Pharmacists were mostly female (63%), and Caucasian (66%). Most were HIV-certified (68%); 31% worked in specialty-only and 21% in traditional-only pharmacies. Majority were comfortable discussing HIV (91%), condom use (91%), and counselling PLWH who were heterosexual (96%) or MSM (97%). However, 33% were uncomfortable selling PWIDs needles and 48% teaching PWIDs to use clean needles. HIV-certified pharmacists were twice as likely to be comfortable selling PWIDs needles ($OR_{sellneedles}$ 2.46; $p < 0.001$) than condom use counselling ($OR_{counselcondomuse}$ 1.10; $p < 0.001$). Pharmacist comfort-level discussing HIV increased by 2% with age.

Conclusion Our finding that a significant proportion of pharmacists were uncomfortable serving PWIDs is concerning given that pharmacists might have frequent encounters with this hard-to-reach vulnerable population. Continuing professional education (CPE) curricula should be expanded to improve pharmacists' ability and comfort serving populations at high-risk for HIV.

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P18.09 COMMUNITY-BASED SUPPORT GROUPS ENGAGEMENT IN HIV PREVENTION AND ECONOMIC EMPOWERMENT IN RURAL KENYA

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Background Support groups' important role in destigmatizing HIV/AIDS and addressing social-psychological needs of persons living with HIV (PLWH) is well documented. However, the impact of support groups in economic activities is less studied. Our study compares HIV- and non-HIV- support groups in providing social-psychological and economic empowerment for PLWH or at-risk groups in rural Kenya.

Methods We recruited 72 participants in 12 support groups (42 women, 30 men; 6 HIV, 6 non-HIV). Interviews lasted 1.5–4 h. Participants were asked to describe the benefits and challenges of support groups. We used MAXQDA qualitative software. We used thematic analysis informed by Grounded Theory principles to develop themes.

Results HIV- and non-HIV groups provided socio-psychological benefits to members. However, HIV groups engaged in community-based HIV testing promotion, and empowered members on fight HIV-stigma and to disclose HIV-status. HIV-groups—mostly donor-financed—had challenges related to financial mismanagement and lack of transparency of disbursements.

Non-HIV groups—mostly micro-financing initiatives—offered financial assistance (e.g., school fees, hospital expenses), start-up capital for business projects, and improved the standard of living for members. Non-HIV-groups had challenges related to marital conflict and violence about finances, high rate of loan-default among members; and high direct (e.g., membership financial contribution, transport costs) and indirect (e.g., time commitments) costs of group participation.

Conclusion HIV-support groups are underutilised in economic empowerment initiatives for PLWH, and face challenges of sustainability, in part due to poor leadership, financial mismanagement and high financial dependency on external funding. Non-HIV groups are underutilised as venues for community-based HIV prevention efforts. Before engaging in micro-finance activities, support groups should receive leadership and financial training to ensure their long-term sustainability and increase group effectiveness in uplifting the quality and standards of living for persons living with or at-risk for HIV in rural communities.

Disclosure of interest statement This study was funded by the University of Wisconsin-Milwaukee College of Nursing Start-Up funds, U. S. A. No pharmaceutical grants were received in the development of this study.

P18.10 DETERMINANTS OF QUALITY OF LIFE AMONG PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (PLHIV) IN COASTAL SOUTH INDIA

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Aim To assess the quality of life (QOL) of PLHIV and to identify the factors influencing their QOL.

Method A cross-sectional study was conducted among 302 PLHIV aged 18 years and above, attending ART centre of Kasturba Medical College Hospital, Mangaluru, India from April to December 2014. Institutional Ethics Committee (IEC) approval was obtained prior to the commencement of the study. After obtaining a written informed consent, PLHIV were interviewed using WHOQOL-HIV BREF questionnaire to assess their QOL. Data was entered in, and analysed using SPSS version 16.

Results The mean scores (SD) across the six domains of QOL were physical- 16.37 (2.18); psychological- 12.40 (2.02); level of independence- 13.56 (2.28); social relationship- 12.19 (1.69); environment- 12.37 (2.03) and spirituality- 12.42 (2.23). A statistically significant difference was observed between the various domain scores of QOL (psychological; level of independence; social relationship; environment and spirituality) with socio economic status (SES) of PLHIV ($P < 0.05$) except the physical domain ($P > 0.05$). A significant difference was also observed between psychological domain of QOL among PLHIV and the presence of opportunistic infection. ($P = 0.028$)

Conclusion In our study, poor SES and presence of opportunistic infection have an adverse effect on QOL among PLHIV receiving ART.

