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

Emma T. Cooper
*Thomas Jefferson University*, emma.cooper@jefferson.edu

Steven A. Elsesser, MD
*Thomas Jefferson University*, steven.elsesser@jefferson.edu

Amy Cunningham, PhD, MPH
*Thomas Jefferson University*, amy.cunningham@jefferson.edu

Marshal Miller, MD
*Thomas Jefferson University*, marshal.miller@jefferson.edu

Follow this and additional works at: [https://jdc.jefferson.edu/si_phr_2022_phase1](https://jdc.jefferson.edu/si_phr_2022_phase1)

Let us know how access to this document benefits you

**Recommended Citation**
Cooper, Emma T.; Elsesser, MD, Steven A.; Cunningham, PhD, MPH, Amy; and Miller, MD, Marshal, "Adolescent HIV Pre-Exposure Prophylaxis Prescribing Practices Among Family Medicine Physicians: Limited Immediate Uptake" (2020). *Phase 1*. Paper 43.
[https://jdc.jefferson.edu/si_phr_2022_phase1/43](https://jdc.jefferson.edu/si_phr_2022_phase1/43)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning (CTL)](https://www.jefferson.edu/ctl). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Adolescent HIV Pre-Exposure Prophylaxis Prescribing Practices Among Family Medicine Physicians: Limited Immediate Uptake

Emma T Cooper; Steven A Elsesser, MD; Amy Cunningham, PhD, MPH; Marshal N Miller, MD*

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
SI/PHR Abstract

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.