

# 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.

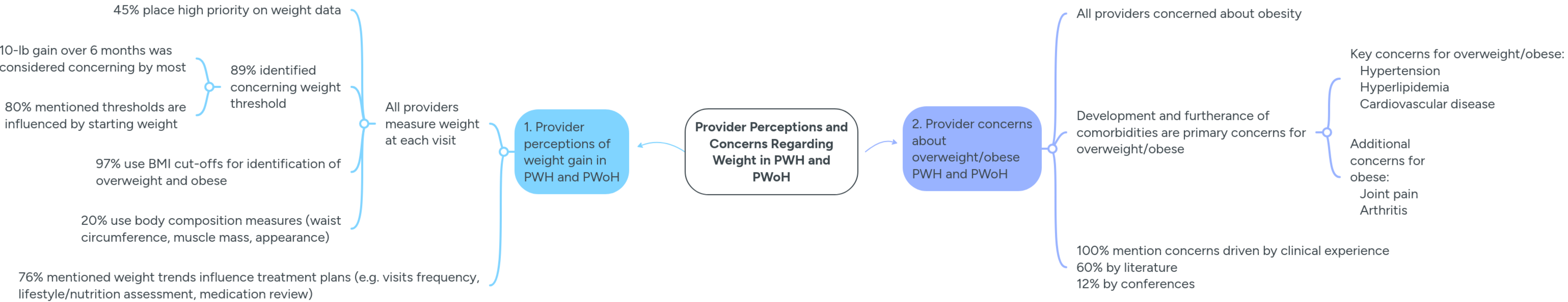
## METHODS

- 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.

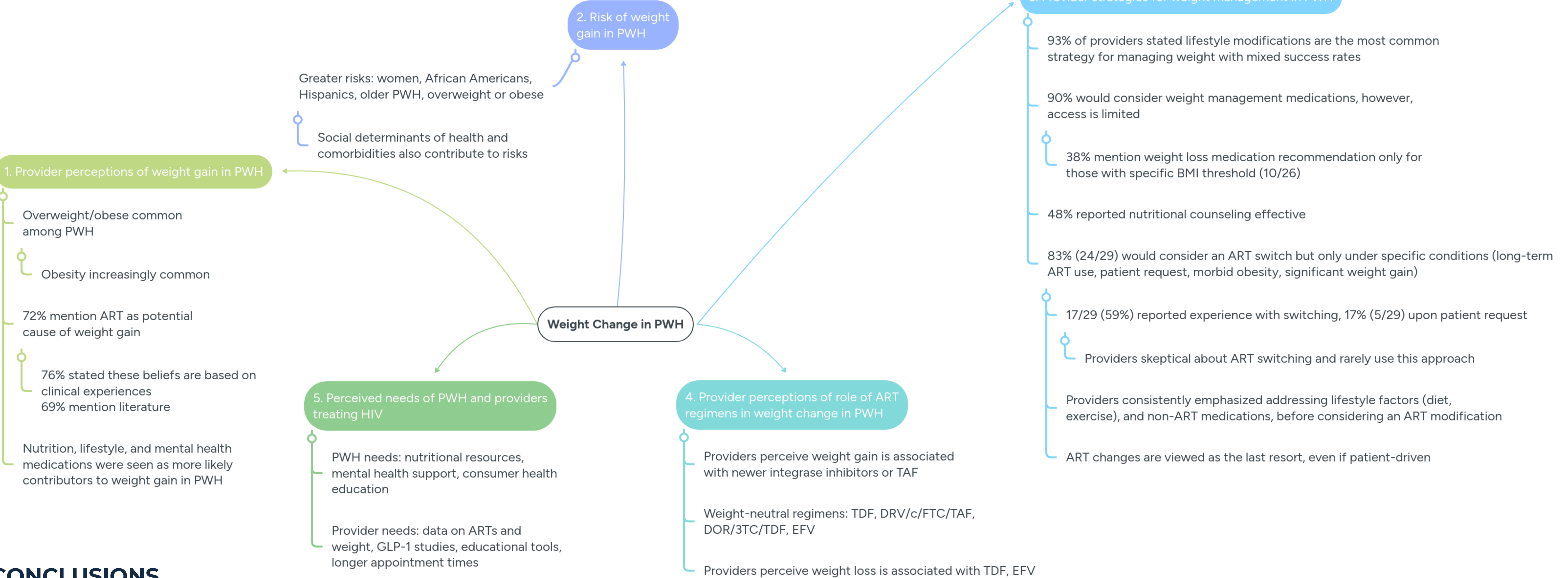
## RESULTS

- 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**



**Figure 2. Provider Perceptions of Weight Change and Weight Management in PWH**



## CONCLUSIONS

- 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 determinants of health.
- 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.



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