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A call to action for more effective preventative care strategies for HIV in men having sex with men (MSM): a combined computational model and qualitative analysis

James Park

Emory University, USA

While HIV is now considered a chronic and manageable disease in many developed countries largely attributable to advances in antiretroviral therapy (ART); there are unanswered questions regarding certain aspects of disease progression. The global literature consistently demonstrates that creating effective access to healthcare and antiretroviral therapy (ART), providing substance abuse prevention and treatment programs, and optimizing adherence to ART will improve HIV treatment outcomes. Nonetheless, psychosocial and cultural factors such as stigma and discrimination (as a consequence of being a sexual minority, HIV-positive, an active drug user), depression, and social isolation have been documented to have an adverse effect on HIV treatment. Macro-social determinants like access to healthcare and sociocultural like stigma and discrimination as well as psychosocial determinants like depression have an adverse effect on HIV outcomes such as ART adherence as well as overall health status or outcomes. In this study, we provide a framework incorporating all biomedical, behavioral, and structural interventions that comprehensively and systemically pose the dire need for more effective preventative care strategies for HIV in MSM. With the knowledge gained I posit that a clearer understanding of these issues among MSM living with HIV will emerge and guide further action along more specific directions. Also, I anticipate that these findings will permit a more precise quantification of each major risk factor's contribution to treatment outcome, thus informing policy and education efforts aimed at risk factor modification. This study points the way for future biologic, behavior, and structural interventions that could improve the quality of life for people living with HIV.

james.park@emory.edu