

Review

Gonçalves Junior M, Paiva KS, Matos MAD, Freires KRFS, Guimarães JV, Sousa FR, et al. Intervening factors with HIV PrEP discontinuation: a scoping review.

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Intervening factors with HIV PrEP discontinuation: a scoping review

Fatores intervenientes à descontinuidade da PrEP-HIV: uma revisão de escopo

Factores intervinientes con la interrupción de la PrEP del VIH: una revisión exploratória

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ABSTRACT

Objective: To map scientific publications investigating the factors contributing to the discontinuation of PrEP use for HIV.

Method: This is a scoping review guided by the Joanna Briggs Institute. Between August and December 2025, searches were conducted in the following databases: Medline/PubMed; LILACS; Web of Science; EMBASE; CINAHL; BDENF via the Virtual Health Library; CAPES Theses and Dissertations Catalog; Digital Library of Theses and Dissertations; and Google Scholar. Finally, a reverse search was performed to identify possible additional works. The data were analyzed by numerical and thematic synthesis.

Results: 869 studies were identified and, after selection, 21 studies from nine countries were analyzed. The processing resulted in five categories: sexual behaviors; stigma/prejudice; pharmacovigilance; access to health services; and vulnerabilities.

Conclusion: Studies from nine countries reveal common patterns, such as lower risk perception, adverse effects, and access barriers, as well as cultural influences and inequalities that amplify vulnerabilities. Thus, the factors contributing to PrEP discontinuation present a multifactorial complexity. Additionally, the absence of an operational parameter for the concept of PrEP discontinuation was observed, limiting more consistent analyses and more precise monitoring of these users, aiming at reducing avoidable seroconversion.

Descriptors: Pre-Exposure Prophylaxis; HIV; Treatment Interruption; Health Services; Scoping Review.

RESUMO

Objetivo: Mapear publicações científicas que investiguem os fatores intervenientes à descontinuidade do uso da PrEP para o HIV.

Método: Trata-se de uma revisão de escopo orientada pelo *Joanna Briggs Institute*. Entre agosto e dezembro de 2025, realizaram-se buscas nas seguintes fontes de dados: Medline/Pubmed; LILACS; *Web of Science*; EMBASE; CINAHL, BDENF via Biblioteca Virtual em Saúde; Catálogo de Teses e Dissertações CAPES; Biblioteca Digital de Teses e Dissertações; e Google Acadêmico. Por fim, foi realizada busca reversa para identificar possíveis trabalhos adicionais. Os dados foram analisados por síntese numérica e temática.

Resultados: Foram identificados 869 estudos e, após a seleção, 21 estudos de nove países foram analisados. O processamento resultou em cinco categorias: comportamentos sexuais; estigma/preconceito; farmacovigilância; acesso a serviços de saúde e vulnerabilidades.

Conclusão: Estudos de nove países revelam padrões comuns, como menor percepção de risco, efeitos adversos e barreiras de acesso, além de influências culturais e desigualdades que ampliam vulnerabilidades. Desse modo, os fatores intervenientes à descontinuidade da PrEP apresentam uma complexidade multifatorial. Verificou-se, adicionalmente a ausência de parâmetro operacional para o conceito de descontinuidade do uso da PrEP, limitando análises mais consistentes e o monitoramento mais preciso desses usuários, visando à redução de soroconversão evitáveis.

Descritores: Profilaxia Pré-exposição; HIV; Interrupção de Tratamento; Serviços de Saúde; Revisão de Escopo.

RESUMEN

Objetivo: Mapear las publicaciones científicas que investigan los factores que contribuyen a la discontinuación del uso de PrEP para VIH.

Método: Esta es una revisión exploratoria guiada por el Instituto Joanna Briggs. Entre agosto y diciembre de 2025, se realizaron búsquedas en las siguientes bases de datos: Medline/PubMed; LILACS; *Web of Science*; EMBASE; CINAHL; BDENF a través de la Biblioteca Virtual en Salud; Catálogo de Tesis y Disertaciones de CAPES; Biblioteca Digital de Tesis y Disertaciones; y Google Académico. Finalmente, se realizó una búsqueda inversa para identificar posibles trabajos adicionales. Los datos se analizaron mediante síntesis numérica y temática.

Resultados: Se identificaron 869 estudios y, después de la selección, se analizaron 21 estudios de nueve países. El procesamiento resultó en cinco categorías: comportamientos

sexuales; estigma/prejuicio; farmacovigilancia; acceso a servicios de salud; y vulnerabilidades.

Conclusión: Estudios de nueve países revelan patrones comunes, como una menor percepción del riesgo, efectos adversos y barreras de acceso, así como influencias culturales y desigualdades que amplifican las vulnerabilidades. Por lo tanto, los factores que contribuyen a la interrupción de la PrEP presentan una complejidad multifactorial. Además, se observó la ausencia de un parámetro operativo para el concepto de interrupción de la PrEP, lo que limita la realización de análisis más consistentes y un seguimiento más preciso de estos usuarios, con el objetivo de reducir la seroconversión evitable.

Descriptores: Profilaxis Preexposición; VIH; Interrupción del Tratamiento; Servicios de Salud; Revisión Alcance.

INTRODUCTION

According to data from the World Health Organization (WHO), in 2023, 1.3 million new cases of infection with the Human Immunodeficiency Virus (HIV) were registered worldwide⁽¹⁾. Despite significant advances in the prevention and treatment of Sexually Transmitted Infections (STIs), especially HIV, tackling these infections remains a complex challenge. Issues such as discrimination, stigma, prejudice, and inequality in access to health services continue to negatively impact adherence to HIV prevention, testing, and treatment strategies⁽²⁻⁵⁾.

In this context, combined prevention has become established as an effective approach, integrating different methods to reduce the risk of infection. Among these strategies, Pre-exposure Prophylaxis (PrEP) stands out, which consists of the daily use of antiretroviral drugs (tenofovir/emtricitabine) by HIV-negative individuals before risky situations, to prevent infection by the virus. These drugs act by blocking viral replication in target cells, significantly reducing the likelihood of infection after high-risk exposures⁽⁶⁾.

Considering that approximately one third of the global population living with HIV remains without access to antiretroviral treatment, the need for additional prevention strategies becomes evident. Among these, PrEP stands out as a fundamental measure to contain the spread of the global HIV epidemic⁽⁵⁻⁹⁾.

