

HIV trial shows viral suppression is not achieved through increased case management alone

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Viral suppression of HIV by antiretroviral medications helps slow transmission of the disease and keep individuals living with it healthy, at

times making viral loads so low they are undetectable even on blood tests. Sixty-five percent of people diagnosed with HIV in the U.S. were virally suppressed as of 2020.

Now, Northwestern University and Columbia University researchers have published findings on how to achieve greater numbers of viral suppression among the highest-risk sexual and gender minority men living with HIV in the U.S. South.

The paper, published Feb. 1 in the journal *AIDS*, focused on existing methods to achieve viral suppression.

"Our primary success was in identifying Black and Latinx sexual minority men living with HIV who were not in treatment—despite being aware of their positive HIV status—and engaging them in care," said Jagadīśa-devaśrī Dācus, co-author, assistant research professor and associate director of the Institute for Sexual and Gender Minority Health and Well-being (ISGMH) at Northwestern. "By the end of the study, nearly half of these individuals achieved viral suppression regardless of study arm, showing us we can help high-risk individuals living with HIV achieve viral suppression."

The [randomized controlled trial](#) (RCT) placed participants in two study arms and followed them for 12 months. The control arm received standard treatment for people living with HIV, and the intervention arm received enhanced case management with opportunities to access additional resources. In the intervention arm, all participants were assigned case managers trained in motivational interviewing techniques, which has proven to have great benefits in HIV-related research.

Among the 128 participants enrolled in the study at the final 12-month visit, 68 had achieved viral suppression. The trial found no statistically significant difference between the levels of viral suppression achieved

by participants in the [standard treatment](#) arm of the study (53%) compared to the enhanced case management arm (42%).

"We expected that enhanced case management would increase the likelihood of people achieving viral suppression, but we had similar rates of viral suppression across the board," Dācus said. "We suspect that multiple societal and geographical barriers to care, such as inability to afford the costs associated with regular care and stigma around living with HIV, and other unmet participant needs might have been factors. The trial further reinforced the need for more comprehensive interventions that address multiple structural or systemic issues, especially for sexual minority men who are among the most disenfranchised in the U.S."

The trial was part of the National Institutes of Health HIV Prevention Trials Network (HPTN), which works in tandem with the Center for Disease Control's Ending the HIV Epidemic initiative and recruited participants in several sites throughout the U.S. South.

"Our results are significant because southern states have the greatest concentration of HIV seroprevalence across the country, juxtaposed to our understanding that this region also experiences lower rates of testing, adherence to [antiretroviral therapy](#), and viral suppression," Dācus said. "Getting high-risk individuals living in the U.S. South into care will be essential for meeting federal Ending the HIV Epidemic initiative goals of reaching 90% sustained viral suppression among all people living with HIV."

More information: Robert H. Remien et al, HTPN 078: an enhanced case management study to achieve viral suppression among viremic HIV-positive men who have sex with men in the United States, *AIDS* (2022). [DOI: 10.1097/QAD.00000000000003411](https://doi.org/10.1097/QAD.00000000000003411)

Provided by Northwestern University

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