

Video doc helps HIV-positive patients reduce risky behaviors

A computer-based interactive risk assessment and risk reduction counseling program using a video doctor sharply reduces sexual and drug risk behaviors by HIV-positive patients, according to UCSF researchers who developed and tested the intervention.

“Our most striking finding was that many of our intervention arm participants eliminated risky behaviors altogether—38 percent who reported unprotected sex at baseline reported no vaginal or anal sex without a condom after the intervention. Forty-four percent who had been using drugs at the first visit had stopped using all drugs at the conclusion of the study,” said lead author Paul Gilbert, ScM, senior research associate at UCSF.

The program, named Positive Choice, was tested at five San Francisco Bay Area outpatient clinics among HIV-positive patients waiting to see their providers. The results of the study are published in the April 9 issue of “PLoS ONE.”

A total of 917 patient participants were screened for the study using the Positive Choice video doctor program. The program then randomized those reporting risky sexual or substance abuse behaviors—about half the sample—to either the intervention or the control arms. Even among those participants who continued risky behaviors, those in the intervention arm had three fewer casual sex partners and reported five fewer days of drug use in the prior month.

“We need better ways to support patients’ healthy decisions. Positive Choice is an efficient, user friendly way to use clinic waiting time to help HIV-positive patients reduce risky behaviors, which not only benefits the wellbeing of the patients but also supports broader public health goals,” said co-author David Bangsberg, MD, MPH, director of the Epidemiology Prevention and Interventions Center at San Francisco General Hospital.

Positive Choice uses the video doctor to simulate the ideal doctor-patient risk counseling conversation. Interactive video clips using an actor-portrayed doctor are matched to patients’ answers from assessment questions allowing the omission of any non-relevant counseling. The counseling sessions, which last an average of 24 minutes, end with a prompt to patients to discuss the risky behaviors with their healthcare provider during their regular appointment following the video counseling session.

“Positive Choice does not replace a patient’s healthcare provider, but facilitates and supports an important dialogue. Key features of the program are that it was developed so anyone can easily use it—even those with low literacy skills—and it can target multiple risk behaviors. In addition, the program meets or exceeds the CDC’s best evidence criteria for HIV behavioral prevention interventions,” said study senior author Barbara Gerbert, PhD, professor in the Division of Behavioral Sciences, Professionalism, and Ethics and director of the Center for Health Improvement and Prevention Studies (CHIPS) at UCSF.

Source: University of California - San Francisco

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