A leading infectious disease physician in New York City has advocated a shared decision-making model for helping guide people at risk of contracting HIV as they consider taking pre-exposure prophylaxis (PrEP) or switching one form of PrEP for another, Medscape reports.

Oni Blackstock, MD, founder and executive director of Health Justice and an attending physician in the division of infectious diseases at Harlem Hospital in New York, made her case for this model of PrEP-related health care at the recent virtual IDWeek conference.

The 2019 green light for Descovy (tenofovir alafenamide/emtricitabine) as PrEP—an approval that excludes those at risk of exposure to HIV through vaginal sex—means there are now two forms of PrEP for men who have sex with men (MSM) and transgender women in particular to consider, complicating their decision-making. Truvada (tenofovir disoproxil fumarate/emtricitabine), which hit the market in 2012, was the first approved form of PrEP.

While clinical trials have indicated that among HIV-negative people, Descovy is associated with improved markers of bone and kidney health compared with Truvada, prominent researchers have doubted whether the newer form of PrEP actually offers substantial safety benefits over the original form.

Descovy is also associated with weight gain and higher cholesterol compared with Truvada, possibly owing to the fact that Truvada serves as a buffer against weight gain.

Direct-to-consumer advertising has confused the public over the relative safety of Descovy versus Truvada, as have a slew of ads on social media about lawsuits related to the latter drug. These highly controversial lawsuits—HIV activists have called for Facebook to strike posts about them from its newsfeed—give consumers the false impression that Truvada is dangerous for the HIV-negative population. In fact, there have been no documented incidents of Truvada apparently causing kidney disease or a bone fracture among HIV-negative individuals.

Blackstock argued that the shared decision-making model can help cut through the considerable
noise about Truvada versus Descovy and aid HIV-negative people considering PrEP or considering switching from one drug to the other in achieving mental clarity on the matter.

In this model, the physician informs the patient about the relative risks and benefits of each form of PrEP and of taking either drug versus not taking PrEP, and the two parties reach a decision together.

This model stands in contrast to informed decision-making, in which the health care provider provides the patient with information and the patient makes a decision on his or her own. Then there is the more paternalistic model of the physician providing information and then making recommendations to the patient.

“Shared decision-making has been studied extensively and has been shown to improve patient satisfaction, patient communication and also potentially reducing health inequities that we see,” Blackstock said at the conference.

To read the Medscape article, click here (free registration with the site is required).

Click here to learn more about the difference between Descovy and Truvada.