

Examining the factors that influence PrEP prescribing behavior in health care providers

November 14 2023, by George Hale



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HIV pre-exposure prophylaxis (PrEP), a daily dose of two medications meant to prevent HIV infection in high-risk people, has changed public health dramatically in recent years. Yet, adolescents and young adults, one high-risk group, have shown slower uptake in using this prevention method.

Despite accounting for around 20% of new HIV infections, adolescents and [young adults](#) between the ages of 13 and 24 are still largely not being prescribed PrEP. Research has described physician intentions to prescribe PrEP to at-risk [young people](#), but no studies until now have focused on factors that may affect actual prescribing of this evidence-based practice.

In a new [study](#) published in *Scientific Reports*, Christopher Owens, Ph.D., assistant professor in the Department of Health Behavior at the Texas A&M University School of Public Health, and colleagues analyzed characteristics of primary care physicians to see how demographic, [clinical care](#), and implementation factors influence prescribing of PrEP to adolescents.

The researchers used an approach known as the [Theoretical Domains Framework](#) for their analysis. This framework is commonly used in research about physicians using evidence-based practices. Additionally, it was used in [a prior study](#) of physician intent to prescribe PrEP to adolescents.

Researchers found that providers who were assigned male at birth, practiced in the Western region of the United States, and had more knowledge about the PrEP prescribing guidelines were more likely to prescribe PrEP.

Differences in prescribing rates between genders could be due to male adolescents, who are more affected by HIV, seeking male providers, differences in adoption of new treatments by male and female providers, or proportions of male and female providers in different practices. Geographic differences could be due to availability of providers specializing in PrEP or differences in state policies that allow minors to access HIV-related care without parental permission.

Further research into these areas could be beneficial. These findings also indicate the potential value of programs to educate providers on PrEP and its prescribing guidelines. Additionally, [geographic differences](#) in prescribing behaviors indicate that changes to laws that allow adolescents to seek HIV-related care without parental consent could further improve PrEP uptake.

"Most PrEP research focuses on providers' intentions to prescribe while we looked at the determinants of prior prescribing PrEP, finding two main points. First, knowledge is important in better understanding providers' behaviors in delivering this HIV preventive evidence-based practice. Also, structural factors like laws and access to care—that vary widely between states and regions—might be important in mediating or moderating providers' prescription habits," Owens said.

More information: Garrett Price et al, Knowledge, sex, and region associated with primary care providers prescribing adolescents HIV pre-exposure prophylaxis, *Scientific Reports* (2023). [DOI: 10.1038/s41598-023-44165-9](#)

Provided by Texas A&M University

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