Transgender Women Living with HIV Frequently Take Antiretroviral Therapy and/or Feminizing Hormone Therapy Differently Than Prescribed Due to Drug-Drug Interaction Concerns

- Braun, H.M.\textsuperscript{ab}
- Candelario, J.\textsuperscript{c}
- Hanlon, C.L.\textsuperscript{d}
- Segura, E.R.\textsuperscript{be}
- Clark, J.L.\textsuperscript{b}
- Currier, J.S.\textsuperscript{b}
- Lake, J.E.\textsuperscript{bf}Email Author
View Correspondence (jump link)

\textsuperscript{a}School of Medicine, University of California, San Francisco, San Francisco, CA, United States
\textsuperscript{b}South American Program in HIV Prevention Research, Division of Infectious Diseases, Department of Medicine, David Geffen School of Medicine, Los Angeles, CA, United States
\textsuperscript{c}APAIT, Special Service for Groups, Los Angeles, CA, United States
\textsuperscript{d}Geisel School of Medicine, Dartmouth College, Hanover, NH, United States
\textsuperscript{e}Escuela de Medicina, Universidad Peruana de Ciencias Aplicadas, Lima, Peru
\textsuperscript{f}Division of Infectious Diseases, Department of Internal Medicine, McGovern Medical School, University of Texas Health Science Center at Houston, Houston, TX, United States

Abstract View references (30)

Purpose: Both hormone therapy (HT) and antiretroviral therapy (ART) can be lifesaving for transgender women (TW) living with HIV, but each has side effects and potential drug-drug interactions (DDI). We assessed how concerns about HT-ART interactions affect treatment adherence. Methods: This study used a cross-sectional survey of TW (n = 87) in Los Angeles, CA. Results: Fifty-four percent were living with HIV; 64% used HT. Only 49% of TW living with HIV discussed ART-HT DDI with their provider; 40% reported not taking ART (12%), HT (12%), or both (16%) as directed due to DDI concerns. Conclusion: Imperfect HT/ART use and limited provider communication suggests a need for improved HT-ART integration. © Copyright 2017, Mary Ann Liebert, Inc. 2017.