

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/rising-stimulant-use-among-patients-with-hiv-what-5-years-of-clinic-data-reveal/32827/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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## Rising Stimulant Use Among Patients with HIV: What 5 Years of Clinic Data Reveal

### Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Ellen Eaton, who's a Professor in the Department of Medicine and Division of Infectious Diseases at the University of Alabama at Birmingham. She'll be discussing her research on the impact of stimulant use on patients with HIV and opioid use disorder, which was presented at IDWeek 2025. Here's Dr. Eaton now.

### Dr. Eaton:

The reason we decided to study this population is because we know that we are the only integrated infectious diseases and substance use clinic in the state of Alabama and also one of very few in the region, so we know it's an innovative clinic model. In addition, we try to stay abreast of the substance use trends in our area, and as the opioid epidemic has progressed, we have really observed more and more stimulant use amongst our patients living with opioid use disorder.

The challenge with stimulant use is that we do not have the great pharmacotherapy that we have for opioid use disorder. For example, we know that buprenorphine and methadone are highly effective at treating opioid use disorder, getting our patients with HIV into care, keeping them in care, and allowing their viral load to be managed appropriately. We do not have an equivalent treatment for stimulant use disorder, and that is one of the biggest barriers for many of my patients in terms of reaching both their substance use goals and their infectious goals—whether it's HIV prevention, treatment, or hepatitis C cure. So we wanted to specifically look at this comorbid stimulant use disorder along with opioid use disorder in this southern cohort of people living with HIV to see if this additional stimulant use affects their infectious disease outcomes, retention, care, and addiction outcomes. And then we also looked at emergency department use and some other outcomes.

We chose this five-year period because we actually started the clinic in November of 2019, so we've just hit that five-year mark and we're now approaching the six-year mark, so it seemed like a really appropriate time to look back over the first five years retrospectively through an electronic chart review. Working along with my team led by a medical student—Ann Harshfield who's our presenting author—we queried these variables in the chart. We looked at both language in the physician notes in addition to some laboratory data and clinical encounters, including hospitalization data. So I should say this is limited in that it only looks at the UAB electronic medical record, and we weren't able to capture some of the outcomes that may have happened at other health systems.

Some of the key differences that we were looking for relate to comorbid infectious diseases. Because this is a small study—only 113 participants overall—we did not expect to detect statistically significant differences between those using stimulants and those who were not. But we were looking for general trends and the prevalence of things like hepatitis C and sexually transmitted infection. And what we did see is that those infections were more common in people using stimulants relative to their peers who were only using opioids. In addition, we wanted to look at retention in care and retention in buprenorphine to get at the question: If you are also using stimulants, does it make it harder to control your opioid use disorder? And what we found is, according to this small study, no; those with comorbid stimulant use were equally likely to be retained in the clinic and in buprenorphine, so those outcomes were not significantly different.

Thinking about the biggest takeaway for clinicians who may be attending IDWeek and researchers as well, I hope that these high rates of comorbid stimulant use, sexually transmitted infections, and hepatitis C makes all of our audience appreciate that we need to be screening for and treating things like syphilis and hepatitis C in the context of HIV and addiction. We need to be looking for them more

often and be prepared to treat. And if we don't have access to treatment, how can we refer these patients in an accessible way to someone who can provide those comprehensive services to address these other conditions? I think one other thing that I'm hoping this group takes away is that just because your patient has a comorbid stimulant use disorder does not mean you can't provide care. Do not use that as a reason to turn anyone away.

**Announcer:**

That was Dr. Ellen Eaton talking about her research presented at IDWeek 2025, which focused on how stimulant use can affect patients with HIV and opioid use disorder. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!