BHIVA Audit 2006-7

Survey of patient assessment and monitoring

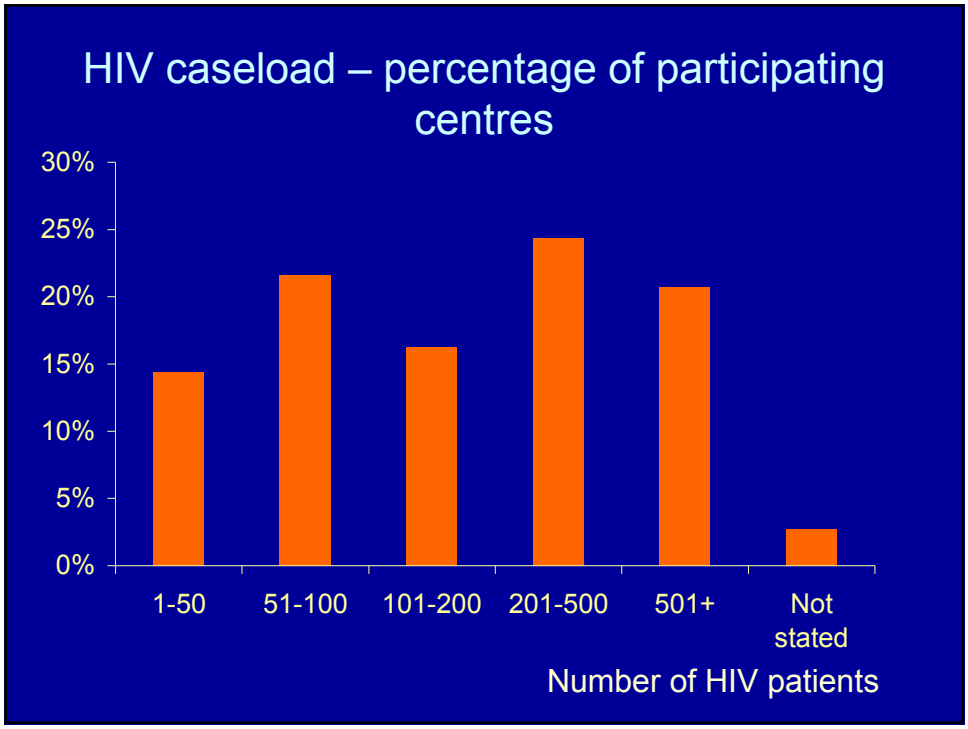
Set-up phase of cohort audit of patients starting ART from naïve

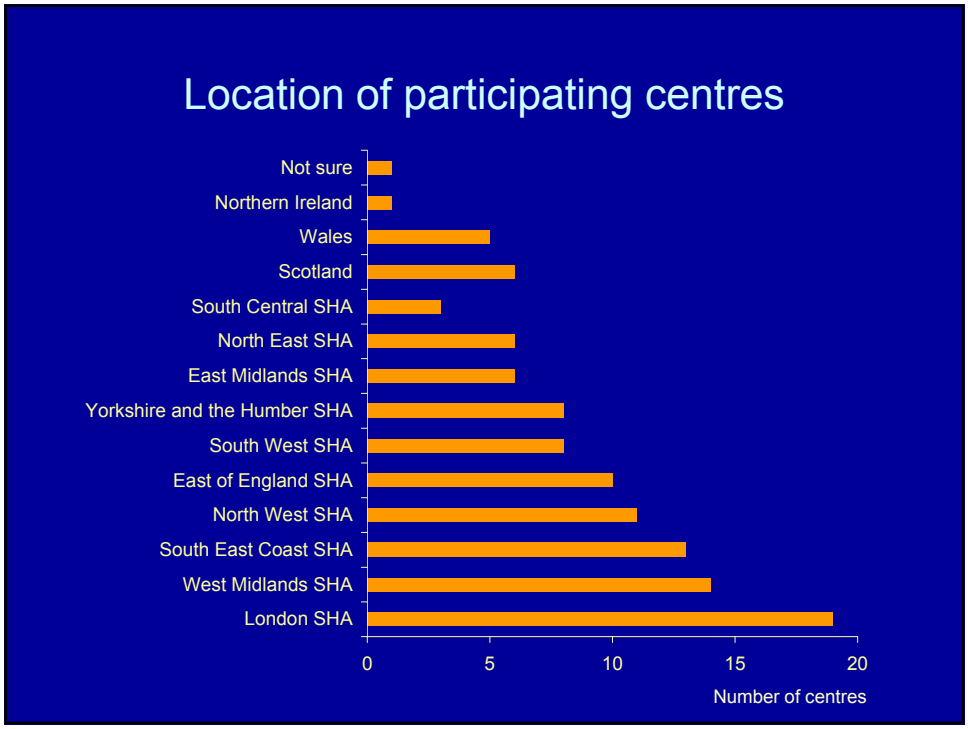
Survey of patient assessment and monitoring

