Patients' Misconceptions Regarding HIV Testing: A Communication Gap in the Ambulatory Care Setting

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Abstract

Undiagnosed human immunodeficiency virus (HIV) infection is associated with increased morbidity, mortality, and healthcare costs. Despite recommendations for standardized, non-targeted, opt-out HIV testing, a substantial subset of HIV-infected individuals remain undiagnosed. We performed an anonymous, voluntary, cross-sectional survey

Participants

All adult patients visiting the clinic during April 2015 were provided with written information about the study and invited to participate by completing the 26-item questionnaire. e informational material contained language that "completing this survey, you are verifying that you have read the explanation of the study and that you agree to participate. You also understand that your participation in this study is strictly voluntary." Refusal rate was not recorded. We did not calculate a sample size and recruited as many patients as possible while the study was ongoing.

Data collection tool

As part of a 26-item questionnaire to examine patient's attitudes towards a medical intervention, one question was spec]f callm developed to assess participants' beliefs regarding consistent HIV screening via routine laboratory tests ordered by their PCPs: "I think my doctor checks me for HIV/AIDS every time he/she checks my blood". To avoid excessive focus on HIV testing, this question was grouped with two items regarding consistent screening for diabetes and colorectal cancer (CRC) by routine laboratory tests as these two diseases have established and widely adopted screening recommendations: (1) "I think my doctor checks me for diabetes every time he/she checks my blood" and (2) "I think my doctor checks me for colon cancer every time he/she checks my blood". All three questions had 5 answer options arranged in a 5-point Likert-type scale: "strongly agree", "agree", "Neither agree nor disagree", "disagree", or "strongly disagree." e questionnaire also included demographic questions, such as age, race, and level of education. e reliability and validity of this survey instrument were not examined.

Statistical analysis

Analysis was mainly descriptive in nature. All analyses were conducted using SPSS so k are version 16 (SPSS, Chicago, IL). A bilateral p-value < 0.05 was considered statistically s][n]f cant.

Results

Seventy-eight patients with a mean age of 54 years (range 19-87) completed the study questionnaire. Most patients (n=45, 58%) self-reported their race as white, 19 (24%) as black, 3 (4%) as Asian, 1 (1%) as Hispanic, 2 (3%) as other, and 8 (10%) did not respond to the race question. Most patients (n=44, 56%) reported some college education, 23 (29%) high school education or less, 10 (13%) education beyond college, and 1 (1%) did not provide a response to the education question.

]rtm·n]ne participants (50%) either "disagreed" or "strongly disagreed" that routine laboratory tests detect HIV (Figure 1), while 32 (41%) and 47 (50%) chose those options for diabetes and CRC respectively. e "neither agree nor disagree" option was selected by 26 (33%) for HIV, 22 (28%) for diabetes, and 24 (31%) for CRC. Ten participants (13%) agreed or strongly agreed that routine laboratory testing detects HIV, 20 (26%) diabetes, and 5 (6%) CRC. ere was statistically s][n]f cant correlation between answer choices to the HIV question and those for diabetes (Spearman's correlation [rs] =0.704; p<0.001) and CRC (rs =0.641; p<0.001). Education level, but not age and race, had a statistically s][n]f cant correlation with the HIV answer choices (rs =-0.231; p=0.048).
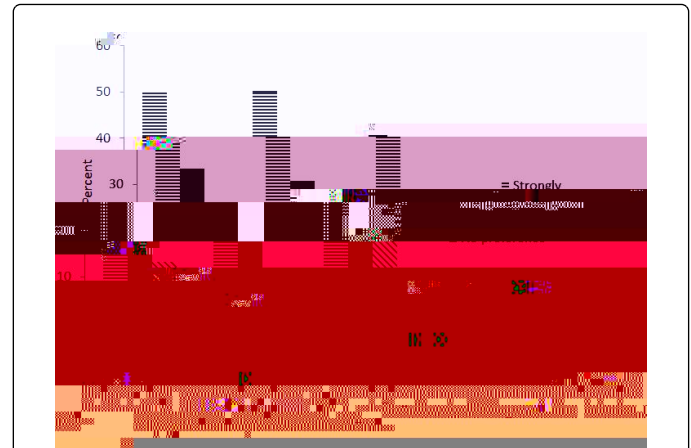

Figure 1: Study participants' responses (N = 78).

Discussion

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