

# **IMAP Frequently Asked Questions: Using pre-exposure prophylaxis (PrEP) and gender affirming hormone therapy (GAHT) for transgender and gender-diverse clients**

## **What is PrEP?**

PrEP refers to the use of antiretroviral medication by people not infected with HIV to reduce their risk of acquiring HIV (1). PrEP is used during periods when individuals believe they are particularly vulnerable to HIV infection. There are different delivery methods and regimens, with new methods also in development. Currently available options include an oral pill, a vaginal ring, and long-acting injectables.

## **Who should use PrEP?**

PrEP is appropriate for anyone who perceives themselves to be vulnerable to HIV and wishes to reduce their risk of HIV infection through use of medications (1).

## **Are there side effects to PrEP?**

Like all medications, PrEP may be associated with side effects in some people. The most common side effects are temporary, and can include nausea, bloating, diarrhoea, headache, feeling dizzy or weak, and trouble sleeping. Side effects from injections can include bruising, pain or small nodules at the injection site. Serious side effects are rare.

## **Does PrEP interfere with gender-affirming hormone therapy?**

No. PrEP does not lower hormone levels in transgender, nonbinary, and gender diverse people (TGD) on gender-affirming hormone therapy (GAHT)(2). PrEP has been shown to be effective and safe in TGD people and should be provided to high-risk individuals regardless of gender affirming hormone use. There are no measurable differences in hormone levels in blood between PrEP users and non-users who are on GAHT (3). However, blood concentrations of PrEP drugs in transgender women were lower than expected, although at levels unlikely to interfere with their antiviral effect to prevent HIV acquisition (4).

## **Are there sexual side effects to PrEP or gender-affirming hormone therapy for transgender women?**

PrEP is a medication that reduces the ability of the HIV virus to infect human immune cells; it does not impact the sexual functioning of human sex organs. GAHT for transgender women, however, decreases penile erection function, libido and ejaculatory volume. Discussion of these effects should be an integral part of the informed consent process and shared decision-making at the time of initiating GAHT. If these particular effects are unwanted, there are various strategies that can be used for those who wish to fully maintain penile sexual function, including the use of PDE5 (phosphodiesterase type 5) inhibitors (e.g., sildenafil, tadalafil, vardenafil) to facilitate erections, masturbation/sexual activity to maintain tissue perfusion, lowering antiandrogen doses when feminising goals are met and targeting testosterone levels slightly higher than cis-female range (either through lower GAHT doses or addition of low-dose add-back testosterone therapy)(5).

## **What are the barriers to using PrEP?**

Access to healthcare is critical for successful PrEP implementation. Although higher-income regions have had more successful implementation and awareness raising campaigns to date, many low-middle income countries are accelerating access. While PrEP is an important part of HIV preventive care services, studies show transgender women use less preventive care due to multiple factors, including limited access to healthcare, lack of insurance coverage for PrEP and gender-affirming care and medications, and fear of discrimination and stigma by healthcare providers (6).

## References

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