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Managing metabolic issues: evaluation of a short term comparative implementation project introducing a dietician to an HIV service

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Background

Persons living with HIV (PLWH) face a number of nutritional issues including dyslipidaemia, non-alcoholic steatohepatitis, diabetes, and obesity that can be attributed to HIV infection/medications. Poor management of these complications can reduce quality of life and increase health costs. We implemented a dietetic service within our HIV clinic for 6 months and evaluated the outcomes.

Method

Twice weekly dietetic clinics were established. Eligible patients were offered group, face-to-face or telephone consultations. Medical records and our database were used to obtain demographics, treatments and co-morbidities. Cholesterol markers were measured along with weight, height, and body mass index (BMI).

Results

84 (total clinic cohort 3308) PLWH were referred. 61/84 attended their appointment; 36 selected face-to-face, 25 selected telephone for their first appointment. Patients did not opt for group sessions. DNA rates were similar in both groups (31% and 28% respectively). In attendees median age was 54y, 59% male, 34% Black African origin. Eighty-five per cent of patients were diagnosed before 2010. 95.1% had undetectable viral load and 82% had CD4 count ≥400 cells/mm^3 at most recent consultation. 82% of patients were on ≥1 NRTI and 36% were on a PI. Major reason for referral (40/61) was weight management; other reasons included type II diabetes management (7/61), irritable bowel syndrome (IBS) (8/61) and poor appetite (5/61). 15% of patients had an HbA1c of ≥48mmol/L and 11% of patients were pre-diabetic (HbA1c 42-48mmol/L), 50% had TChol>5.0mmol/L, 11% had TChol:HDL ratio >5 and 38% had a LDL level >3mmol/L. Of the patients with available BMI, 32% (13/41) were classed as overweight and 56% (23/41) were classed as obese. 18% of attendees were ≥55y female and post-menopause could have been a contributing factor for weight gain. 28% of telephone and 31% of face-to-face consultations were scheduled for at least one follow up.

Conclusion

PLWH are at risk of complex metabolic conditions, which can be difficult to manage. A dietician was able to provide expert and personalised advice to our patients and helped to empower them to take care of their own health. Patients engaged with both telephone and face-to-face consultations. Due to the short-term funding available in addition to the COVID19 pandemic, longer term impact could not be evaluated.