WORKING TOGETHER

Dr Mas Chaponda Royal Liverpool Hospital
Dr Kate McKinnell Brownlow Group Practice
Overall: 163
Princes Park: 34

<table>
<thead>
<tr>
<th>Site</th>
<th>No. of Pts HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>BGP</td>
<td>106</td>
</tr>
<tr>
<td>KP</td>
<td>16</td>
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</table>
Why complex patients first?

- The Disengaged – high DNA rates
- Mental health
- Complex social issues,
  - Homeless
  - PWID, alcohol dependence
  - Anxiety
  - Nursing home
  - Immobile
  - Child care
Working together

HIV team
• Multiple hospital DNA
• Home visits
• Home bloods
• Triumeq
• Monthly virtual clinic

GP
• Regular GP visits
• Smears
• Vaccinations
• Alcohol services
Problems of this model

HIV team
- Time
- Work load
- Who will pay?

GP
- Time
- Work loads
Why stable patients?

- Comorbidities best managed by GPs
  - BP, T2DM, CVD, COPD, HRT, cancer screening
- Access to smoking cessation
- Access to community services
- Closer to home care
From 2006 to 2014, there was a 5.0% increase in the proportion of patients in the renal DAD high risk group, and a 6.6% increase in the overall proportion of patients with a Framingham 10-year cardiovascular high-risk score.

Comorbidities observed in the ≥50-year-old and overall populations are similar.
**Best Practices for PLWH and CVD Risk**

- HIV-infected patients should be managed with aggressive primary prevention - Control BP, lipids, smoking cessation

- Pay particular attention to smoking/FH/Lifestyle as triggers

- Lipids Management

- Waist circumference to height better than BMI (hyperinsulinaemia)
Smoking is a substantial contributor to mortality in PLHIV

Evaluation of mortality in PLHIV and smokers living in Denmark from 1995−2010 (N=13,563)

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Age (95% CI)</th>
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<tbody>
<tr>
<td>Current</td>
<td>62.6 (60.9−64.9)</td>
</tr>
<tr>
<td>Previous</td>
<td>69.1 (67.5–71.2)</td>
</tr>
<tr>
<td>Never</td>
<td>78.4 (71.9–84.9)</td>
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Efficacy of smoking cessation medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Abstinent at 6 months, %</th>
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<tbody>
<tr>
<td>Patch + gum/lozenge</td>
<td>37</td>
</tr>
<tr>
<td>Varenicline 2 mg</td>
<td>33</td>
</tr>
<tr>
<td>Bupropion + lozenge</td>
<td>30</td>
</tr>
<tr>
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</tr>
<tr>
<td>Gum</td>
<td>26</td>
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Survival by age, stratified by HIV and smoking status

Efficacy of smoking cessation medications

Current smoking rates

HIV-infected: 47.4%
General: 20.6%

References:
In a retrospective cohort study of 809 HIV-infected people, with a median age of 50 years, 58% of those with hypertension received antihypertensive drugs, compared with 75% of HIV-uninfected people. Despite similar CVD risk profiles of both groups, aspirin, statins and antihypertensives were prescribed less often in HIV-infected people. 

Adapted from Okeke NL et al. IAC 2014.
Bone disorders are a particular concern in older women

- Postmenopausal HIV+ women (vs HIV-) had lower BMD, higher prevalence of low BMD, and higher levels of bone turnover markers\(^1\)

Fracture Prevalence According to HIV Status\(^2\)

- Population-based study: 2,971 HIV+ women vs 1,233,549 HIV-uninfected women\(^2\)

Problems of this model

HIV team
- Who is stable
- IT support
- Access to results
- Access to medication
- Drug-drug interactions

GP
- Access to results
- Access to history
- Access to advice
- Stigma
- Knowledge
What are we worried about

• Email clinics
Solutions

- Standardised Template
- Share data
  - ICE
  - GP/Patient Letter
  - EMIS/SCR
- Phone/email advice
- Joint clinics
Brownlow Group Practice

• New model of General Practice.
• ‘Mother’ practice with patients’ welfare at its heart
• Homelessness/drug misuse/students
• Expanded to include three more practices, each with distinct identity
• Brownlow at Princes Park
# HIV POSITIVE PATIENTS

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CATEGORIES

- Those who want their HIV and health managed by the hospital 1 or 2
- Shared Care. ? Equal
- Those who don’t engage with the hospital
• Emaciated
• CD4 9%
• Home inaccessible

• Community HIV team and GP arranged hospital admission – respite in Hospice and health restored remarkably
• Non-compliant and isolated again
• Community team report vulval ulcer
• GP refers on 2WW to gynaecology
• Admission for biopsy
• ? Sinister lesion
FUTURE AIMS

• HIV register
• Routine reviews – template agreed with hospital team
• Monthly virtual clinic
• Email and telephone advice
• Specialist clinic in GP surgery
• Patient involvement
Thank you for your attention