An Audit of Cervical Cytology in HIV positive women

Gladys Mundowa
HIV/GUM Nurse
Lawson Unit

Background

- Cervical cancer is an AIDS defining illness since 1993
- Incidence of cervical intra-epithelial neoplasia (CIN): 4-5 times higher in HIV positive women
- CIN in HIV positive women: occur earlier in life, rapid progression, poorer treatment response
- CD4 <200 likely advanced stage disease with initial diagnosis
National Guidelines

**British HIV Association, British Association for Health and HIV 2008**

- HIV positive women offered cervical cytology within 6/12 of initial diagnosis.
- Annual cytology recommended for all HIV positive women
- All abnormalities to be referred for colposcopy
- All smear results to be documented in HIV notes regardless of where test was done.

Role of the HIV Nurse

- Empowerment of service users
- Education and teaching
- Addressing barriers to access and uptake
- Delivery of cervical cytology services
- Auditing and evaluation of cytology uptake
The Audit

- Audit proforma developed
- Retrospective case note review
- Women attending HIV Outpatient Department over 4 months
- 58 case notes randomly selected
- 5 women excluded as >65yrs old

Results

- N=53
- Ethnicity – 53% (28/53) Black African
- Age - Ranging from 24-65 median 43
- 26% (14/53) No discussion documented
- 74% (39/53) Discussion documented
Results continued

- 74% (29/39) Initiated by doctor
- 26% (10/39) Initiated by nurses
- 62% (24/39) Cervical cytology performed
- Performed in HIV/GUM 67% (16/24)
- Performed in GP surgery 33 (8/24)

| Year of Audit | 2005  
n = 53 notes | 2009  
n = 53 notes |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation in last year</td>
<td>52% had smear 64% had discussion</td>
<td>62% had smear 73% had discussion</td>
</tr>
<tr>
<td>Where was smear performed?</td>
<td>68% in HIV OP 11% in GP 21% in Colposcopy department.</td>
<td>67% in HIV OP 33% in GP</td>
</tr>
<tr>
<td>Smear Coded</td>
<td>32% coded</td>
<td>25% coded</td>
</tr>
</tbody>
</table>
Conclusion/Recommendations

- Incorporate cervical cytology on annual health screen proforma to encourage uptake
- Increase discussion of cervical cytology in routine appointments
- Improve documentation
- Education and training on the importance annual cytology in HIV positive women
- Greater liaison between GP practices and HIV services to clarify cervical cytology history

Acknowledgements

- Dr Yvonne Gilleece, HIV Consultant
- Jonathan Roberts, Health Adviser and Senior Lecturer
- Gary Seaton, HIV Nurse Specialist