

HIV treatment offers hope for disease prevention but no panacea

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New research findings recommend further measures should be put in place to make the best use of two new HIV prevention options.

Research published by the MRC/CSO Social and Public Health Sciences Unit offers new insights into the barriers to effective uptake and use of two new HIV prevention options that use antiretrovirals (ARVs), currently used in existing HIV treatment.

'Treatment as Prevention' (TasP) is the use of ARVs by people living with HIV to significantly reduce risk of onward HIV transmission. Pre-Exposure Prophylaxis (PrEP) is the use of ARVs by HIV-negative individuals to prevent contracting HIV.

These most recent findings, made by researchers at the University of Glasgow and Glasgow Caledonian University, come from the first qualitative study in the UK to assess the acceptability of these new prevention options. The teams were led by Dr Ingrid Young at the University of Glasgow and Prof Paul Flowers at Glasgow Caledonian University.

The research cites lack of awareness and limited understanding of their effectiveness as barriers to the implementation of TasP and PrEP and experts are calling for more to be done to demonstrate how both can be part of a safe and comprehensive risk management strategy in transmission of HIV.

In particular, when looking at the use of TasP among people diagnosed with HIV, the researchers found that inequalities in HIV literacy and increased burden of treatment were among factors that would limit the effectiveness of TasP and increase the social burden of living with HIV. There was also evidence that HIV-stigma would form a barrier to TasP being seen as a socially acceptable HIV prevention option.

The research also found that limited understandings of PrEP and wider community attitudes would affect the potential uptake of this prevention option. The team found that low perception of HIV risk due to existing risk management strategies meant few participants saw themselves as PrEP candidates. Many participants viewed PrEP as problematic because they perceived that others would stop using condoms if PrEP was to become available.

Dr Ingrid Young, Research Fellow MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow, and lead researcher in the study, said: "PrEP and TasP can play an important role in comprehensive HIV prevention strategies. However, we need to pay attention to the social and sexual context within which they will be used."

"Our research highlights the need to consider how inequalities in knowledge and understanding of these tools need to be addressed. It is vital that we consider how PrEP and TasP are translated into real world contexts and how both potential users and health providers are supported in using these tools in socially acceptable and sustainable ways."

Provided by University of Glasgow

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