P18.11 EXAMINING THE EFFECT OF CASE MANAGEMENT ON LEVELS OF DEPRESSION AMONG NEWLY DIAGNOSED PEOPLE LIVING WITH HIV IN TAIWAN

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Introduction Over half of Taiwan's HIV patients have been enrolled in case management. One of goals of HIV case management is to provide physical and mental consultations for the clients' need. The prevalence of depression in people living with HIV (PLWHA) is higher than that in the general public and possibly leads to worse HIV related outcomes. The aims of this study were to evaluate the efficacy of PLWHA in case management services so as to improve any depression and/or related symptoms.

Methods With various levels of depression, as according to the Centre for Epidemiological Studies - Depression (CES-D) scale, 88 HIV newly diagnosed subjects were enrolled in the study. After 6-month intervention of case management, their depression status were re-evaluated and compared.
Results No significant differences for depression status were found 6 months after the intervention of case management among study subjects (p = 0.345). However, the results of linear regression analysis indicated that those who had family support (beta = 0.303, $p = 0.012$) and lower HIV viral load (beta = -0.265, $p = 0.041$) would have better improvement for depression.
Conclusion Our findings indicate case management offers no apparent help lowering depression among PLWHA. However, HIV case managers should remind and assist physicians to paying more attention to PLWHA with lower family support or higher HIV viral load to avoid depression symptoms happened.
Disclosure of interest statement The Australasian Society for HIV Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. Nothing to declare.

P18.12 PEOPLE SEEKING SEXUALLY TRANSMITTED DISEASES SCREENING, MEDICAL PROFESSIONALS, AND MEMBERS OF THE GENERAL PUBLIC SURVEYED REGARDING KNOWLEDGE ABOUT NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS FOR HIV

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Introduction Non-occupational post-exposure prophylaxis (NPEP), a medical intervention to prevent HIV infection from risk behaviours conducted by general public, has been advocated by the Centre for Disease Control since 2013. However, general awareness has not yet risen. The aim of this study was to evaluate the knowledge of NPEP among subjects seeking for anonymous screening for sexually transmitted diseases (STD), healthcare professionals and general population in Taiwan.
Methods A cross sectional study was conducted with a structured questionnaire for 200 subjects who sought for anonymous STD screening, 125 healthcare professionals who worked in the departments of emergency and infectious diseases and 200 subjects who were recruited from the community to participate in the study. The questionnaire contains 10 items, which embedded NPEP-related knowledge. Statistical analysis was performed on the responses so as to ascertain the knowledge level of NPEP across the different groups.
Results Only 56% of those receiving anonymous STD screening and 34% of the general population group have ever heard of NPEP, while 83.2% of healthcare professionals have heard of NPEP. A significantly higher proportion of healthcare professionals was found to know about NPEP (p < 0.001). Overall, the response rate for correct answers for NPEP-related knowledge was found to be significantly higher for the subjects seeking for anonymous STD screening (24.1%; healthcare professionals, 2.9%; general population, 0%; p < 0.001).
Conclusion Our study results indicate that over 80% of healthcare professionals know about NPEP, however without correct knowledge. Those who seek for anonymous STD screening have a better understanding of NPEP. Efforts should be reinforced to raise the NPEP awareness.
Disclosure of interest statement The Australasian Society for HIV Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. Nothing to declare.

P18.13 REPORTED CHURCH ATTENDANCE AT THE TIME OF ENTRY INTO HIV CARE ASSOCIATES WITH REDUCED VIREMIA AT 12 MONTHS

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Background The Southeastern US is characterised as America's "bible belt" with prominent religiosity yet also has the highest HIV incidence. The interplay between religion/spirituality and HIV-related outcomes could vary from detrimental to beneficial. We previously showed that men who have sex with men (MSM) who attended church were more likely to present to care with more advanced disease than those who did not. Here, we evaluate the relationship between church attendance and sustained HIV viremia 12 months after initiation of care in the Southeastern US.
Methods We evaluated 12-month longitudinal analysis was performed to evaluate the relationship between church attendance and continued viremia (viral load > 200 copies/ml) for patients presenting for care at a university HIV clinic. Univariate and multivariable logistic regression models were fit for church attendance (the main variable of interest) as well as other variables potentially related to sustained viremia.
Results Between 2007 to 2012, 382 patients initiated HIV care for the first time and had a HIV viral load available 12 months from time of care entry. Most were black (60%), MSM (65%) and at 12 months were virally suppressed (74%). In MV analyses, reported church attendance was associated with a lower likelihood of HIV viremia (AOR 0.5; 95% CI 0.2, 0.9). Variables associated with an increased likelihood of sustained HIV viremia included black race (AOR 3.2; 95% CI 1.4, 7.4), living with family (AOR 2.7; 95% CI 1.0, 6.9), and disclosure of HIV status only to family (AOR 3.0; 95% CI 1.2, 7.7) or only to friends (AOR 2.6; 95% CI 1.1, 6.7).
Conclusions Church attendance may provide much needed support for patients entering HIV care. Further research is needed to understand the complex relationship between church attendance and health care outcomes in PLWH.
Disclosure of interest statement No disclosures.