P144 MULTIFACTORIAL VULNERABILITY AND HIV: LOCAL RESPONSE TO HEALTH-CARE NEEDS OF KEY POPULATIONS

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Background Contemporary healthcare systems must consider, among various factors, so-called ‘multifactorial vulnerabilities.’ The World Health Organization (WHO) defines social determinants of health (SDH) as the circumstances in which people are born, live, and work. These are particularly relevant when primary factors (e.g., migrant background, disability, transgender identity, etc.) intersect with HIV infection (Ferreira et al., 2021).

Materials and Methods Enhancing network collaboration between local socio-health services and third-sector organizations is crucial to address the needs of marginalized populations with multifactorial vulnerabilities.

A valid example of this is the N.A.V.I.G.A.R.e Project, administered by the Veneto Region, which involves a coordinated effort among public and private social stakeholders. This integrated approach includes various interventions: outreach actions, assistance for healthcare and legal needs, and ongoing ‘monitoring’ activities.

Other initiatives include the Spolato CAD, which offers psychological support, sexual health counselling, and has established a peer-support group based on self-help principles for people living with HIV (PWH).

Moreover, the recently inaugurated Padova Checkpoint is a sexual health center offering testing and counselling services, as well as psychological support tailored specifically to new HIV diagnoses.

Finally, Anlaids Padova collaborates with the aforementioned organizations in the effort to prevent HIV and STDs. One of the services offered by this association is a helpline aimed at educating and redirecting callers to the appropriate services.

Results In 2024, the N.A.V.I.G.A.R.e Project supported 44 individuals, resulting in 129 instances of health accompaniment, 1/3 of which involved the Infectious and Tropical Diseases Unit. These included the management of 4 new HIV cases, one of which was a result of a rapid oral test performed during Community-Based Voluntary Counselling and Testing (CBVCT); 31 follow-up visits and 8 new PrEP treatments. Furthermore, 36 people received psychological support, of which 33% identified as part of the LGBT+ community.

Regarding the sexual and psychological health services provided by the Spolato CAD, the total number of users was 57, distributed as follows: 16 participants in the AMA (self-help) group; 19 individuals who requested sexual health counselling, testing (CBVCT), and linkage to HIV healthcare services; and 22 individuals who received psychological support.

Conclusions The mentioned experiences highlight the effectiveness of the integrated, multi-agency approach provided by community-based programs in connecting and retaining key populations in care. It is therefore crucial to promote and sustain collaboration between public institutions and private social organizations, ensuring that successful experiences are replicated rather than remaining isolated examples of best practice.

P145 NEW CHALLENGES IN THE LONG-TERM MANAGEMENT OF PEOPLE LIVING WITH HIV (PLWH): INTRODUCTION OF PATIENT-REPORTED OUTCOMES (PROS) INTO ROUTINE CLINICAL PRACTICE. A PILOT STUDY

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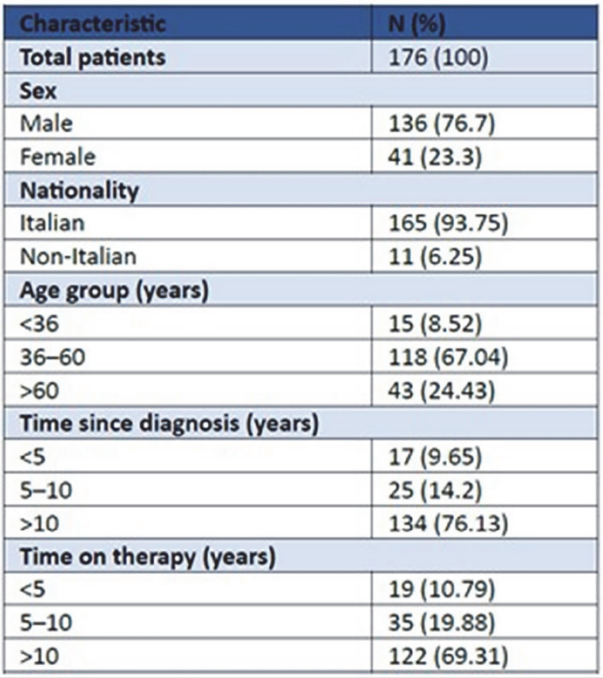
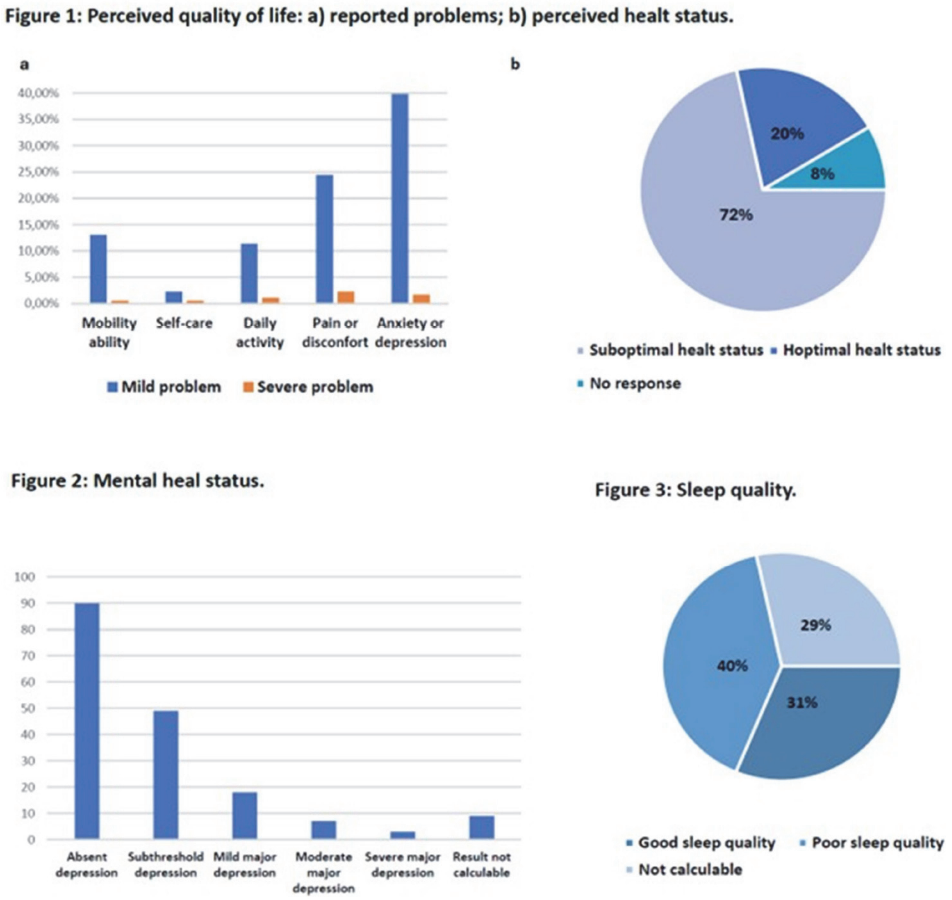
Background As HIV disease has evolved from a life-threatening to a chronic condition, attention has shifted to the long-term health of PLWH. In this context, the use of PROs and Patient-Reported Outcome Measures (PROMs) becomes essential to understand patient’ perceptions and improve understanding of their overall well-being.

