Feasibility and acceptability of CBT-based counseling for MOUD and HIV care engagement and support (AMOHI study)

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Aim: The availability, requirements, content and delivery models of counseling in support of MOUD and HIV care are inconsistent across treatment systems globally. Here we assessed the feasibility and acceptability of a CBT-based counseling model designed for the Ho Chi Minh City-based AMOHI study, that sharply focused on MOUD and ART treatment engagement and adherence.

Methods: Participants with HIV and OUD were randomized to methadone (MET), buprenorphine (BUP), or extended-release naltrexone (XR-NTX), and observed for 48 weeks. The counselors engaged early with the participants providing navigation and structured CBT-based counseling sessions weekly for 12 weeks and then monthly. Standard descriptive analyses were performed to describe completion and satisfaction with counseling, and to compare retention, opioid use, suppressed HIV viral load (VL) at 24 weeks (Pearson).

Results: Seventy-eight participants were enrolled (82% male, mean age 42 (SD=5.2)) and received either MET (n=29), BUP (n=27), or XR-NTX (n=22). 45 participants (58%) completed 24 weeks of treatment, with higher retention in MET than BUP and XR-NTX (Pearson =11.9, p=0.003), and significantly less participants using opioid in XR-NTX group the first 12 weeks (8% vs. 60% for BUP, 50% for MET, Pearson=9.4, p=0.009), with no difference between groups thereafter. Almost all (n=43, 96%) exhibited a suppressed HIV VL at 24-week. Counseling session completion rate was high (90%, 849 sessions completed out of 943 expected). Every participant completed at least one session, with 10.8 sessions completed on average (SD=4.9), significantly higher for MET (12.8 vs. 9.7 for BUP, 9.9 for XR-NTX; F=3.6, p=0.03). Participants have highly ranked the helpfulness of the counseling sessions (9 or higher on a 0-10 scale), as high as the helpfulness of MOUD regardless of the MOUD received.

Conclusion: This counseling model that addressed both addiction and HIV is feasible, acceptable and valuable. Further studies are needed to evaluate the impact on substance use outcomes in larger samples.

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