Weight Concerns and Management in People with HIV (PWH) and without HIV (PWoH): A Qualitative Exploration of Healthcare Provider Experiences

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BACKGROUND

- Previous studies have identified that PWH on antiretroviral therapy (ART) may gain weight over time.
- While weight gain is sometimes observed among PWH while on ART, there is still a debate on whether ARTs are themselves causing changes in weight or if weight change among PWH is reflective of weight trajectories from the underlying populations they are part of.
- This study explored provider experiences with weight change and weight management strategies in PWH and PWoH.

METHODS

- In-depth semi-structured video-conferencing interviews:
 - 29 clinicians from 9 US HIV clinics in Trio Health HIV Research Network cohort: 41% MD, 41% NP, 14% PA, 3% DO.
- Transcripts were coded and thematically analyzed.
- Proportions of interviewees were calculated for each theme.
- Study period: July September 2024.

RESULTS

- Main themes in seven content areas were identified [Figures 1-2].
- All providers assessed weight at every visit for all patients (PWH and PWoH), using specific BMI cut-offs to define overweight and obese, with concern centered on obesity and weight-associated co-morbidities (diabetes, cardiovascular disease).
- During visits 45% prioritized weight monitoring and 89% identified a concerning threshold regardless of HIV status:
 - 10-lb gain over 6 months.
- Concerns about weight in PWH were different from PWoH for 59% of providers.
 - When asked about differences, 72% named ART as potential cause of weight gain, however, other factors such as nutrition, lifestyle, and mental health medications were seen as more likely contributors to weight gain in PWH.
- Comorbidities and social determinants of health were mentioned as additional risk factors.
- 66% of the providers identified groups with more weight gain challenges (women, African Americans, older PWH, baseline overweight or obese).
- Switching ART in response to weight gain was a theoretical consideration by 83% of the providers, but only under special circumstances:
 - 59% of the providers reported ever switching ART due to weight concerns
 - 17% reported switching due to patient request, however providers were skeptical about this approach.
- When reflecting on successful weight management strategies for PWH
 - 48% felt nutritional counseling was effective
 - 90% supported use of weight management medications, if accessible.
- Providers reported clinical experience (76%) and literature (69%) were shaping their understanding of causes of weight gain in PWH.
- Providers identified the need for consumer health education, data on ARTs and weight gain, and data on GLP-1 agonists in PWH to inform treatment decisions.



Figure 1. Provider Perceptions and Concerns Regarding Weight in PWH and PWoH 45% place high priority on weight data 10-lb gain over 6 months was considered concerning by most 89% identified concerning weight threshold 80% mentioned thresholds are All providers influenced by starting weight measure weight at each visit 97% use BMI cut-offs for identification of overweight and obese 20% use body composition measures (waist circumference, muscle mass, appearance) 76% mentioned weight trends influence treatment plans (e.g. visits frequency, lifestyle/nutrition assessment, medication review) Figure 2. Provider Perceptions of Weight Change and Weight Management in PWH Greater risks: women, African Americans, Hispanics, older PWH, overweight or obese

Provider perceptions of weight gain in PWH

Overweight/obese common among PWH

Obesity increasingly common

72% mention ART as potential cause of weight gain

76% stated these beliefs are based on clinical experiences 69% mention literature

Nutrition, lifestyle, and mental health medications were seen as more likely contributors to weight gain in PWH

