
WORKING TOGETHER

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BROWNLOW GROUP PRACTICE

Overall: 163

Princes Park: 34

Site	No. of Pts HIV positive
BGP	106
KP	16
MB	7
PP	34

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?

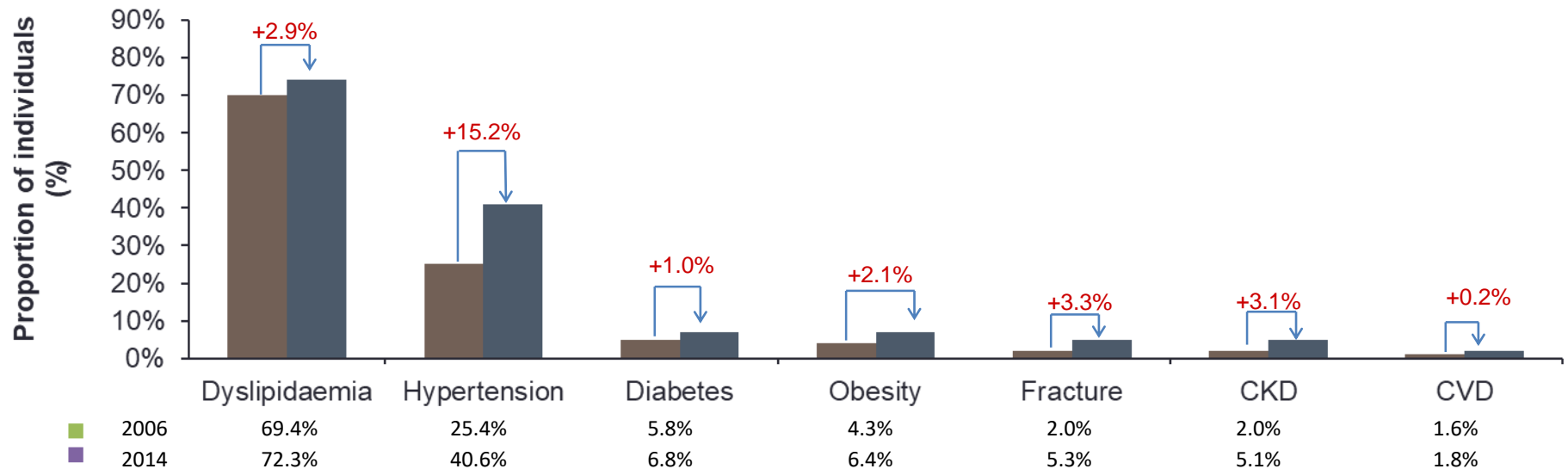
GP

- Time
 - Work loads
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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
-

Ageing and the evolution of comorbidities among HIV-positive individuals



- 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

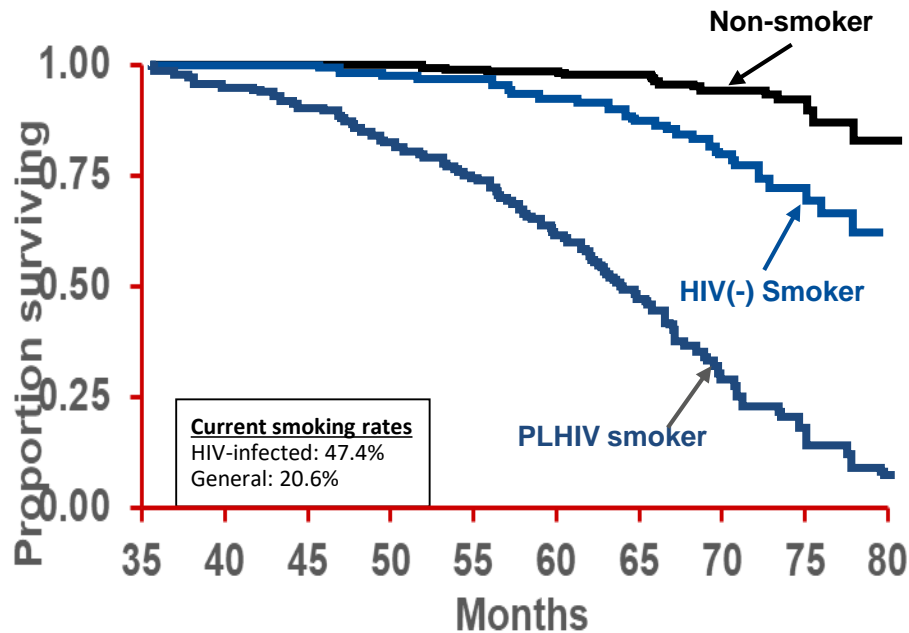
- HIV-infected patients should be managed with aggressive primary prevention -Control BP, lipids, smoking cessation
- Pay particular attention to smoking/FH/Lifestyle as triggers
- Lipids Management
- Waist circumference to height better than BMI (hyperinsulinaemia)