In Brazil, the provision of oral PrEP began in 2018, with expansion aimed at reducing HIV transmission and contributing to the achievement of the WHO and Ministry of Health (MS) goal of eliminating the AIDS epidemic as a public health problem by 2030⁽⁷⁾. Evidence from clinical studies and systematic reviews demonstrates that strict adherence to PrEP is directly related to its effectiveness, reaching protection levels close to or above 90% in individuals with good adherence⁽⁸⁻¹⁰⁾.

However, challenges regarding access to and continuity of PrEP persist, impacting the incidence of HIV infection in Brazil and worldwide^(1,3,9). Thus, understanding the factors that influence the discontinuation of PrEP use is essential, since overcoming these obstacles requires intersector approaches and strategies based on scientific evidence, ensuring greater equity in access and strengthening the global response to the epidemic.

Systematic identification of individual, social, and structural barriers that influence discontinuation of oral PrEP use can support more effective and culturally sensitive interventions, promoting greater retention in prevention programs and consequently reducing avoidable seroconversions.

Furthermore, such evidence is fundamental to guiding the implementation of long-acting injectable PrEP, a promising alternative that can overcome limitations associated with daily adherence to oral PrEP^(6,8-9). Thus, the present scoping review aims to map scientific publications that investigate the factors contributing to the discontinuation of PrEP use for HIV.

METHOD

Scoping review carried out in August and December 2025, guided by the recommendations of the Joanna Briggs Institute (JBI), Methodology for JBI Scoping Review. For the reporting of this review, the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines were followed^(11,12).

From this perspective, scoping reviews are a type of knowledge synthesis produced from a practical approach in mapping evidence on a topic, mainly identifying concepts, theories, sources and knowledge gaps⁽¹¹⁾.

The JBI Protocol⁽¹²⁾ establishes nine steps, namely: 1) Definition and alignment of the objective(s) and question(s); 2) Development and alignment of inclusion criteria with the objective(s) and question(s); 3) Description of the planned approach for the search, selection, data extraction and presentation of evidence; 4) Search for evidence; 5) Selection of evidence; 6) Extraction of evidence; 7) Analysis of evidence; 8) Presentation of results; and finally, 9) Summary of evidence. The protocol for this review was registered in the Open Science Framework (OSF), with identifier DOI: 10.17605/OSF.IO/BA3Q4 .

The acronym PCC (P – Population, C – Concept, C – Context) was used, where “P” represents (PrEP users), “C” the concept of interest (treatment discontinuation/interruption),

and “C” the context (Health Services) to construct the research question. From this context, the research question arises: “What are the main factors contributing to the discontinuation of PrEP use in health services in Brazil and other countries?”

For the definition of inclusion criteria, the following were considered: original articles published between 2012 and 2024; without language restrictions; studies focused on the discontinuation of PrEP use in health services in a global context; peer-reviewed studies; books and guidelines published in indexed sources or in grey literature; studies with open access through the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), through the institutional access of the Federated Academic Community (CAFe). The 2012 time frame is justified by the operational milestone of approval by the United States Food and Drug Administration (FDA) for the use of the combination of the antiretrovirals Emtricitabine (FTC) + Tenofovir Disoproxil Fumarate (TDF) for PrEP for adults⁽¹³⁾.

The following exclusion criteria were used: editorials; case reports; consensus statements; book chapters; paid articles; conference abstracts; preprints; duplicate works and those that did not address the topic; websites, and advertisements broadcast in the media. Although the protocol specifies the final data collection period as 2024, new searches were conducted in August and December 2025, expanding on the results found previously.

Data collection was carried out in five electronic databases in a detailed and individual manner, namely: PubMed; LILACS; Web of Science (WoS); EMBASE; CINAHL. The BDENF database was also considered via the Virtual Health Library (BVS); CAPES Thesis and Dissertation Catalog; the Digital Library of Theses and Dissertations (BDTD); and Google Scholar. In addition to the systematic search in the databases, a reverse search (analysis of the references of the included studies) was performed to identify possible additional works.

Descriptors and their synonyms were used to develop the search protocol, identified in the Health Sciences Descriptors (DeCS), and their English equivalents, identified in the Medical Subject Headings (MeSH). Access to these databases was obtained through the CAPES periodicals portal, using the CAFe login of the Federal University of Goiás (UFG).

It is worth noting that the term “discontinuation” is used in Brazil by the Ministry of Health (MS) as a synonym for “interruption” of medication use⁽⁷⁾. However, the descriptor “discontinuation” does not exist in the DeCS/MeSH portal, so the term “interruption of treatment” was chosen to refer to the “discontinuation” of PrEP use in the construction of the research protocol⁽¹⁴⁾.

In the word matching process, the Boolean operators “OR” (expands the search terms to include those that meet at least one of the specified conditions) and “AND” (includes two or more words) were used. Table 1 presents the search strategies used in the databases surveyed.

Table 1. Search strategy and databases. Goiânia, Goiás, Central Brazil, 2025.

