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Adolescent HIV Pre-Exposure Prophylaxis Prescribing Practices Among Family Medicine Physicians: Limited Immediate Uptake

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SI/PHR Abstract

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Adolescent HIV Pre-Exposure Prophylaxis Prescribing Practices Among Family Medicine Physicians: Limited Immediate Uptake

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Introduction: In the United States, individuals aged 13-24 made up 21% of new HIV infections in 2016. In 2018, the FDA approved tenofovir/emtricitabine as HIV pre-exposure prophylaxis (PrEP) for adolescents aged 15-17. In 2019, we examined adolescent PrEP prescribing practices among family medicine physicians at an academic family medicine practice.

Methods: Physicians were invited to complete an online questionnaire assessing PrEP knowledge, attitudes, and prescribing practices. Differences in PrEP knowledge and attitudes among providers who prescribe PrEP to adolescents versus those who do not were examined using independent samples t-tests.

Results: 50 out of 99 surveys were completed. Respondents were 90% White, 84% heterosexual, 50% attendings, 50% residents/fellows, and 2% HIV specialists. All respondents had heard of PrEP before the survey, 76% had prescribed PrEP and 70% reported being aware of the FDA approval of PrEP for adolescents. While 86% reported treating patients aged 15-17, only 6% reported having prescribed PrEP to this demographic. Physicians who

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reported prescribing PrEP to adolescents reported greater comfort assessing for indications for PrEP, $t(48) = -2.23$, $p < 0.05$, greater PrEP knowledge, $t(47) = -3.34$, $p < 0.005$, and felt PrEP was safer, $t(48) = -2.09$, $p < 0.05$, compared to physicians who had not.

Conclusion: Despite universal awareness of PrEP, high rates of prescribing to adults, and awareness of FDA approval of PrEP for adolescents, PrEP prescribing to adolescents in our sample remains limited. Differences between providers who have and have not prescribed PrEP to adolescents suggest targeted training may boost prescribing to this demographic.