

Study finds clinic-based HIV prevention is effective in reducing risk behaviors

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UCSF researchers have shown that delivering HIV prevention services to people living with HIV in clinical settings can sharply reduce their sexual risk behaviors.

The findings are available now in the online edition of the journal "AIDS and Behavior" and are scheduled for publication in an upcoming print issue.

"We found the greatest and most sustained reductions in sexual risk took place when the prevention interventions were delivered by medical care providers during HIV patients' routine visits. An important feature of this research is that it was conducted in actual clinical settings and not in the somewhat artificial setting of a clinical trial," said the study's lead author, Janet J. Myers, PhD, MPH, assistant professor of medicine at the UCSF Center for AIDS Prevention Studies and co-principal investigator of the project.

When they received risk assessment prevention counseling from their clinical providers, HIV patients showed a consistent decline in risky behavior over the 12-month study period. The researchers saw HIV patients cut almost in half their sexual risk behaviors: unprotected anal or vaginal intercourse with either a HIV-negative partner or one whose status was unknown. HIV patients receiving services from health educators, social workers or peer educators also significantly reduced risk behaviors at 6 months, but not at 12 months.



"Other studies testing behavioral prevention interventions have demonstrated that boosters delivered at periodic intervals assist in sustaining behavior changes. Since patients see their medical providers regularly to monitor disease and therapeutic regimens, delivering prevention services during these visits is not only exceedingly effective in reducing risk behaviors, but is likely to be highly cost-effective," said Steve Morin, PhD, professor of medicine and director of the UCSF Center for AIDS Prevention Studies and the study's principal investigator.

The roughly 3500 HIV-positive trial participants were diverse—half of the sample was men who have sex with men, 30 percent was women and 20 percent was heterosexual men. The research was conducted at 13 demonstration sites in 12 states and included sites in major urban centers and sites in smaller cities.

"These findings are very robust given the number of participants and their diversity and the variety of sites where the research was conducted. This intervention, especially when delivered by medical care providers, should be considered for inclusion in emerging 'test and treat' and 'test, treat and link to care' models that seek to dramatically increase the number of HIV-infected patients receiving care. The expected prevention benefits from increasing the number of people who know their HIV status and from successfully achieving some viral control amongst those infected could be effectively and efficiently increased if these behavioral interventions are included as part of a combination HIV prevention effort," said Morin.

Provided by University of California - San Francisco

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