Database	Strategy
PubMed/Medline	((((((((((("Pre-Exposure Prophylaxis") AND ("HIV")) AND ("Treatment Interruption")) OR ("Withholding Treatment")) OR ("Drug Holiday")) OR ("Structured Treatment Interruption")) OR ("Planned Treatment Interruption")) OR ("Scheduled Treatment Interruption")) OR ("Medication Window")) OR ("Medication Break")) OR ("Treatment Pause")) AND ("Health Service"))
EMBASE	('pre-exposure prophylaxis'/exp OR 'pre-exposure prophylaxis') AND ('hiv'/exp OR 'hiv') AND ('treatment interruption'/exp OR 'treatment interruption' OR 'withholding treatment'/exp OR 'withholding treatment' OR 'drug holiday'/exp OR 'drug holiday' OR 'structured treatment interruption'/exp OR 'structured treatment interruption' OR 'planned treatment interruption' OR 'scheduled treatment interruption' OR 'medication window' OR 'medication break' OR 'treatment pause') AND ('health service'/exp OR 'health service')
LILACS	("Pre-Exposure Prophylaxis") AND ("HIV") AND ("Treatment Interruption" OR "Withholding Treatment" OR "Drug Holiday" OR "Structured Treatment Interruption" OR "Planned Treatment Interruption" OR "Scheduled Treatment Interruption" OR "Medication Window" OR "Medication Break" OR "Treatment Pause") AND ("Health Service")
Web of Science	((((((((((ALL=(("Pre-Exposure Prophylaxis")) AND ALL=(("HIV")) AND ALL=("Treatment Interruption")) OR ALL=("Withholding Treatment")) OR ALL=("Drug Holiday")) OR ALL=("Structured Treatment Interruption")) OR ALL=("Planned Treatment Interruption")) OR ALL=("Scheduled Treatment Interruption")) OR ALL=("Medication Window")) OR ALL=("Medication Break")) OR ALL=("Treatment Pause")) AND ALL=("Health Service"))
CINAHL	"Pre-Exposure Prophylaxis" AND "HIV" AND "Treatment Interruption" OR "Withholding Treatment" OR "Drug Holiday" OR "Medication Break" AND "Health Service"
BDENF (via Biblioteca Virtual em Saúde)	("Pre-Exposure Prophylaxis") AND ("HIV") AND ("Treatment Interruption") OR ("Withholding Treatment") OR ("Drug Holiday") OR ("Structured Treatment Interruption") OR ("Planned Treatment Interruption") OR ("Scheduled Treatment Interruption") OR ("Medication Window") OR ("Medication Break") OR ("Treatment Pause") OR ("Health Service") AND db:("BDENF") AND instance:"lilacsplus"
Catalog of theses and dissertations – CAPES	("Pre-Exposure Prophylaxis") AND ("HIV") AND ("Treatment Interruption") OR ("Withholding Treatment") OR ("Drug Holiday") OR ("Structured Treatment Interruption") OR ("Planned Treatment Interruption") OR ("Scheduled Treatment Interruption") OR ("Medication Window") OR ("Medication Break") OR ("Treatment Pause") OR ("Health Service")
BDTD	("Pre-Exposure Prophylaxis") AND ("HIV") AND ("Treatment Interruption") OR ("Withholding Treatment") OR ("Drug Holiday") OR ("Structured Treatment Interruption") OR ("Planned Treatment Interruption") OR ("Scheduled Treatment Interruption") OR ("Medication Window") OR ("Medication Break") OR ("Treatment Pause") OR ("Health Service")
Google Acadêmico	((((((((((("Pre-Exposure Prophylaxis") AND ("HIV")) AND ("Treatment Interruption")) OR ("Withholding Treatment")) OR ("Drug Holiday")) OR ("Structured Treatment Interruption")) OR ("Planned Treatment Interruption")) OR ("Scheduled Treatment Interruption")) OR ("Medication Window")) OR ("Medication Break")) OR ("Treatment Pause")) AND ("Health Service"))

Source: Prepared by the authors, 2025.

After applying the eligibility criteria to each database, a file was generated for export and analyzed using the Mendeley® desktop software to handle duplicate data across the searched databases. Subsequently, the titles and abstracts of the results were read to determine if they were eligible for inclusion in the sample.

To ensure greater rigor and reliability in the process, the selection stages were carried out by two researchers working together. A meeting was held to reach a consensus on the articles considered eligible and, in cases of disagreement in the selection of studies, a third reviewer was consulted to assist in the final decision.

Subsequently, a data extraction form was constructed specifically for this review, following JBI suggestions⁽¹²⁾. This procedure allowed the extraction of the most relevant data from each study, defined based on the following variables: Citation (author/title/year); Country; Journal/library or database/SJR Impact Factor; Study Objective; Study Design; Sample; Conclusions/Final Considerations. The extracted results were grouped in a spreadsheet using Microsoft Excel® version 365 software based on the variables of interest.

Finally, after compiling the results, a numerical and thematic synthesis analysis was performed for scoping reviews guided by JBI⁽¹²⁾. From the numerical synthesis, we sought to quantitatively describe the distribution of studies using language of origin, study design and geographic location.

Thematic synthesis enabled the construction of categories based on the reading and discussion of results among researchers, considering the frequency with which certain findings were repeated in the analyzed studies. Meanwhile, the similarity between the information prompted the need to organize and group them, given their shared characteristics.

Thus, the developed categories served as a point of convergence among the identified evidence, insofar as they corresponded to the established definitions for each of them. Considering this context, the mapped evidence was grouped into qualitative analysis categories related to "sexual behaviors"; "stigma/prejudice"; "pharmacovigilance"; "access to health services"; and "vulnerabilities".

Therefore, the numerical and thematic synthesis provided the initial organization of the content, categorization of the results and, from this, the report of the evidence found^(12,15). It should be noted that, since this is a literature review with publicly available documents, there was no need for its submission and approval by the Research Ethics Committee.

RESULTS

The search resulted in the identification of 869 studies, of which 681 were excluded for not meeting the eligibility criteria. Of the remaining 188 studies, 141 were excluded after reading the title and abstract. After this stage, 47 studies were selected for full-text reading. In this phase, 26 studies were excluded, leaving 21 to be analyzed. The detailed selection and eligibility of the research carried out by this review is shown in Figure 1.