Methods A 15-month, single-center, real-life interventional study was conducted at the HIV/AIDS Section of Ferrara Hospital aiming to integrate PROs and PROMs as additional parameters for the assessment of clinical outcomes, alongside standard care tools. We wanted to evaluate their effectiveness in measuring treatment adherence, therapy satisfaction and perceived quality of life (including health status, sleep quality, and mood), as well as to explore potential correlations between these factors and patients‘ epidemiological/clinical characteristics and treatment regimens. To address these issues, we developed a specific questionnaire, drawing on previously validated instruments such as the HIV Treatment Satisfaction Questionnaire (HIVTSQs), the EuroQol-5 Dimension (EQ-5D), the Pittsburgh Sleep Quality Index (PSQI), and the Patient

Abstract P145 Table 1 Demographic and clinical characteristics of the study population



Characteristic	N (%)
Total patients	176 (100)
Sex	
Male	136 (76.7)
Female	41 (23.3)
Nationality	
Italian	165 (93.75)
Non-Italian	11 (6.25)
Age group (years)	
<36	15 (8.52)
36–60	118 (67.04)
>60	43 (24.43)
Time since diagnosis (years)	
<5	17 (9.65)
5–10	25 (14.2)
>10	134 (76.13)
Time on therapy (years)	
<5	19 (10.79)
5–10	35 (19.88)
>10	122 (69.31)



Abstract P145 Figure 1–3

Health Questionnaire-9 (PHQ-9). The questionnaire was administered to PLWH attending the Center during their routine access for follow-up laboratory tests.

Results 176 PLWH were enrolled (table 1), 97.7% of whom with HIV undetectable viral load. 86.9% reported good treatment adherence and 90.9% expressed sufficient satisfaction. About quality of life (personal care, mobility, ability to carry out usual activities), only mild deficits were reported, mainly among patients with non-HIV-related comorbidities. Symptoms of anxiety or depression were perceived by 39.9% of participants, with 27.5% presenting subthreshold depression and 15.9% meeting criteria for clinically significant depression. Additionally, 71.6% described health status as suboptimal, while 40.3% reported poor sleep quality, confirming the higher prevalence of these issues among PLWH compared to the general population. Statistical analysis (Stata) showed a positive association between age and therapy satisfaction, undetectable viremia and good health status, Italian nationality and absence of depression (figures 1–3).

Conclusions The use of PROMs enables early identification and management of depression, poor sleep quality and other issues, potentially improving HIV-related outcomes. In our study, PROs analysis provided precise information that determined specific diagnostic and therapeutic interventions. These findings further support the utility of PROs in the clinical and therapeutic management of PLWH. It also highlights the importance of considering quality of life as a key health indicator, particularly since viral suppression is easily achieved in adherent patients. Despite their relevance in both public health and clinical settings, PROs and PROMs have not yet been fully integrated into routine HIV care management.

P146 PATIENT-REPORTED OUTCOMES (PROS) IN PEOPLE LIVING WITH HIV TREATED WITH LONG-ACTING INJECTABLE ANTIRETROVIRAL THERAPY (LAI-ART)

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Background The implementation of LAI-ART could be a game-changer for the quality of life of people living with HIV (PLWH) in clinical trials. Patient-reported outcomes (PROs) represent a fundamental tool to explore this aspect. This study aims to assess the level of satisfaction with LAI-ART in a cohort of PLWH.

Methods This monocentric prospective study enrolled PLWH switching to bimonthly cabotegravir (CAB) and rilpivirine (RPV) LAI-ART at the Infectious and Tropical Diseases Clinic of ASST Spedali Civili, Brescia (January 2023–December 2024). PROs were assessed via EQ-5D (Quality of Life and Health Status Scale), HIV-TSQs (Antiretroviral Therapy Satisfaction Scale), and RS (Resilience Scale) before the initiation of LAI-ART (T0) and after 7 (T7) and 13 months (T13).