

Does a Brief Intervention among Drug Misusing Adult Emergency Department Patients Increase Uptake of Rapid HIV/HCV Screening?

Roland C. Merchant, MD, MPH, ScD; Allison K. DeLong, MS; Tao Liu, PhD; and Janette R. Baird, PhD

Results Among adult emergency department (ED) patients who misuse illicit and/or prescription drugs: *n=957* •Assess if a tailored brief intervention (BI) increases Number uptake of rapid HIV/HCV screening **Test eligibility** •Identify factors associated with greater screening uptake n HIV, HCV or both 477 **Methods** 465 HIV •Randomized, controlled trial 432 HCV •18-64-year-old English- or Spanish-speaking, sub-critically ill **45** HIV only or injured patients recruited at two urban, medical school-12 HCV only affiliated EDs July 2010-December 2012 •ED patients whose Alcohol, Smoking and Substance 420 **HIV and HCV** Involvement Screening Test indicated a need for a drug misuse intervention were enrolled •Participants received either no BI (control arm) or a tailored BI (treatment arm) about drug misuse reduction, HIV/HCV

Conclusions

Grant support

risk and HIV/HCV screening need

•Rapid HIV/HCV screening uptake measured

•Multivariable regression models used to identify demographic,

clinical and temporal factors associated with screening uptake

•National Institute on Drug Abuse (R01 DA026066), the Lifespan/Tufts/Brown Centers for AIDS Research (P30 AI042853), and the Gilead Foundation. ClinicalTrials.gov identifier: NCT01124591

Objectives



Multivariable regression models results: greater testing uptake related to elapsed study time and which research staff member offered testing, but not to BI content on HIV/HCV knowledge (OR 1.40 [0.91-2.15]), HIV/HCV risk behaviors (OR 1.03 [0.67-1.60]), or need for HIV/HCV screening (OR 1.30 [0.85-1.99])

• This BI did not increase rapid HIV/HCV screening uptake among drug-misusing adult ED patients. • Considerations for designing future ED-based HIV/HCV screening initiatives include time elapsed in the study (reflecting questionnaire length, engagement in the topic, participant fatigue and BI duration), who offers testing (a "personal touch" interaction), and intervention content.