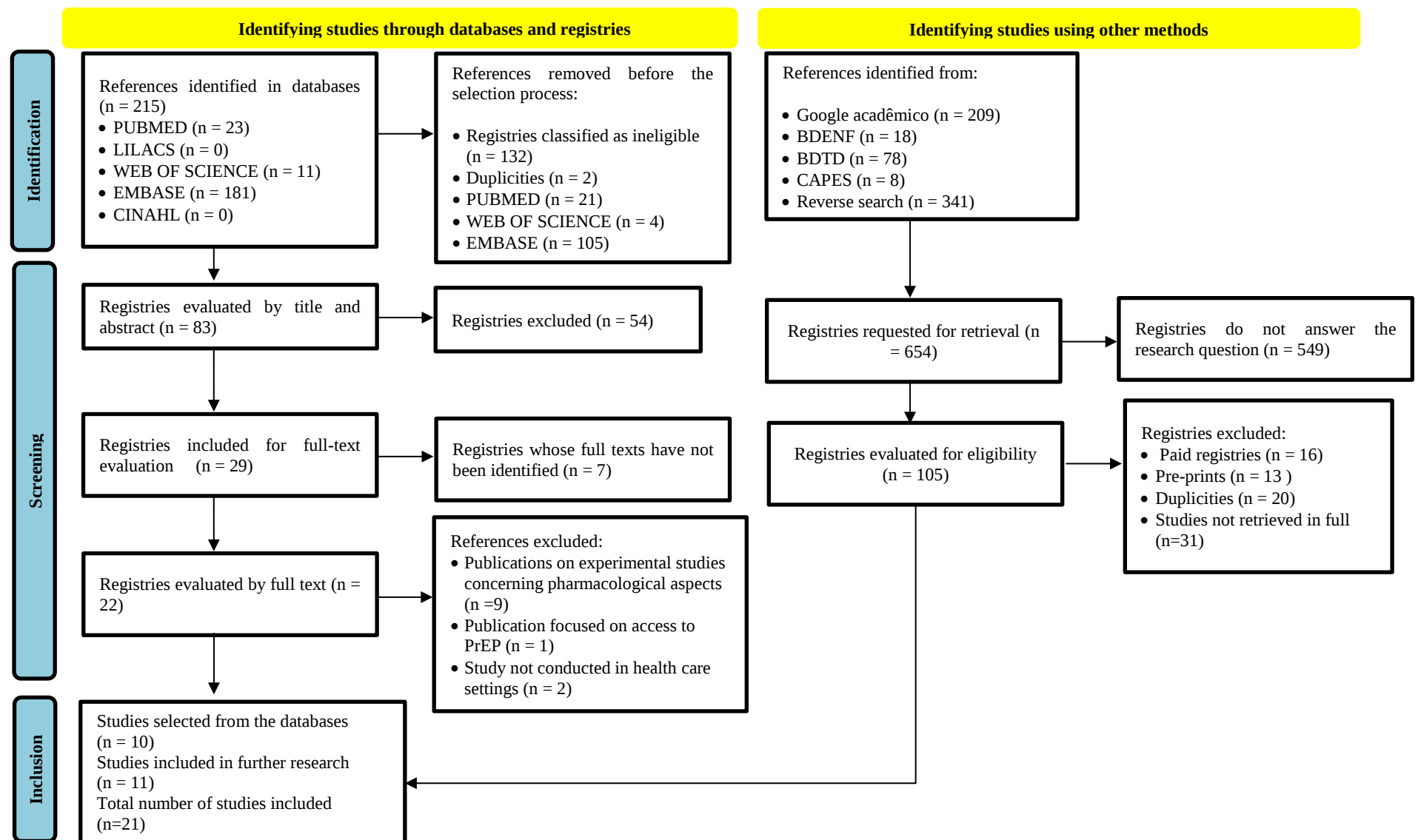


Figure 01 - PRISMA flow diagram for the selection of records. Goiânia, Goiás, Central Brazil, 2025.

Table 2. Studies included in the review. Goiânia, Goiás, Central Brazil, 2025.

Quote	Journal/Impact Factor - SJR	Study objective	Study Design	Sample	Conclusions/Final Considerations
Ongolly, <i>et al.</i> ⁽¹⁶⁾ , 2021; Kenya	Journal of Acquired Immune Deficiency Syndromes (JAIDS)/1,040	Understanding PrEP discontinuation in routine public health settings in sub-Saharan Africa.	Qualitative study	46 people who started PrEP in 25 CAI ⁱ in Kenya.	People often make intentional decisions to discontinue PrEP when weighing different prevention options against the complexities of their life circumstances. Many people have decided to discontinue PrEP when they realize they are at reduced risk.
Mwima, <i>et al.</i> ⁽¹⁷⁾ , 2025, Uganda	BMJ Global Health/2,451	To explore the factors that influence the continuation and discontinuation of PrEP among fishermen in Uganda.	Qualitative study	40 fishermen in two fishing communities in Uganda.	Fishermen in Uganda face multiple barriers to continuing PrEP, with women facing more significant challenges. Enhanced support strategies may be essential to improving PrEP adherence.
Serota, <i>et al.</i> ⁽¹⁸⁾ , 2019, United States.	Clinical Infectious Diseases/ 2,992	Understanding the patterns and predictors of PrEP adoption and discontinuation among HNJSH ⁱⁱ .	Prospective cohort observational study	298 HNJSH ⁱⁱ between June 2015 and June 2017.	In the multiple analysis, younger age, cannabis use, STIs in the last 12 months, and a reduction in the number of anal sex partners were associated with early first discontinuation of PrEP.
Zimmerman <i>et al.</i> ⁽¹⁹⁾ , 2019, Netherlands	Journal of the International AIDS Society (JIAS)/1,769	Analyze the reasons for choosing, switching between, and discontinuing daily or event-driven PrEP use.	Open-label prospective cohort observational study	374 HIV-negative MSM and two transgender people.	In the multiple analysis, perception of sexual risk, adherence problems, and side effects were shown to be statistically associated with discontinuation.
Daroya, <i>et al.</i> ⁽²⁰⁾ , 2024, Canada	SSM – Qualitative Research in Health /0.966	To explore how PrEP usage patterns have fluctuated over time and the reasons for pausing, restarting, or discontinuing PrEP.	Qualitative study	38 people who identify as GBHQ ^{iv} in British Columbia and Ontario.	The identified patterns of PrEP use suggest that participants adjust their PrEP use strategies as needed. They discussed how the COVID-19 pandemic, perceptions of HIV exposure, access to PrEP, side effects, and other factors contribute to more flexible PrEP use.
Zeballos, <i>et al.</i> ⁽²¹⁾ , 2023, Brazil.	Journal Adolesc Health/1,857	To describe the interruption of PrEP for HIV in HASH ^v and MTA ^{vi} and to identify factors associated with discontinuation.	Prospective cohort observational study	908 teenagers, of which 829 were HASH ^v and 79 were MTA ^{vi}	In the analysis, HASH ^v and MTA ^{vi} were found to have a perceived risk of medium or low exposure to Those with HIV had an increased risk of discontinuation. And those with a partner living with HIV had a lower risk of discontinuation.
Martin, <i>et al.</i> ⁽²²⁾ , 2023, South Africa.	Journal Adolesc Health/1,857	To describe the patterns of PrEP use among AJM ^{vii} who initiated sexual and reproductive health services in South Africa.	Prospective cohort observational study	967 AJM ^{vii} being grouped by age ranges.	Although no statistical analysis was performed, access to and use of health services, no longer being sexually active, considering the partner faithful, side effects, stigma, advice from family members, and pregnancy were cited as factors for discontinuation.