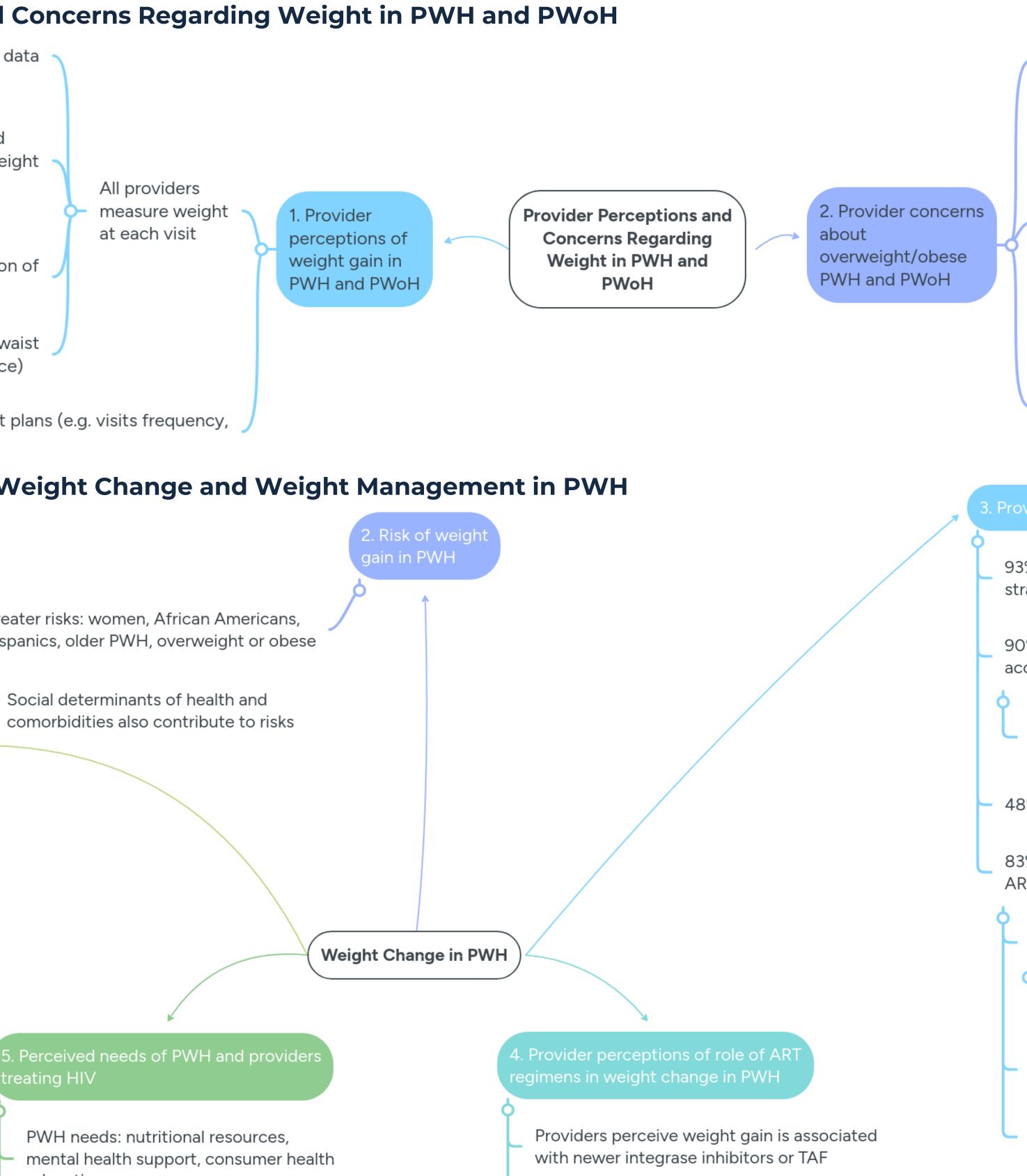
. Perceived needs of PWH and provide eating HIV

PWH needs: nutritional resources, mental health support, consumer health education

Provider needs: data on ARTs and weight, GLP-1 studies, educational tools, longer appointment times

CONCLUSIONS

- determinants of health.



Providers perceive weight loss is associated with TDF, EFV

Weight-neutral regimens: TDF, DRV/c/FTC/TAF,

DOR/3TC/TDF, EFV

• This study described the perspectives of US HIV clinicians regarding weight change and management in both PWH and PWoH. While weight monitoring is a universal practice, concerns about weight in PWH are often perceived differently. While ART was frequently cited as a potential cause of weight change in PWH, providers more strongly emphasized lifestyle factors and social

• Although switching ART was considered, it was rarely implemented due to provider skepticism about its effectiveness. Providers favored lifestyle counseling and weight management medications, highlighting the need for improved consumer education, comprehensive data on ART-related weight changes, and the efficacy of GLP-1 agonists in PWH to optimize clinical decision-making.

Trio Health REAL PATIENT INSIGHTS

All providers concerned about obesity

Development and furtherance of comorbidities are primary concerns for overweight/obese

Key concerns for overweight/obese Hypertension Hyperlipidemia Cardiovascular disease

Additional concerns for obese: Joint pain Arthritis

100% mention concerns driven by clinical experience 60% by literature 12% by conferences

Provider strategies for weight management in PWI

93% of providers stated lifestyle modifications are the most common strategy for managing weight with mixed success rates

90% would consider weight management medications, however, access is limited

38% mention weight loss medication recommendation only for those with specific BMI threshold (10/26)

48% reported nutritional counseling effective

83% (24/29) would consider an ART switch but only under specific conditions (long-term ART use, patient request, morbid obesity, significant weight gain)

17/29 (59%) reported experience with switching, 17% (5/29) upon patient request

Providers skeptical about ART switching and rarely use this approach

Providers consistently emphasized addressing lifestyle factors (diet, exercise), and non-ART medications, before considering an ART modification

ART changes are viewed as the last resort, even if patient-driven