



## Uptake and outcome of combination antiretroviral therapy (cART) in men who have sex with men (MSM) according to ethnic group: the UK CHIC Study

### Why was this research done?

The aim of this study was to determine whether there were any differences in uptake and response to cART in black and minority ethnicities (BME) and white men who have sex with men (MSM).

### What was done in this research?

Black and minority ethnicity (BME) and white ethnicity MSM were compared for rates of uptake of cART and their response to treatment.

### What were the results of the study?

BME MSM were slightly less likely to initiate ART following a CD4 measurement than white MSM. However, there was no difference in response to treatment between BME and white MSM.

### Why was this research important?

In many healthcare settings and in previous research, black and ethnic minorities were found to have received poorer experience of healthcare. This study shows that in a UK healthcare setting, there are few ethnic disparities in access to and response to HIV treatment.

Further information about the UK CHIC Study can be found at [www.ukchic.org](http://www.ukchic.org), or by e-mailing Memory Sachikonye ([memory.sachikonye@ukcab.net](mailto:memory.sachikonye@ukcab.net)).

**Sethi G, Uptake and outcome of combination antiretroviral therapy (cART) in men who have sex with men (MSM) according to ethnic group: the UK CHIC Study. J Acquir Immune Defic Syndr, 2011.**



## Uptake and outcome of combination antiretroviral therapy (cART) in men who have sex with men (MSM) according to ethnic group: the UK CHIC Study

### What were the aims of the study?

HIV infection is known to disproportionately affect ethnic minorities and men who have sex with men (MSM). Ethnic disparities have been found in previous research, with those of black and minority ethnicities being shown to be less likely to receive cART, have poorer outcomes, later diagnosis and to access care at a later stage of disease. The aim of this study was to determine whether there were any differences in uptake and response to cART in black and minority ethnicities (BME) and white MSM.

### What did the study involve?

All MSM with known ethnicity who were seen at a UK CHIC clinic at least once between 01 Jan 1996 and 31 Dec 2008 were included in this study. Uptake of cART and response to treatment were monitored in this group. Those of white ethnicity and BME were then compared with respect to these characteristics.

### What were the results of the study?

- Of those who initiated cART, BME tended to be younger and have a lower CD4 count and viral load at initiation than those of white ethnicity.
- When adjusted for a variety of other factors, including CD4 count, age, viral load, previous AIDS diagnosis, years since HIV care first accessed, calendar year and clinical centre attended, BME were less likely to initiate cART following a CD4 measurement than white MSM. However, this difference was only slight.
- The time to virological suppression after initiating cART was similar amongst BME and white MSM.
- The proportions of BME and white MSM who attained virological suppression were similar.
- There was no difference in the CD4 count increase once cART was initiated between BME and white MSM.
- The rates of developing a new AIDS event were comparable amongst white and BME MSM.

### What has this study achieved?

This study has shown that although there is a slight difference in uptake of cART between white and BME MSM, the response to treatment amongst these two groups is very similar. This demonstrates few ethnic disparities in access to and treatment response in a UK healthcare setting.

### Where can I get more information?

Further information about the UK CHIC Study can be found at [www.ukchic.org](http://www.ukchic.org), or by e-mailing Memory Sachikonye ([memory.sachikonye@ukcab.net](mailto:memory.sachikonye@ukcab.net)).

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