Gilbert, <i>et al.</i> ⁽²³⁾ , 2019, Uganda	Journal of Acquired Immune Deficiency Syndromes (JAIDS)/1,040	To investigate how HIV-negative partners in serodiscordant couples in Uganda experience the process of discontinuing PrEP.	Qualitative study	63 seronegative individuals from serodiscordant couples	Discontinuing PrEP, while clinically recommended in certain contexts, is experienced as a difficult and anxiety-inducing process. The authors advocate for the need for flexible interventions that support users during this transition.
Zia, <i>et al.</i> ⁽²⁴⁾ , 2023, Uganda	AIDS Care/ 0.617	To describe the mental health status of a large cohort of young women in Kampala, Uganda, who initiated PrEP.	Prospective cohort observational study	499 people	In this cohort, depression did not have a significant impact on the adoption, continuation, or adherence to PrEP.
Moyo, <i>et al.</i> ⁽²⁵⁾ , 2025, Namibia	Infectious Disease Reports (MDPI)/ 0.709	To assess the one-month PrEP retention rate among AJM ^{vii} and associated factors.	Cross-sectional observational study	17,227 people	The reasons for discontinuing PrEP were: traveling far from home, no longer needing PrEP; forgetfulness, and side effects.
Monteiro, <i>et al.</i> ⁽²⁶⁾ , 2024, Brazil	Escola Anna Nery /0.274	To estimate the prevalence and factors associated with adherence to and discontinuation of HIV PrEP among gay men and MSM.	Cross-sectional observational study	105 people	Both adherence and discontinuation were found to be related to social, cultural, economic, ethnic-racial, and psychological factors. Identifying these associations can be useful for improving the implementation of health policies.
Berner-Rodoreda, <i>et al.</i> ⁽²⁷⁾ , 2020, Eswatini	PLOS ONE/0.803	To explore the risk perceptions, experiences, and preferences of heterosexual men eligible for PrEP in Eswatini.	Mixed method	389 people	The men considered that the daily intake, side effects, and stigma of using antiretroviral medications could lead them to be mistaken for someone living with HIV.
Echeverría-Guevara ⁽²⁸⁾ , 2022, Brazil	Instituto Nacional de Infectologia Evandro Chagas - Fundação Oswaldo Cruz Dissertation	To assess PrEP discontinuation and associated factors among transvestites/transgender women, trans women, and gay, bisexual, and other MSM (men who have sex with men).	Prospective cohort observational study	1,463 people	Transgender women, young individuals, and those with lower levels of education are at higher risk of discontinuing/abandoning PrEP.
Ferreira ⁽²⁹⁾ , 2025, Brazil.	USP - Escola Paulista de Medicina/ Dissertation	To compare the discontinuation profile of PrEP users in the Circuito da Fé and Vale Histórico regions.	Cross-sectional observational study	64 people	The findings of this study highlight the need for personalized follow-up strategies that consider individual contexts and fluctuations in sexual behaviors over time.
Nieto, <i>et al.</i> ⁽³⁰⁾ , 2020, United States	PLOS ONE/0.803	To explore the reasons for PrEP discontinuation among HNSH ^{viii} and MNT ^{ix} residents in Los Angeles County.	Qualitative study	22 people	PrEP is an important prevention tool, especially during periods of increased HIV risk. However, individual and structural factors can cause temporary or permanent interruption of PrEP.
Pintye, <i>et al</i>	Journal of	To assess the modifiable factors	Qualitative	93 people	The use of PrEP among young women and adolescents in

⁽³¹⁾ , 2021, Kenya	Acquired Immune Deficiency Syndromes (JAIDS)/1,040	that hinder the use of PrEP among women receiving care in maternal and child health clinics.	study		our study was positively influenced by encouragement from close peers, while the dissemination of misinformation by partners discouraged its use.
Coyer, <i>et al.</i> ⁽³²⁾ , 2020, Netherlands	eClinical Medicine/3.633	To describe patterns of use, regimen switching, and discontinuation of PrEP in MSM ⁱⁱⁱ participants in the PrEP program in Amsterdam, and factors associated with these changes.	Prospective cohort observational study	376 people	Switching between PrEP regimens was common, while the transition from occasional to daily PrEP use was associated with certain determinants related to sexuality (e.g., chemsex, sexual compulsion, absence of known HIV-positive partners). PrEP discontinuation rates were low and independent of regimens.
Krakower, <i>et al.</i> ⁽³³⁾ , 2019, United States	Journal of the International AIDS Society (JIAS)/1,769	To characterize the patterns, reasons, and clinical outcomes associated with PrEP interruption in primary care.	Retrospective cohort observational study	663 patient records	Discontinuation of PrEP use was common in this American sample, which was predominantly composed of MSM ⁱⁱⁱ , especially among younger patients who identified as transgender women or who had mental health problems.
Spinelli, <i>et al.</i> ⁽³⁴⁾ , 2019, United States	Open Forum Infectious Diseases/1,441	To characterize retention patterns in PrEP care in a municipal primary care network in the US and to assess associations between missed appointments and PrEP discontinuation.	Retrospective cohort observational study	364 people	Diverse populations may require differentiated care for the continuity of PrEP. Missed appointments should trigger personalized interventions.
Pillay, <i>et al.</i> ⁽³⁵⁾ , 2020, South Africa	PLOS ONE/ 0.803	To identify the barriers and facilitators to adherence to and retention in the use of oral PrEP in South Africa.	Cross-sectional observational study	299 people	Most (73.8%) of participants who discontinued oral PrEP cited side effects as the main reason for interruption, followed by feelings of stigma (18.8%).
Morgan, <i>et al.</i> ⁽³⁶⁾ , 2018, United States	AIDS and Behavior/1,251	Assessing PrEP HASH discontinuation patterns ^v	Longitudinal prospective cohort observational study	197 people	Among the main reasons for abandoning PrEP use are difficulties in accessing medical appointments (21.5%) and other difficulties related to coverage or loss of health insurance (20.0%).

Legend: CAIⁱ - Comprehensive Care Clinic for HIV; HNJSHⁱⁱ - Young Black Men who have Sex with Men; HSHⁱⁱⁱ Men who have Sex with other Men; GBHQ^{iv} - Gay, Bisexual and Queer Men; HASH^v - Adolescent Men who have Sex with Men; MTA^{vi} - Adolescent Transgender Women; AJM^{vii} – Adolescent and Young Women; HNSH^{viii} - Black Men who have Sex with Men; MNT^{ix} - Black Transgender Women.

Source: Prepared by the authors.

