

# **HIV care in North Cumbria: review of co-prescribed medications in primary care and associated potential drug-drug interactions (PDDI)**

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# Aims of the audit

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- Assess adherence to the 2016 BHIVA guidelines within the North Cumbria HIV Positive cohort:
  - “All medications (prescribed and non-prescribed) are reviewed and documented at every clinical visit to identify potential drug-drug interactions”
  - “Recommend that there is close liaison with the patient’s GP, including regular information exchange”
- Identify any changes to the regular communications between the HIV service and GPs that would be more helpful and informative for GPs.

## Demographics

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Large geographical area with low prevalence of HIV .

100 in cohort – 83 male 17 female 72% White British

GP practices on average have 1 or 2 patients with HIV.

Mean age of patients in cohort 49.6 (22-83)

Nationally aging population living with HIV leading to more co morbidities and poly pharmacy

## Case Study

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62 year old male. Smoker. Diagnosed HIV >10 years, recently moved to area.

ISH (MI + PCI x2), COPD, renal cysts, haematuria, erectile dysfunction, gout, semi literate.

Increasingly breathless, oedema, poor sleep, paper like skin with multiple lacerations and bruising.

Random Cortisol 87 NMOL/L in clinic.

Iatrogenic Cushingism and associated adrenal suppression

Co prescribed Inhaled steroids and repeated short courses of oral prednisolone

along side boosted Protease Inhibitor.

Change to Dolutegravir/ Descovy and Glycopyrronium/indacaterol inhaler. Given prednisolone initially 10mg daily gradually reducing.

## Current practice.

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Each clinic visit : we ask patient about GP prescribed medication.

Clinic letters to GP contain information on current HIV medication.

Clinic letters also contain link to Liverpool data base to check for PDDI's and regional HIV pharmacist contact details.

There is no established pathway for GP's to inform us about changes to Primary Care Medications or other hospital prescriptions.

## Method.

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100 patients in cohort

64 give permission to contact GP

Women were more likely not to disclose to GP.

Medication lists were requested from all GP practices.

22 GP practices agreed to answer additional questions relating to how information about hospital prescribed medication was recorded .

# Potential Drug to Drug interactions

[www.hivdruginteractions.org](http://www.hivdruginteractions.org)

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91 individual Potential Drug to Drug Interactions (PDDIs) were identified.

- 32% of patients – no clinically significant interactions suspected (green-flag).
- 41% of patients – at least 1 potential weak interaction (yellow-flag).
- 50% of patients- at least 1 potential clinically significant interaction (amber-flag)
- 0% of patients experienced a contraindicated PDDI (red-flag).

## **Main classes of drugs linked to PDDI**

- antidepressants (15% of PDDIs),
- statins (12%),
- anti-platelets (11%)
- beta-blockers (10%).

## Questionnaire results

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A variety of electronic patient care systems are used in Primary Care.

45% of individual GP's had to manually transcribe hospital prescribed medication (HPM) onto their systems.

22% had no automated facility for viewing HPM only accessed by opening clinic letter.

Only 51% of our notes had up to date accurate information.

## Conclusions

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20% of the cohort have declined any communication with GP.

16% comms. preference not recorded.

Responsibility lies with patient to inform any health professional prescribing for them about their antiretroviral medication.

Women living with HIV may be less likely to disclose their status to their GP and hence be at greater risk of PDDIs

# Recommendations

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Accuracy of recording of HPMs and PCMs in primary and secondary care could be improved by greater use of automated systems, **information sharing within health systems should be supported.**

Newcastle Hospitals have been identified as one of NHS England's Global Digital Exemplars. 1 of 16 across the county. Working towards a paperless patient record accessible at the point of care.

Until then....

Encourage patients to disclose HIV status and consent to share information with GP.

Patients should be requested to bring prescribed medications/current script to clinic with them at each visit.

At annual review request up to date list from GP.

Clear, simple and standardised communications from HIV care provider highlighting any changes to ART along with information on any PDDIs.

Offer ongoing education and support to GP's and medicine managers.