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Original article

Time devoted to pre- and post-HIV test counselling in different health services according to participants of a rapid testing program in Madrid, Spain

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ABSTRACT

Introduction: The role of pre- and post-test counselling in new HIV testing strategies to reduce delayed diagnosis has been debated. Data on time devoted to counselling are scarce. One approach to this problem is to explore patients' views on the time devoted to counselling by venue of their last HIV test.
Methods: We analysed data from 1568 people with a previous HIV test who attended a mobile HIV testing program in Madrid between May and December 2008.
Results: The majority (71%) were men (48% had had sex with other men), 51% were <30 years, 40% were foreigners, 56% had a university degree, and 40% had the most recent HIV test within the last year. As regards pre-test counselling, 30% stated they were told only that they would receive the test; 26.3% reported <10 min; 20.4% about 10 min; and 24.2%, 15 min or more. For post-test counselling: 40.2% stated they were told only that the test was negative; 24.9% reported 2–6 min; 16.4% about 10 min; and 18.5%, 15 min or more. The percentage of participants who reported no counselling time was higher among those tested in general health services: primary care, hospital settings and private laboratories (over 40% in pre-test, over 50% in post-test counselling). Women received less counselling time than men in almost all settings.
Conclusion: Policies to expand HIV testing in general health services should take this current medical behaviour into account. Any mention of the need for counselling can be a barrier to expansion, because HIV is becoming less of a priority in developed countries. Oral consent should be the only requirement.
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Tiempo dedicado al consejo antes y después de la prueba del VIH en los servicios sanitarios según los participantes de un programa de pruebas rápidas en Madrid, España

Palabras clave:
VIH
infecciones de transmisión sexual
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RESUMEN

Introducción: Las nuevas estrategias para reducir el diagnóstico tardío de VIH ponen en entredicho el papel del consejo pre-post test. Existe poca información sobre el tiempo dedicado al consejo. Un posible enfoque es explorar las opiniones de los pacientes sobre el tiempo dedicado al consejo según el lugar de la última prueba
Métodos: Se analizan 1568 personas con prueba previa de VIH que acuden a un programa móvil en Madrid entre Mayo y Diciembre de 2008
Resultados: 71% eran hombres (48% hombres que tienen sexo con hombres), 51% < 30 años, 40% extranjeros, 56% universitarios y el 40% se hizo la última prueba en el ultimo año. Con respecto al consejo pre-test, el 30% refirió que únicamente se les comunicó que se les iba a realizar la prueba, el 26,3% reportó < 10 minutos, 20,4% alrededor de 10 y 24,2% 15 o más. Para el consejo post-test: el 40% refirió que únicamente

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se les comunicó el resultado negativo, 24,9% entre 2-6 minutos, 16,4% alrededor de 10 y 18,5% 15 o más. El porcentaje de participantes que dijo no recibir consejo fue mayor entre quienes se la habían hecho en servicios generales: atención primaria, hospitales y laboratorios privados (más del 40% en pre-test y más del 50% en post-test). En prácticamente todas las localizaciones, a las mujeres se les dedicó menos tiempo
Conclusión: Las políticas para expandir la prueba de VIH en servicios generales deben considerar el comportamiento médico actual. Cualquier mención a la necesidad de consejo puede resultar una barrera a la expansión puesto que el VIH ya no es prioridad en los países desarrollados. El consentimiento verbal debiera ser el único requisito

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Introduction

A recent report from the European Centre for Disease Prevention and Control states: "Surveillance data from a number of European countries reveal high and increasing numbers of undiagnosed infections and a high proportion of late presenters among those diagnosed. These findings indicate that current efforts to diagnose HIV early are failing and there is an urgent need to review current HIV testing strategies across Europe".[1] Those who are diagnosed late have greater risk of HIV-related morbidity and mortality, leading to higher costs to the health system; they also have more risk behaviours and higher viral load, leading to more HIV transmission.[2–4] A recent systematic review on barriers to HIV testing in Europe concludes that the body of literature addressing this subject is relatively sparse and further exploration is needed. Moreover, almost all the studies focus on men who have sex with men (MSM) and immigrants, and most were conducted in the UK or the Netherlands.[5]