As shown in Table 2, of the 21 studies analyzed, the following designs were observed: six qualitative studies ^(16,17,20,23,30,31); eight prospective cohort observational studies ^(18,19,21,22,24,28,32,36); four cross-sectional observational studies ^(25,26,29,35); one mixed-methods study ⁽²⁷⁾ and two retrospective cohort observational studies ^(33,34).

The publication year of the results was limited to between 2018 and 2025, with 18 studies in English and three studies in Portuguese. Regarding geographical distribution, nine studies were conducted on the African continent, in the following countries: Kenya ^(16,31), Uganda ^(17,23,24), Namibia ⁽²⁵⁾, Eswatini ⁽²⁷⁾ and South Africa ^(22,35).

In the Americas, ten studies were conducted, six in North America, in the United States ^(18,30,33,34,36) and Canada ⁽²⁰⁾. In South America, four studies were found, all carried out in Brazil ^(21,26,28,29). And in Europe, only two studies, both carried out in the Netherlands ^(19,32).

Below, Table 3 presents the categories and definitions that were used to group the information found in the analyzed studies, constructed from thematic synthesis guided by JBI ⁽¹²⁾.

Table 3. Categories used for grouping selected information. Goiânia, Goiás, Central Brazil, 2025.

Category	Definition
Sexual Behavior	The way in which people exercise their sexuality. Sexual behavior develops from experiences in family, social, and romantic relationships, which are also influenced by educational, sociocultural, psychological and biological factors ⁽³⁷⁾ .
Stigma/Prejudice	Prejudice, as well as stigma, are characterized by the construction of categories, stereotypes and other values that produce as an effect the marginalization, discrimination and exclusion of people/bodies that are marked by the dominant discourse ⁽³⁸⁾ .
Pharmacovigilance	Identification and assessment of the acute or chronic effects of the risk of using pharmacological treatments in the population as a whole or in groups of people exposed to specific treatments ⁽³⁷⁾ .
Access to Health Services	The possibility of people accessing and using health services, considering economic, geographic, legal, cultural and organizational constraints ⁽³⁹⁾ .
Vulnerabilities	A set of social, political and cultural aspects that, related to a specific social context of individuals or groups, can lead to situations of greater or lesser exposure to diseases and health problems ⁽⁴⁰⁾ .

Source: Prepared by the authors.

Table 4 presents a summary of the factors contributing to PrEP discontinuation, with the majority related to sexual behaviors, followed by vulnerabilities and access to health services.

Table 4. Mapping of factors contributing to discontinuation of PrEP use according to the analyzed studies. Goiânia, Goiás, Central Brazil, 2025.

Categories	Factors Contributing to PrEP Discontinuation
Sexual Behavior	Decreased perception of risk of HIV infection ⁽¹⁶⁻³⁶⁾ Preference for condom use ^(16,17,18,23) Changes in partners living with HIV or suspected HIV ^(16,22,29) Decreased sexual behavior ^(16-20,22,23,31,32) Monogamous relationship ⁽³³⁾ Viral Load Suppression of the Partner ^(16,23)

	Infidelity in sexual partnership ^(17,23) Diagnosis of STIs ⁽¹⁸⁾ Negative serological status of the sexual partner ⁽³¹⁾
Stigma/Prejudice	Prejudice from family members ^(16,22-25,30,31,33,35,46) Community stigma about the service that offers PrEP ^(16,17,22,27,29,30) Low health literacy among users ⁽¹⁷⁾ Fear of being perceived as promiscuous ^(30,33) Concern about being associated with PLHIV ^(25-31,33,35) Accusation of infidelity ⁽³¹⁾ Misinformation about PrEP ⁽¹⁷⁾
Pharmacovigilance	Adverse effects of the medication ^(16-22,25-27,30-36) Daily use of medication ^(16,17,19,22) Difficulty remembering to take medication daily ⁽¹⁷⁾ Clinical Reasons ^(19,22,26,33)
Access to Health Services	Difficulties in accessing health services ^(16,20,22,27) Waiting time for service ⁽¹⁶⁾ Distance and logistics of health services ^(16,17,22,24,25,28-31) Difficulty attending appointments ^(17,18,25,34-36) Insufficient information about the benefits of PrEP ^(17,35) Low literacy of health professionals about PrEP ^(17,35) Covid-19 pandemic ^(20,21,24) Difficulties related to private health insurance ^(20,30,33,34,36) High cost of medication ^(30,33,36) Initiate PrEP on mobile services ⁽²²⁾
Vulnerabilities	Insistence/discouragement from partner/family to stop ^(16,22,23,33) Alcohol use ⁽¹⁷⁾ Gender Violence ^(17,23,24,25,31,35) Poverty ^(17,24,25,28,30) Housing instability ^(17,30,34) Younger age ^(18, 21, 24, 25, 26, 31-34) Drug Use ^(18,21) Socioeconomic changes ^(18,28,31,35,36) Transgender Teenage Women ⁽²¹⁾ Transgender and Transvestite Women ^(21, 28, 30, 33, 34) Diagnoses in Mental Health ^(21,22,24,33,34) Pregnancy ^(22,31) Puerperium ⁽³¹⁾ Black and Brown Population ^(18,26,28,31,36) Sex workers ^(26,35)

Source: Prepared by the authors.

DISCUSSION

The evidence identified in the selected studies provides relevant support for the theorization of the problem that guided this review. A first aspect to be discussed refers to the definition and parameterization of the term "PrEP discontinuation," which has been gradually the subject of debate among different researchers^(21,26). The absence of a consolidated conceptualization hinders the implementation of effective monitoring and evaluation strategies for this phenomenon.

In this regard, among the selected studies, the use of heterogeneous definitions and quantitative parameters was found in 11 of them carried out in the United States^(18,33,34,36), Brazil^(21,26,28), Netherlands⁽³²⁾, Eswatini⁽²⁷⁾, South Africa⁽²²⁾ and Namibia⁽²⁵⁾. The absence of

quantitative parameters in the other studies makes it difficult to define the concept. Therefore, it is essential to develop a clear conceptual understanding, capable of guiding solid methodological criteria and allowing consistent analyses in different research contexts.

The results obtained indicate that discontinuation of PrEP results from a set of interconnected factors⁽¹⁶⁻³⁶⁾, including sexual behaviors, stigma and prejudice, issues related to pharmacovigilance, barriers to access to health services and multiple vulnerabilities. These elements cross different dimensions of human life, presenting similarities and common characteristics⁽⁷⁾.

