

Title: Barriers and facilitators to HIV testing in people age 50 and above: a systematic review

Authors: *Ms Elaney Youssef¹ MSc, Dr Vanessa Cooper² PhD, Dr Valerie Delpuch³ MBBS, MSc, Prof Kevin Davies¹ MBBS, MD, Dr Juliet Wright MBBS, MD¹

¹Brighton and Sussex Medical School, ²Brighton and Sussex University Hospital NHS Trust, ³Public Health England

*Corresponding author

Background: Effective therapy means HIV-positive individuals can now experience near normal life expectancy. Despite these advances in treatment, about one in six people living with HIV in the UK are unaware of their infection. Although overall number of new HIV diagnoses have decreased, the number of people diagnosed aged 50 and over is increasing. It may be that there are unique factors associated with the decision to test in this group. This systematic review aims to identify patient and clinician related barriers and facilitators to HIV testing in people aged 50 and above.

Methods: A systematic electronic search of MEDLINE, Embase, PsychINFO and CINAHL was conducted on 07/04/2016. Search terms included combinations of words describing HIV, old age, and testing. Papers were assessed for eligibility (published since 01/01/1997, describing barriers/facilitators to testing, research in people ≥ 50 years, written in English). Data from eligible studies were extracted (including study design, sample size and characteristics, analysis and reported barriers/facilitators to testing). Reported barriers/facilitators were grouped into themes and number of times each was reported was noted.

Findings: Electronic searches identified 1752 articles, of which 14 primary studies met the inclusion criteria. A further 3 eligible papers were identified from reference and citation searching. Seventeen papers were included in the review. Most of the studies ($n=14$) were from the US. The main patient-barriers to non-test were low perceived risk and not being offered/encouraged to test by a healthcare professional (HCP) (reported 5 and 3 times respectively). The main clinician-barrier was preconceptions about older people and discomfort discussing sexuality and risk, reported 5 times. Main facilitators of test were being offered/encouraged to test by a HCP, previous interactions with healthcare services and high perceived risk (all reported >5 times).

Interpretation: Clinicians' beliefs that people ≥ 50 years are not at risk, or will feel uncomfortable discussing risk and sexuality, were among the most commonly cited barriers to test offer. However, being offered or encouraged to test by a healthcare professional was the most commonly cited facilitator to testing. This shows a divide between clinicians' preconceptions and patient's expectations, which may impact on testing rates.

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Corresponding author: Ms Elaney Youssef; Room 318b Mayfield house, BSMS, University of Brighton, Falmer, BN1 9PH; e.k.youssef@bsms.ac.uk

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