

## High-risk behavioral tendencies in human immunodeficiency virus-positive patients on antiretroviral therapy: A 5-year retrospective study from a tertiary care center

Sir,

Human immunodeficiency virus (HIV) infection is now considered a chronic manageable disease due to the availability of antiretroviral therapy (ART), and these patients have now almost a normal life span like the general population, thus encouraging some of them to indulge in high-risk behavior.<sup>[1]</sup>

This is a 5-year retrospective, descriptive study done in a tertiary care center. We analyzed all the HIV-positive cases in the study period with special reference to their high-risk behavior after starting ART. The data were analyzed by descriptive statistics with ethical considerations. There were a total of 21 cases currently on ART ( $n = 21$ ). There were 19 males (90.47%) and 2 females (9.53%). The mean age was 26.78 years. The most common age group was 21–30 years (13, 61.90%). Eight cases (38.09%) were married, and in five cases (23.81%), the spouse was also HIV positive. 12 cases (57.14%,  $n = 12$ ) were

males and had unprotected multiple contacts while on ART, while 9 cases (42.86%) denied any contact other than marital contact [Figure 1]. 4 (19.04%) had Men Sex Men (MSM) contact with known partners; they were the active partners and had both anal and oral contacts. 4 (19.04%) had contact with sex workers and had vaginal, anal, and oral contacts. 7 cases (58.33%) who had high-risk contacts had sexually transmitted infections (STIs) also, the pattern of which is given in Figure 1. All the 12 cases who indulged in high-risk contacts were counseled previously regarding the practice of safe sex and usage of condoms.

The habit of high-risk behavior while on ART recently being encountered is a very disturbing and dangerous trend.<sup>[2]</sup> This trend had also been encountered during the COVID pandemic in western countries where high-risk unprotected contacts were seen in the MSM population where the excuse was the unavailability of pre- and



**Figure 1:** Source and types of contact and pattern of sexually transmitted infections. MSM: Mene sex Menale, Others includes marital and known partners ( $n = 12$ )

post-exposure prophylaxis drugs due to the closure of these clinics due to the pandemic.<sup>[3,4]</sup> In the present study, the cohort who indulged in high-risk contacts even after counseling shows the absolute no care attitude or even ineffective counseling. They should also be informed that unprotected contacts while on ART can also enhance transmission of drug-resistant viral strains. These group of people also may require psychiatric counseling as some of them may deliberately indulging in high-risk behavior for the sole purpose of infecting others.<sup>[5]</sup> This study may be only the tip of the iceberg. HIV-positive patients on ART indulging in high-risk behavior form a major stumbling block for the national control programs. Counseling must be more vigorous and thorough for these exclusive groups of people, and the process of counseling must be restructured for them. This present study is only a preliminary observation and a small study. However, this study has been an eye-opener where, in a cohort of HIV cases, many of them were still indulging in high risk contacts while on ART therapy. The main objective of this small study is to encourage venereologists to conduct similar studies in STI clinics all over India so that the true pattern of HIV patients who indulge in high-risk contacts while still on ART can be ascertained and whether it forms a hurdle to national HIV control programs.

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There are no conflicts of interest.

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