

# Clinical Outcomes of a Nurse-Led Injectable Antiretroviral Therapy Clinic in the Mater Misericordiae University Hospital

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## Background

Nurse-led long-acting injectable (LAI) antiretroviral therapy (ART) clinics have emerged as an innovative approach to improve accessibility and adherence for people living with HIV (PWH). The effectiveness of nurse-led clinics is a subject of growing interest, as they may alleviate pressure on physicians and increase service user engagement in treatment (Pu *et. al*, 2024). In March 2024 we established a nurse led LAI clinic in the Mater Misericordiae University Hospital (MMUH). Here we describe the establishment of the clinic and experience to date.

## Methods

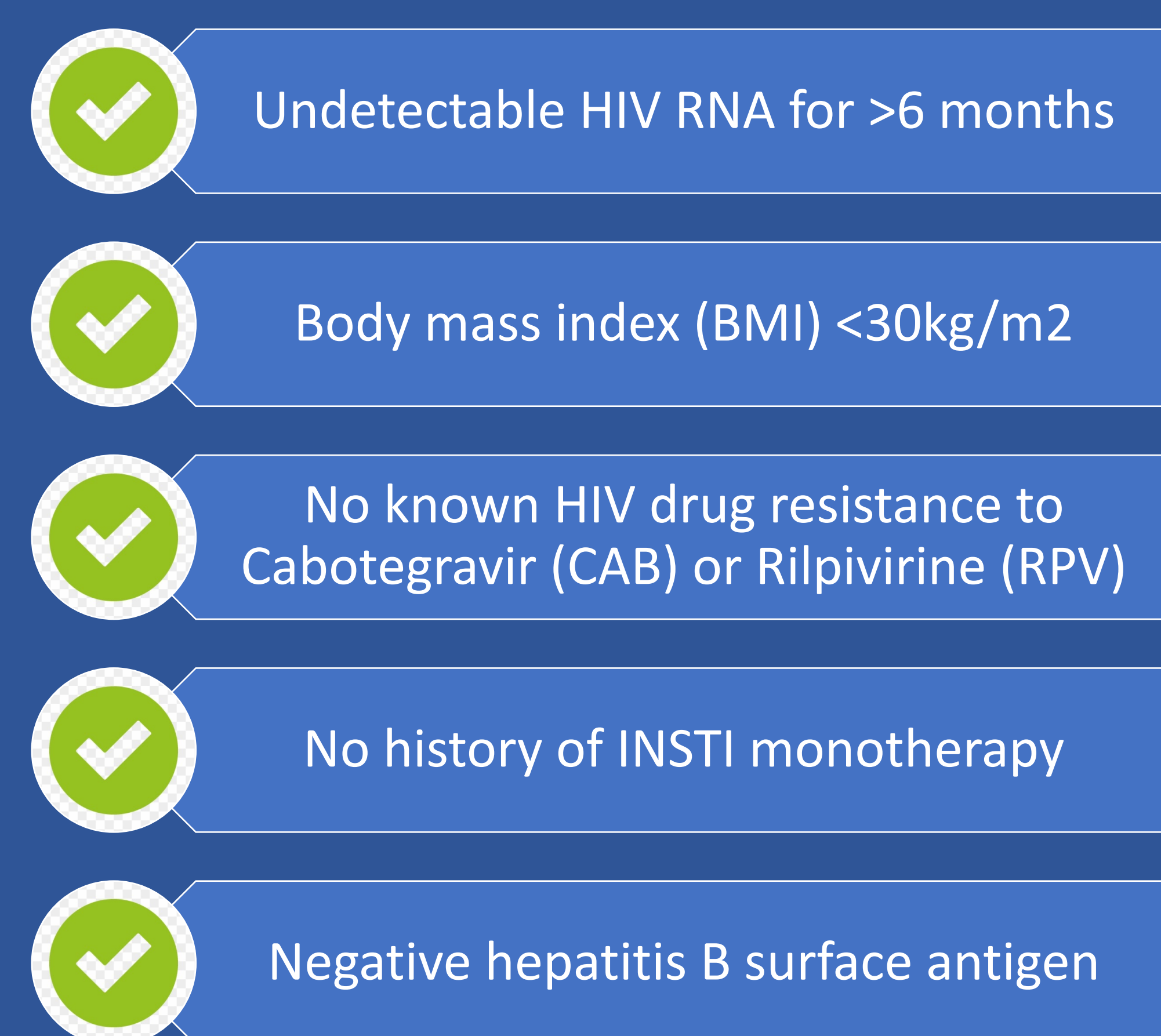


Figure 1. Eligibility criteria to receive long-acting injectable antiretroviral therapy

PWH attending MMUH Infectious Diseases (ID) clinics interested in LAI use were evaluated at monthly multidisciplinary meetings (MDT) for LAI eligibility. Eligibility criteria can be seen in Figure 1. PWH unable to commit to 2-monthly attendance for LAI and women of childbearing age not willing to be on contraception were excluded.

Eligible PWH were given an oral lead-in for 28 days to assess tolerability to CAB & RPV. PWH attended their initiation visit and 6 monthly follow-up within physician-led HIV clinics, for clinical nurse specialist (CNS) review. The remaining LAI visits were exclusively nurse-led. PWH availing of LAI were provided with a phone number and email contact to facilitate communication and co-ordination of appointments. We present descriptive analyses of PWH on LAI and the nurse-led pathway.

## Results

Of 22 PWH assessed for LAI eligibility, 18 (75%) were deemed suitable. Reasons for ineligibility can be seen in the chart.

Five patients deemed suitable were planned to commence LAI early 2025 to coincide with their routine HIV follow up. Of the 13 (72%) who began LAI in 2024, 38% were male, the median age was 36.5 (IQR 26 – 45.5) and the median duration of diagnosed HIV was 9 (IQR 8 – 18) years. A further 2 (18%) PWH discontinued LAI after 6 months for personal preference reasons.

Those switching to LAI cited concerns around unintentional disclosure, difficulties with daily oral adherence, and psychological stress related to HIV management as reasons for switching. Acceptability among PWH on LAI, as measured by clinic attendance within the flexing dosing window of target treatment dates was 100%. Viral suppression was maintained for all PWH on LAI to date.

## Conclusion

In the MMUH, nurse-led LAI clinics demonstrated promise in maintaining patient engagement. This model of care provides an alternative to physician-led care for PWH. Further work is needed to refine such model.

## References

Pu, X., Malik, G., & Murray, C. (2024). Nurses' experiences and perceptions of running nurse-led clinics: A scoping review. *International Journal of Nursing Practice*, 30(6), e13285.