Smoking is a substantial contributor to mortality in PLHIV¹

Survival by age, stratified by HIV and smoking status²

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



Life expectancy of 35-year-old PLHIV, stratified by smoking status²

Smoking Status	Age (95% CI)
Current	62.6 (60.9–64.9)
Previous	69.1 (67.5–71.2)
Never	78.4 (71.9–84.9)

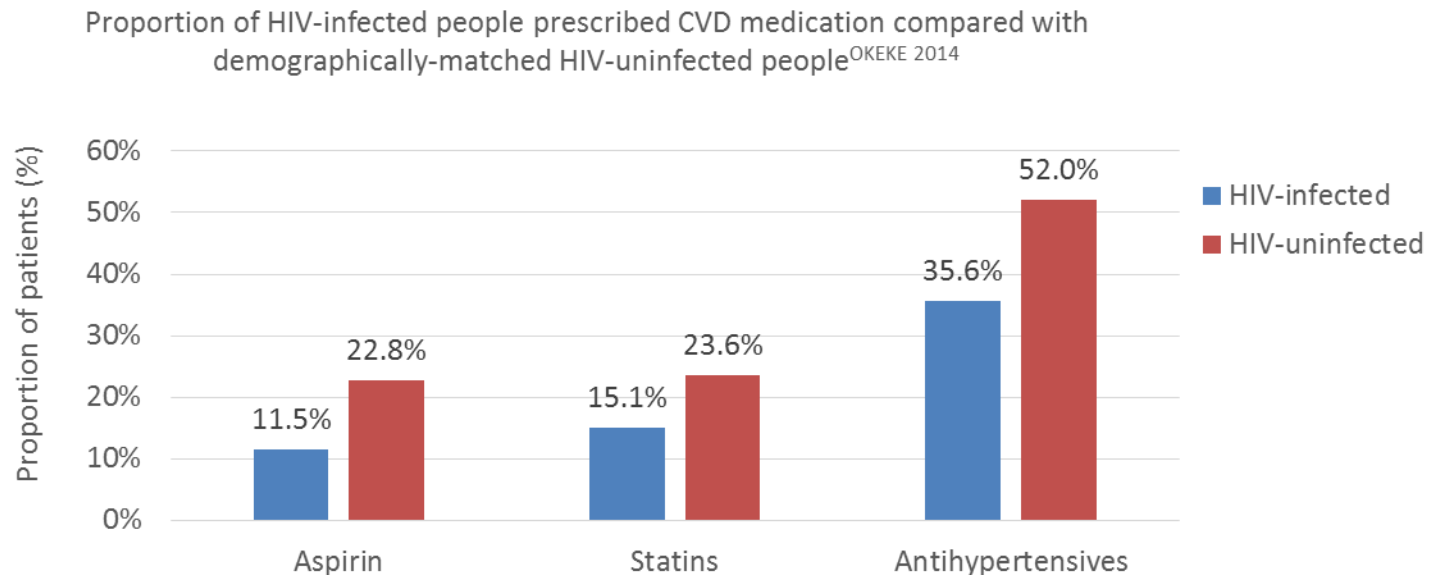
Efficacy of smoking cessation medications³

Medication	Abstinent at 6 months, %
Patch + gum/lozenge	37
Varenicline 2 mg	33
Bupropion + lozenge	30
Patch + bupropion	29
Gum	26

1. Bedimo R et al. ID Week 2017. #2473; 2. Helleberg M et al. *Clin Infect Dis* 2013;56:727–34; 3. Veterans Health Administration. HIV Provider Smoking Cessation Handbook. July 2012.

Can HIV compromise CV care?

