risk-taking factors with primary analysis.

Life experience

“I already experienced PEP treatment myself. Just to let you know that it was not fun...This PEP treatment helped me to understand how HIV pos people feel. I experienced what it is like living with HIV and antiviral drugs for the rest of my life. Right now, I feel I respect them for fighting to stay alive.”

(T from Toronto)

