DYADIC HIV CARE ACROSS THE CONTINUUM FOR SAME-SEX MALE COUPLES

Rob Stephenson, PhD
Hubert Dept. of Global Health
Rollins School of Public Health
Investigator, Emory Center for AIDS Research
Emory University

Tamar Goldenberg, MPH
Hubert Dept. of Global Health
Rollins School of Public Health
Emory University

Donato Clarke, MPA
Georgia Department of Public Health
Office of HIV Prevention
BACKGROUND

• Approximately 1/3 to 2/3 of new HIV infections among MSM attributable to main partnerships

• Sero-discordant male couples represent a crucial target group for HIV prevention

• Couples HIV Testing and Counseling
  • Couples receive all elements of the CTR process together
  • Prevention plans are built on joint results and relationships
  • A prospective focused counseling intervention
Couples HIV Testing and Counseling (CHTC)

- Sullivan and Stephenson adapted CHTC for male-male couples since 2009

- Safe – no increases in IPV or relationship dissolution

- Very high levels of satisfaction

- Over 300 counselors among over 70 organizations in 25 cities
OBJECTIVE

• But what happens after the 45 minute CHTC session?

• Examine gay and bisexual men’s perceptions of a dyadic approach to the continuum of care

• Can we improve care by seeing couples together?
Five focus group discussions with:

• Self-identified gay and bisexual men

• Live in the Atlanta, GA

• ≥18 years

• In a main partnership lasting ≥ 3 months
  • As in CHTC, “main partnership” is self-defined

• 35 participants (57% African American, 95% gay)
DATA COLLECTION

- Discussion of dyadic care would look like at each stage of the continuum.

Paul receives a positive test for HIV.

Paul goes to his first HIV-related doctor appointment.

Paul takes his drugs regularly, every day, and on schedule.

Paul continues seeing his doctor. He goes back every 3-6 months for a visit.

The doctor prescribes Paul with medication for HIV. Paul starts taking the drugs.
DATA ANALYSIS

• Thematic analysis using MAXqda (version 10)

• Analysis stratified by
  • Sero-discordant
  • Sero-concordant positive
What is comprehensive dyadic?

- Both partners present at appointments—starting from linkage to care and throughout the continuum
- Positive relationship dynamics allow the couple to benefit from dyadic care
- Allows space and time to address both dyadic and individual needs
What is comprehensive dyadic?

- Should include more than just “a lab coat”
- A strong emphasis on mental health and counseling
- The creation of a “sex plan”
- In sero-discordant relationships, it should include a focus on how to keep the HIV negative partner negative
Emotional support

• Reduces stress
  • “I think if you go separately it puts more stress on each individual. If you go together, you got a better support system from the initial onset….because you’re there alone…it’s a very stressful situation, a very depressing situation. Yeah. The more support you have the better.”

• Provides comfort
  • “Just the comfort of another person being there, in this case, this is your partner, this is someone you love, this is someone that loves you and that [would] provide a lot of comfort for you going through this”

• Establishes empathy
  • “It creates a level of empathy. You’re both able to emotionally support each other through the particular hardship of the side effects and things like that. A layer of understanding.”
Informational support

• Increases understanding of information received from the doctor
  • “If you go individually, the information you’re given will be overwhelming, but if you have your partner there, you’ve got someone to support you, somebody else who is listening, they catch something you may not catch.”

• Allows for additional questions to be answered
  • “It kind of helps fill in the blanks. I know frequently when I go to the doctor and then I come home and my partner is asking me XYZ and I’m like ‘OK, you should have been there I guess because I didn’t think to ask that question.’”

• Increases honesty and transparency in the information shared

• BUT - concerns regarding confidentiality and privacy
Instrumental support

- Enables partners to establish a financial plan
  - They can find out together about will they be able to afford the medicine or how to get the medicine through insurance; they can take care of that together.”

- Accompaniment increases accountability
  - “Normally a single person, they can miss doctor’s appointments. So if you’re going as partners, one can motivate the other. If you don’t feel like going, drag them along and vice versa”

- Accountability through facilitation of reminders
  - “One of the benefits of [the partners] going through this together is they have a… better chance of taking their medications on time because they can remind each other and constantly ask, ‘did you remember to take your medicine?’”
Accountability and adherence

• Adherence was perceived as an act of commitment and investing in each other’s health

  • Sero-discordant Partners: “By [the positive partner] taking his drugs, he is showing the [negative partner] that he is there for him. He’s invested”

  • Sero-concordant Positive Partners: “The objective is for us to both get treatment and for us both to be happy… If you’re my partner, I am invested in your long term health and longevity and vice versa.”

• Challenges of Dyadic Care:
  • Sero-discordant Partners: Dependency
  • Sero-concordant Positive: Could bring each other down
Dyadic Care Throughout the Continuum

Comprehensive Dyadic Care + Positive Relationship Dynamics

Strengthened Relationships

↑ Emotional Support \leftrightarrow ↑ Informational Support \leftrightarrow ↑ Instrumental Support

↑ Accountability

↑ Adherence
RECOMMENDATIONS

• Space and time to address both dyadic and individual needs at each stage of the continuum

• Comprehensive Care: more than just “a lab coat”

• Create tools that promote improved relationship dynamics within dyadic care

• Increased access and advertising about dyadic care

• Dyadic care is optional for those who feel they would benefit from it
DISCUSSION

- Dyadic care may increase retention throughout the continuum of care and improve HAART adherence

- NICHD R01: Project Linc (Atlanta, Boston and Chicago)

- Cohort study of sero-discordant male couples

- Does testing a couple together and allowing them to attend all visits (and receive counseling) together lead to greater gains in engagement in care and ARV adherence?

- Enrollment starting Feb, 2014