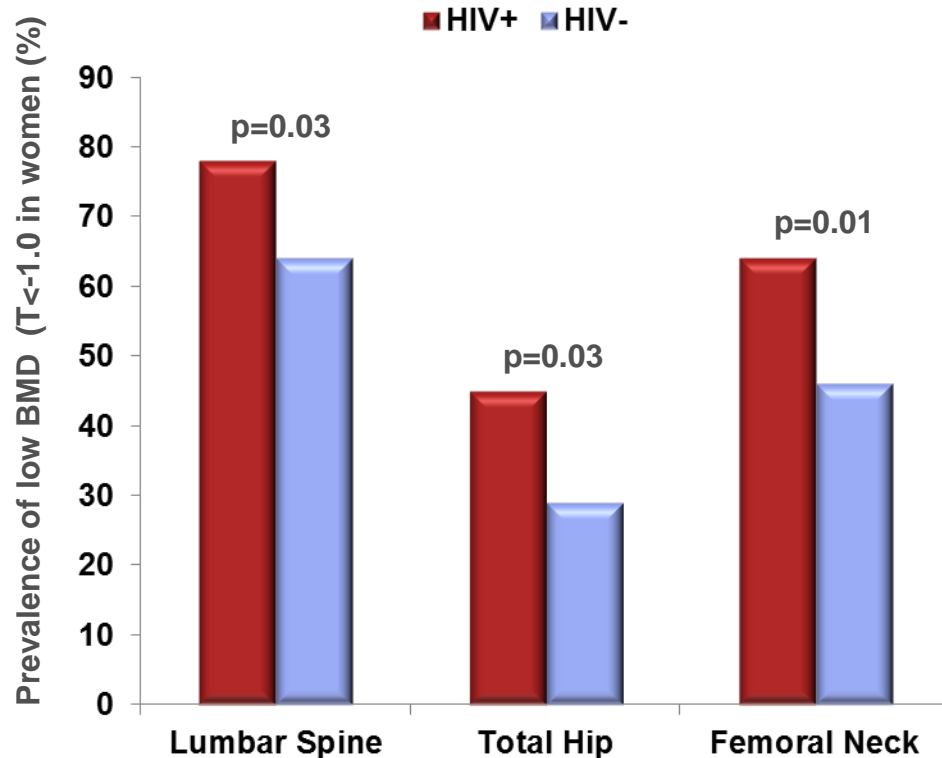
In a retrospective cohort study of 809 HIV-infected people, with a median age of 50 years, 58% of those with hypertension received antihypertensive drugs, compared with 75% of HIV-uninfected people



Despite similar CVD risk profiles of both groups, aspirin, statins and antihypertensives were prescribed less often in HIV-infected people

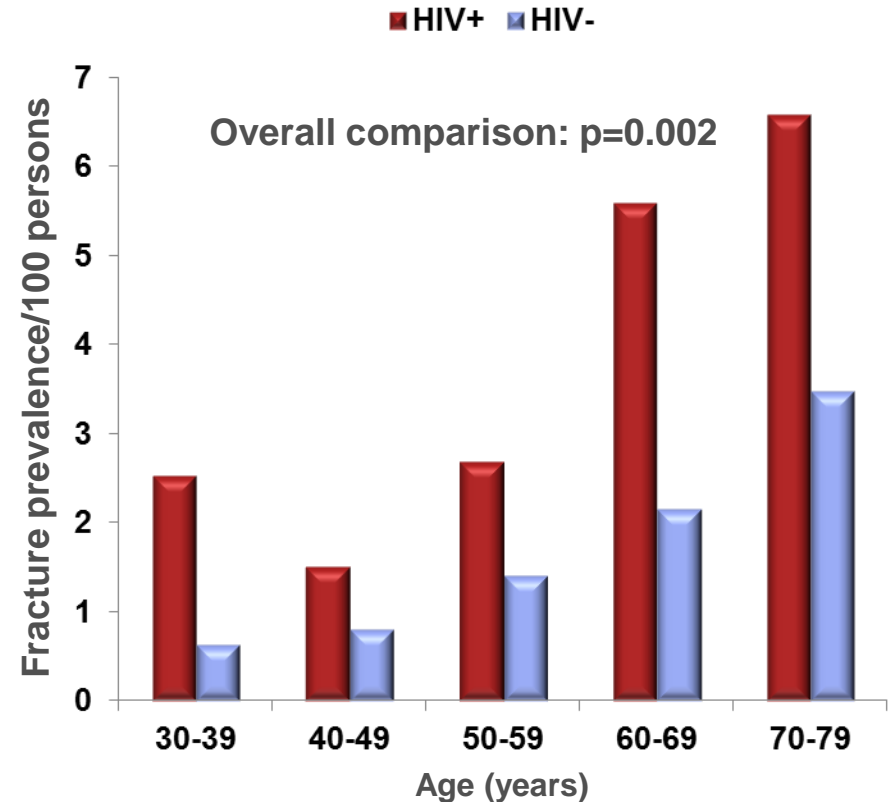
Bone disorders are a particular concern in older women

BMD Changes in Postmenopausal HIV+ (N=110) and HIV-Uninfected (N=108) Women¹



- Postmenopausal HIV+ women (vs HIV-) had lower BMD, higher prevalence of low BMD, and higher levels of bone turnover markers¹

Fracture Prevalence According to HIV Status²



- Population-based study: 2,971 HIV+ women vs 1,233,549 HIV-uninfected women²

BMD bone mineral density.

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
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HIV POSITIVE PATIENTS

Site	No. of Pts HIV positive
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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
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JANUARY 2018

- Emaciated
- CD4 9%
- Home inaccessible



- Community HIV team and GP arranged hospital admission – respite in Hospice and health restored remarkably
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MAY 2019

- Non-compliant and isolated again
 - Community team report vulval ulcer
 - GP refers on 2WW to gynaecology
 - Admission for biopsy
 - ? Sinister lesion
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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
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Thank you for your attention