Since 2006, the Centres for Disease Control and Prevention has recommended that diagnostic HIV testing and opt-out HIV screening be a part of routine clinical care,[6] resulting in substantial cost reduction and increased feasibility of HIV testing in some settings.[7] There is little compelling evidence that counselling results in behaviour change for seronegative individuals.[8–10] Furthermore, doctors perceive lack of time and training for counselling as an important barrier to performing more HIV tests.[11–13] That being said, most current international and national guidelines continue to emphasize the importance of pre- and post-test counselling as an essential part of the HIV testing process.[1] In some cases, the term "brief pre-test information" (about 7–10 min) is used instead of "counselling", but the amount of information recommended to be provided is still considerable.[14] In practice, HIV exceptionalism is maintained as compared to the diagnosis of other diseases of similar potential severity.

In this debate, the time currently devoted in practice to pre- and post-test counselling remains unknown. This study aims to estimate the time actually devoted to counselling in different venues (with special focus on those services targeting the general population), by asking patients who attended a rapid HIV testing program about the time devoted to counselling during their last HIV test. Services targeting the general or non-specific population account for most HIV tests in Spain and many other countries.[15,16]

Methods

Between May and December 2008, a mobile unit (a van) offered free, rapid HIV testing in some busy streets of Madrid. Those interested in taking the test, were given information about rapid testing, gave their signed, informed consent and received a brief pre-counselling session. A blood-based test (Determine HIV-1/2) was performed by finger prick inside the van by a trained nurse/doctor. While waiting for the test results, participants completed an anonymous and brief self-administered paper questionnaire that recorded sociodemographic information, sexual and injecting risks behaviours, and different aspects related with HIV testing experience. This questionnaire was collected in a sealed envelope at the delivering of the test results.

Those with a previous positive test were not included in the analysis. From the 3120 people who underwent testing, in this sub-study we analysed the 1568 participants who had at least one previous test (excluding 1466 individuals who had never been tested in the past, and 86 who had been previously tested but had missing values in the question referred to the venue in which the last testing episode took place or in the ones referring to time they thought had been devoted to pre- and post-test counselling).

The venue of the last testing episode was explored through a multiple-choice question with 12 closed possible answers and one open-ended. It included services targeting the general or non-specific population (primary care, hospital settings, private laboratories, etc.), and services targeting high-risk population (HIV/STI centres, AIDS NGOs, etc.). Pre-test counselling, was defined as the explanation of the importance of testing, mechanism of transmission of HIV, the implications of the test, etc. Post-test counselling, since all of them were negative on that previous test, was defined as the information on risk behaviours, harm reduction and prevention, window period, etc. Time devoted to counselling was explored through a multiple-choice question with 4 time intervals ("15 min or more", "about 10 min", "about 5 min", "2 or 3 min" – the last two were combined as "less than 10 min" in the analysis) and "None, I was only told it was going to be performed" for the pre-test, and "None, I was told it was negative and little more" for the post-test.

The characteristics of the participants are analysed stratifying intro three categories of gender/sexual behaviour: women, men who have sex exclusively with women (MSW), and men who have sex with other men (MSM).

Then, we calculated the percentage of respondents in each time category of pre- and post-test counselling, stratified by venue of the last HIV test. At first, the analysis was performed separately according to the time elapsed since the last test (less than 12 months vs. more than 12 months) but, since the results were similar the analysis was performed on whole. The proportion of participants who reported that no time was devoted to counselling was calculated by gender/sexual behaviour and venue of the test. Statistical significance was analysed using the χ^2-test.

The study was approved by the institutional review board of the Instituto de Salud Carlos III.

Results

Of the 1568 participants analysed, 48% of respondents were MSM, 23% were heterosexual men (MSW), and 29% were women. Half (51%) were younger than 30, and women were generally younger than men ($p < 0.05$). Forty percent were born outside of Spain, mostly in Latin America (75%), and 56% had university education. Among MSW, 6.5% had ever engaged in sex work versus 13% of MSM and 8% of women ($p < 0.05$), however, the proportion who had paid for sex was twice as high in MSW (54%) as in MSM

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