

# POSITIVE PERSPECTIVES STUDY, WAVE 2: UNDERSTANDING THE UNMET NEEDS OF PLHIV



Positive Perspectives Study, Wave 2 (Positive Perspectives 2) is one of the largest, global, HIV patient-reported outcomes studies to date, involving 2,389 people living with HIV (PLHIV) across 25 countries, including Ireland (n=50). The research explores the aspirations and attitudes of a diverse range of PLHIV, revealing how they feel about their HIV care and relationships with their health care providers (HCPs).

Visit <https://livlife.com/en-ie/positive-perspectives/> to download a copy of the Positive Perspectives Study, Wave 2 Global Results Report

Results from Positive Perspectives 2 reveal the experiences of PLHIV, reflecting changes in HIV care and providing insights into aspects of quality of life that need to be addressed across several key areas including:

- Impact of polypharmacy
- PLHIV-HCP engagement
- Undetectable = Untransmittable (U=U)
- HIV and Women
- Ageing well with HIV

ALL OF THE BELOW INFORMATION RELATES TO THE IRISH SUBSET OF DATA FROM POSITIVE PERSPECTIVES WAVE 2 (n=50)<sup>1,2</sup>

## IMPACT OF POLYPHARMACY

Positive Perspectives 2 defined polypharmacy as taking five or more pills a day or taking medicines for five or more health conditions



60% of people living with HIV in the study reported taking at least one non-HIV pill daily<sup>1</sup>  
n=50

# 80%

of PLHIV were open to taking a HIV treatment with fewer medicines, as long as viral load remains suppressed<sup>1</sup>  
n=50



Half (50%) of PLHIV were concerned about taking more medicines as they grow older<sup>1</sup>  
n=50



## TALKING CAN MAKE A REAL DIFFERENCE

PLHIV-HCP engagement was significantly associated with better health outcomes<sup>1</sup>



of people living with HIV agreed they would like to be more involved in decisions about their HIV treatment<sup>1</sup>  
n=50



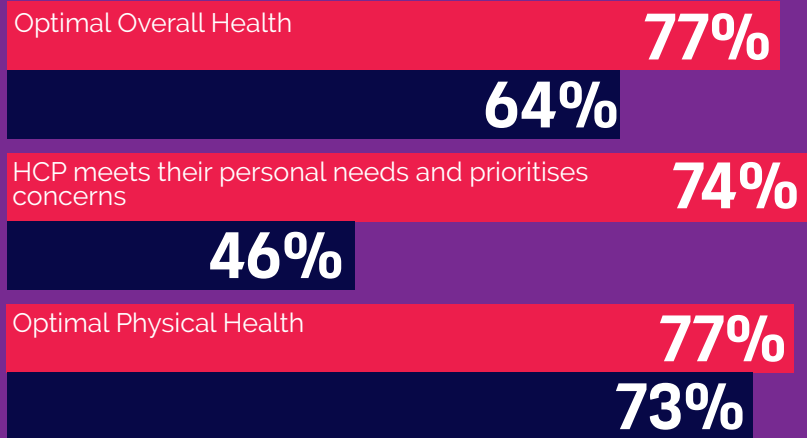
of PLHIV reported that they feel some level of discomfort raising concerns with their HIV provider<sup>1</sup>  
n=50

# INFORMING PLHIV ABOUT U=U



Positive Perspectives 2 data show that people living with HIV who reported they were informed of Undetectable = Untransmittable (U=U) by their HCPs have more favourable health outcomes than those reporting they were not informed by their HCPs<sup>1,2</sup>

Those informed of U=U by their HCPs were **more likely** to report:<sup>2</sup>



In Ireland, 78% PLHIV were informed about **"undetectable = untransmittable" (U=U)** by their HCP.<sup>1</sup> (n=50)



## HIV AND WOMEN

Today, women make up more than half of all people living with HIV worldwide<sup>3</sup>, and HIV/AIDS is now the leading cause of death for women aged 15-44<sup>4</sup>



**93%**  
9 in 10 (93%) of women living with HIV (WLHIV) would like to be more involved when it comes to decisions about their HIV treatment.<sup>1</sup>

**1/5**

1 in 5 (22%) WLHIV reported their HCPs did not tell them about U=U.<sup>1</sup>



Only 10% of WLHIV reported being virologically suppressed compared to 67% of men living with HIV (MLHIV).<sup>1</sup>

## AGEING WELL WITH HIV\*

It isn't always possible for people living with HIV to make planning for the future a top priority. Positive Perspectives 2 data show that the priorities of PLHIV evolve as they grow older, highlighting the importance of HCPs and PLHIV having ongoing open discussions to address changing needs<sup>5,6</sup>



One-third of PLHIV aged ≥50 years reported suboptimal health in all areas including physical, mental, sexual and overall health (33%).<sup>1</sup>

**67%**

Two thirds of PLHIV aged ≥50 years reported barriers to raising concerns with their HCPs.<sup>1</sup>

**78%**

78% of PLHIV ≥50 years worry about the long-term impact of HIV medication compared to 49% of PLHIV <50<sup>2</sup> (n=50).

\*Small sample size <20 interviews

**References** 1. GSK/ViiV 2020. Data on File. NP-IE-HVX-BRFS-200001. Market Research PP2 Ireland Country Report. 2. GSK/ViiV 2020. Data on File. NP-IE-HVX-BRFS-200002. Market Research PP2 Ireland - Sub-analysis. 3. UNAIDS. Core Epidemiology Slides. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_2017\\_core-epidemiology-slides\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_2017_core-epidemiology-slides_en.pdf). Last accessed June 2020. 4. Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. [https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1.html](https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html). Last accessed June 2020. 5. Short D, Spinelli F, Okoli C, de Los Rios P. Clinical and sociodemographic characteristics associated with poor self-rated health across multiple domains among older adults living with HIV; Presented at the 23rd International AIDS Conference, July 6 – 10, 2020. 6. Short D, Spinelli F, Okoli C, de Los Rios P. Understanding the changing treatment concerns of older people living with HIV and difficulties with patient-provider communication; Presented at the 23rd International AIDS Conference, July 6 – 10, 2020.