The evidence analyzed indicates that sexual behaviors⁽³⁷⁾ exert a direct and multifaceted influence on adherence to and continuity of PrEP. However, it is observed that a decrease in the perception of the risk of HIV infection contributes to behavioral changes⁽³⁷⁾, exposing users to situations of vulnerability and a continuous and repeated risk of infection. In this sense, all the selected studies⁽¹⁶⁻³⁶⁾ show a relationship between PrEP discontinuation and a reduction in the perception of the risk of HIV infection.

Discontinuation of PrEP use due to individual perception of infection risk reflects changes in sexual behaviors and has been described by some authors as “seasonal use of PrEP”^(30,32,41,42). This approach corresponds to a cyclical pattern of use, in which prophylaxis is adopted only during periods considered to have greater exposure to HIV rather than continuously.

A South African study⁽²²⁾ highlights the need to deepen the understanding of these periods of PrEP use regarding the real and perceived risk, as well as other motivating factors. This need is justified by recognizing that risk perception is subjective and can therefore generate a disconnection between perception and actual risk behaviors.

A qualitative study conducted in Uganda⁽²³⁾ corroborates the previous proposition by presenting data from serodiscordant couples who discontinued PrEP use after the partner living with HIV achieved viral suppression. This factor, in turn, reinforced confidence in ART as an effective prevention strategy. However, in the same study⁽²³⁾, some participants reported resorting to condom use as a strategy to mitigate the feeling of risk associated with interruption of PrEP. Nevertheless, some participants explained that their requests were interpreted as signs of infidelity, generating resistance and distrust⁽²³⁾.

Thus, potential weaknesses are evident in the process of monitoring and counseling PrEP users, especially regarding their ability to understand and take responsibility for their own self-care. These weaknesses stem from the risks associated with shifting responsibility

for HIV prevention to third parties, which can compromise the effectiveness of protection strategies.

Due to the complexity involved in ensuring the use of PrEP during periods of higher risk of HIV infection, the possibility of alternating between oral PrEP administration modalities stands out, either through daily intake or the event-oriented strategy (ED-PrEP)⁽⁴³⁾, called on-demand PrEP in Brazil⁽⁷⁾.

The choice between PrEP use modalities should be aligned with each individual's circumstances and lifestyle, considering factors such as frequency, predictability, and the possibility of planning use in on-demand PrEP^(7,43). However, it is crucial to highlight that the on-demand modality is only recommended for specific groups⁽⁷⁾.

The on-demand oral PrEP modality can also be considered a strategy to mitigate the manifestation of adverse effects. In several selected studies^(16-22,25-27,30-36), it was observed that adverse effects associated with the use of the medication, added to the requirement for daily intake, constituted significant factors for PrEP discontinuation. In studies conducted in the United States^(30,33), the Netherlands^(19,32) and Canada⁽²⁰⁾, some participants reported concerns related to the potential toxicity and adverse effects resulting from daily PrEP use^(19,20,30,33). Such perceptions contributed to hesitations regarding adherence and, in some cases, to the interruption of prophylaxis.

Studies conducted in Brazil⁽²⁶⁾ and Namibia⁽²⁵⁾ identified PrEP discontinuation rates due to adverse events of 31.4% and 13.5%, respectively. A cross-sectional investigation in South Africa⁽³⁵⁾ reported that 41.7% of respondents refused to start PrEP due to fear of possible side effects. Another study⁽³⁶⁾ indicates that this fear was influenced by the observation of adverse effects in people who had used post-exposure prophylaxis (PEP) and ART.

The role of health professionals in pharmacovigilance⁽³⁷⁾ is fundamental for the early identification of adverse effects associated with the use of PrEP. This monitoring makes it possible to offer adequate support to users for the management of symptoms resulting from prophylaxis. In this context, users reported different strategies for dealing with adverse effects, such as seeking care at health services or contacting professionals by telephone and messaging applications, such as WhatsApp⁽³⁵⁾.

Our findings also demonstrate that the experience with PrEP cannot be explained solely by individual factors, but must be situated within a broader context in which logistical^(16,17,22,24,25,28,29,30,31), financial^(20,30,33,34,36) and institutional^(17,35) factors play a decisive role.

Thus, it is essential to analyze how access to health services⁽³⁹⁾, including aspects such as availability, organization, reception and continuity of care, impacts PrEP discontinuation.

For example, the Kenyan study⁽³¹⁾ highlights that, although some health services in Africa are often provided free of charge, transport costs⁽²⁵⁾ and waiting times for appointments⁽¹⁶⁾ constitute significant barriers to continued prophylaxis. The North American study⁽³⁶⁾ found that the main reason for interruption of PrEP use was difficulty attending medical appointments (21.5%), followed by the expiration or lack of coverage of health plans for PrEP (20.0%)⁽³⁴⁾.

Furthermore, other studies^(20,30,33,34,36) analyzed the influence of economic factors as determinants of PrEP discontinuation, especially in countries where access to health is not entirely free. In the sample of the North American study⁽³⁴⁾, 13% of users reported difficulties with health insurance costs, while in another study conducted in the United States⁽³³⁾, 12% of discontinuations were attributed to the same reason.

Linking users to health services requires continuous qualification of professionals through continuing education actions, in order to identify opportunities for dialogue about HIV infection risks. As pointed out in studies carried out in Uganda⁽¹⁷⁾ and South Africa⁽³⁵⁾, the poor knowledge of health professionals can constitute a significant institutional barrier to access and, consequently, to the continuity of PrEP use, reinforcing the need to deepen this relationship in future research.

The weaknesses in health services highlight the importance of considering the syndemic context that characterizes many contemporary scenarios. Institutions face historical challenges in providing coordinated, continuous, and sensitive responses to the needs of users, especially those most exposed to the intersectionalities of race, gender, class, and territory.

The COVID-19 pandemic significantly increased existing institutional fragilities. The overload of services and the emergency reorganization of care networks resulted in interruptions, delays, and a reduction in the supply of essential services. Some studies^(20,21,24) discuss, therefore, possible influences of the pandemic on the interruption of PrEP. Although they do not aim to directly analyze the relationship between the pandemic and the discontinuation of prophylaxis, the authors report that the observed interruptions may have been impacted by sanitary impositions, behavioral changes, and social isolation. These findings reinforce the need for further studies to assess the relationship between these variables, especially regarding the impact on historically vulnerable populations.

