

# Providers who prescribe PrEP don't see most patients increasing risky sexual behavior

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A new study examining medical provider attitudes toward prescribing PrEP to prevent HIV found that those who already prescribe it do not see widespread increases in risky sexual behavior among their patients as a result. Also, providers do not consider such behavior change to be a reason to discontinue or limit PrEP.

The researchers believe adopting PrEP, which stands for [pre-exposure prophylaxis](#), is essential to curbing the number of new HIV diagnoses. PrEP was approved for use in the U.S. in 2012, and public health experts consider it a breakthrough in HIV prevention. The World Health Organization has endorsed PrEP as a means to help halt the HIV/AIDS epidemic.

"If traditional methods of prevention like condoms were enough to adequately address the HIV epidemic, then we wouldn't see 40,000 people in the U.S. getting new diagnoses year after year," said Sarah Calabrese, lead author of the paper and assistant professor of clinical psychology at the George Washington University. "PrEP is a highly effective prevention option, and people deserve access to it. Our study found that providers who have already started prescribing PrEP can play a key role in improving access - not only by offering PrEP to their own patients but also by influencing their peers to overcome ideological hurdles around prescribing PrEP."

More than 1.2 million Americans are believed to be at a significant risk for contracting HIV and are eligible for PrEP, yet less than 100,000 of

them have been prescribed the drug Truvada for PrEP (tenofovir disoproxil fumarate with emtricitabine), according to research presented at the 2016 International AIDS Conference. In the past, physicians have cited concerns that a prescription for PrEP might encourage patients to engage in more [risky sexual behavior](#), such as decreasing use of condoms or increasing the number of sexual partners.

To better understand the attitudes and experiences of medical providers who prescribe PrEP, the researchers interviewed 18 U.S.-based healthcare providers with experience prescribing PrEP. The interviews yielded three general themes:

- Providers believed their role was to support patients in making informed sexual health decisions
- Providers perceived the protective benefit of PrEP to outweigh any increase in risky behavior by patients
- Providers thought PrEP was unduly stigmatized by others within and beyond the healthcare community. The same negative judgments of patients and concerns about risky behavior aren't seen with other forms of prevention like statins used to lower cholesterol.

"As public awareness about PrEP increases and more at-risk individuals actively seek out PrEP from their healthcare providers, there is an urgent need to prepare providers to respond appropriately," the authors wrote in the paper. "This includes not only enhancing providers' comfort and competence prescribing PrEP or referring [patients](#) elsewhere for PrEP care but also educating providers about reacting to patient inquiries in a sensitive and professional way."

Dr. Calabrese noted this study targets "early adopting" providers, meaning they already have experience prescribing PrEP and have overcome concerns within their own clinical practice.

The paper, "Support your client at the space that they're in: Pre-exposure prophylaxis (PrEP) prescribers' perspectives on PrEP-related risk compensation," was published in the journal *AIDS Patient Care and STDs* this month.

Provided by George Washington University

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