Given this scenario, populations already impacted by structural inequalities faced greater barriers, which weaken services and rights and compromise access to and continuity

of preventive care, such as PrEP. Studies conducted in Sub-Saharan Africa^(16,17) offer relevant insights into the intersectionality of social markers of inequality, evidenced by the impact of side effects, difficulties in accessing health services, and vulnerabilities in the daily lives of users of daily oral PrEP.

The presence of these social markers—gender, race/color, poverty, age, income, and free healthcare—and their influence on PrEP discontinuation demonstrate the need for a critical⁽⁴⁴⁾ and provocative analysis of the phenomenon, in order to understand how such structural inequalities shape adherence to and permanence in preventive care. Gender inequality, for example, creates conditions for coercive partnerships, in which cis men are socially empowered to subordinate their partners, systematically restricting their personal autonomy⁽²³⁾.

Many young women and adolescents reported that starting PrEP represented a more viable solution for preventing HIV than persuading reluctant partners to get tested or use condoms. PrEP was perceived as a tool for autonomy, allowing protection independent of partners' decisions⁽³¹⁾. However, this same study shows that a substantial proportion of young women and adolescents who started daily oral prophylaxis did not return to renew their prescription after the first month, with most interrupting use within the first six months.

These dynamics demonstrate that the decision to initiate and maintain PrEP is influenced by power relations and sociocultural contexts that shape the autonomy of users. However, such influences are not limited to the realm of intimate relationships. Other social markers, such as race and sexual orientation, also play a determining role in the continuation of PrEP.

In the Brazilian cross-sectional study⁽²⁶⁾, a model constructed for the outcome discontinuation, race stood out as an associated factor, with prevalence rates 3.4 times higher for brown and 4.1 times higher for black individuals, compared to white. When intersecting the markers of race/color and sexual orientation, the study⁽²⁶⁾ demonstrates that self-declared brown gay men and MSM using PrEP showed a significant association with interruption of prophylaxis compared to white, with a 3.6 times higher prevalence of discontinuation.

The North American study⁽¹⁸⁾, conducted with young black MSM, demonstrated that African Americans represent 44% of new HIV infections, but only 11% of those who receive PrEP prescriptions^(45,46). It was found that young black users have lower adherence rates and higher discontinuation rates of prophylaxis^(47,48), in the face of systemic barriers, racism, homophobia, reduced perception of risk of HIV infection and distrust regarding medical services⁽¹⁸⁾.

Additionally, other studies^(18,21,24-26,31-34) point to age as an intervening factor for discontinuation. In the Dutch study⁽³²⁾, a multiple analysis found that interruption of daily PrEP use was associated with younger age, fewer casual partners, and a greater number of unprotected sex with casual partners. In this sense, the North American study⁽³³⁾ corroborates that PrEP interruption was common in a sample predominantly composed of MSM, especially among younger patients, transgender women, and individuals with mental health problems.

The challenges faced by key populations in accessing PrEP are marked by prejudice and stigma that have historically characterized their daily lives, directly impacting access to health services. The trans population, for example, faces structural barriers that hinder access, compromising the use of PrEP and other strategies. The literature^(21,28,30,33,34) shows that institutional discrimination and the lack of preparedness of professionals to offer stigma-free care create hostile environments, distancing trans people from health units. In this context, although PrEP is an effective tool for HIV prevention, it becomes less accessible to this population, which experiences multiple layers of vulnerability and exclusion along the way to services.

Furthermore, trans populations face stigmas and prejudices⁽³⁸⁾ reproduced within the very services that offer PrEP, especially because these places are historically associated with the care of people living with HIV. This link reinforces social stigmas^(16,17,22,27,29,30) present in the collective imagination, causing the search for PrEP to be traversed by moral judgments.

As a result, transgender people face additional barriers to accessing these services, which limits the use of prophylaxis and perpetuates inequalities in care. Minimizing the impact of bias on key populations is a key step in ensuring that PrEP is accessible in a timely manner to people who perceive themselves as at risk of HIV infection. In Brazil, however, the provision of this strategy remains strongly linked to, and largely centralized in, specialized services for people living with HIV.

Discontinuation of PrEP poses a challenge to the effectiveness of HIV prevention, as seroconversion can occur precisely during periods without PrEP use^(21,49,50). Therefore, understanding the intervening factors that lead to interruption is essential to strengthening public policies and expanding access to evidence-based strategies. This understanding requires a holistic approach that considers individual, social, structural, economic, and political barriers, in order to guide multidimensional interventions capable of ensuring greater adherence and continuity of PrEP use.

The limitations of this study reflect those commonly found in literature reviews, such as the heterogeneity of the selected studies, the continuous need for updates, and publication

biases that may only reinforce the dominant view in the scientific community, ignoring divergent or emerging findings⁽⁵¹⁾. Still, valuable insights were obtained for understanding the theoretical gaps that persist regarding the phenomenon under analysis, as well as the factors that influence PrEP discontinuation.

CONCLUSION

Discontinuation of PrEP use was mapped based on intervening factors identified in the analyzed studies, which point to evidence of the multifactorial complexity of this phenomenon in health services. As in other areas of public health, the need for a more precise definition of the term "discontinuation" is essential to guide consistent analyses, facilitate communication between researchers and health professionals, and enable discussions on the challenges of effectively strengthening PrEP.

This review included studies conducted in nine countries, distributed across the African, North American, South American, and European continents. In general, the intervening factors show recurring patterns across different geographical contexts, especially regarding reduced risk perception, adverse effects, and barriers to access to health services. However, some elements show cultural variations, such as sociocultural influences, structural inequalities, and differences in the organization of services, which tend to intensify vulnerabilities in certain groups. This combination of universal and contextual factors reinforces the need for territory-sensitive analyses.

The findings of this study also indicate that monitoring and evaluating users who discontinue PrEP may be inaccurate in healthcare services, as there is no distinction between users who discontinued due to some existing external barrier or by individual choice. Therefore, this review recommends further studies that can advance the search for a conceptual and operational delimitation of the term "discontinuation," to allow for more precise identification of these users, aiming to reduce avoidable seroconversion in people who have discontinued PrEP use inappropriately.

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Availability of data and material

Access to the dataset may be obtained by requesting it from the corresponding author.

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