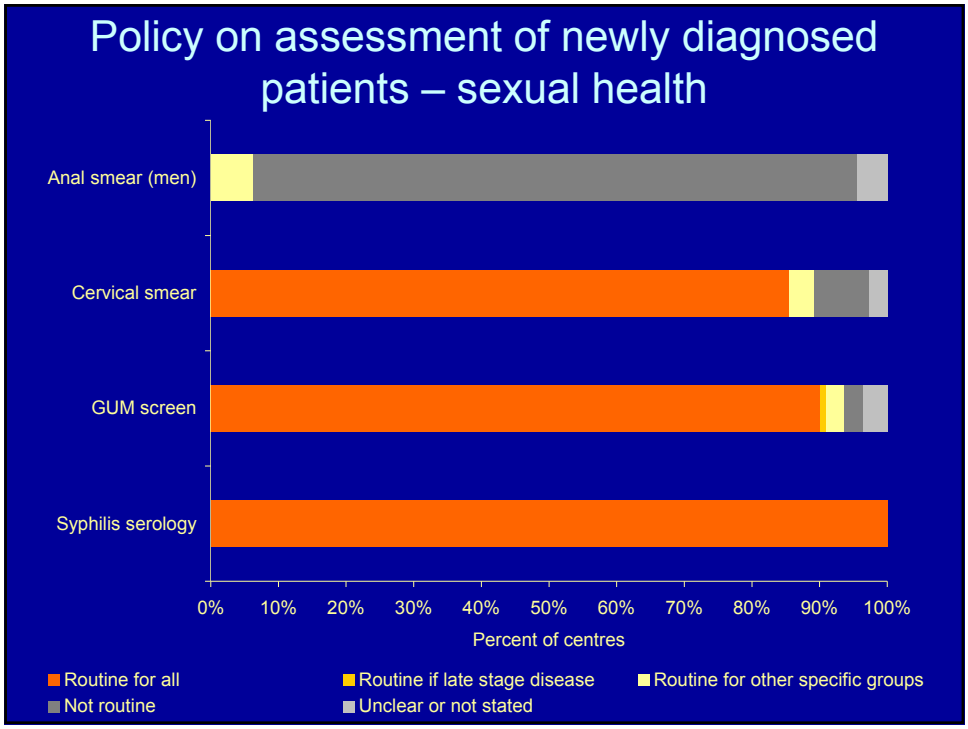
BHIVA's first online audit project, a survey covering clinic policy and practice:

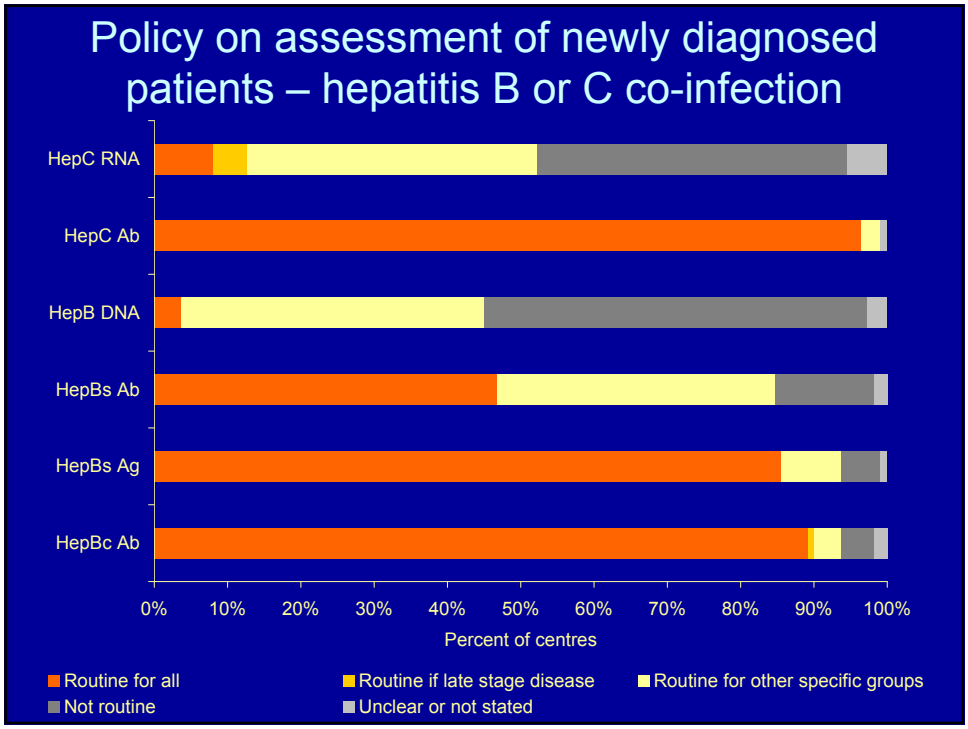
- Assessing newly diagnosed patients with HIV
- Immunisation and advice for newly diagnosed patients
- Routine monitoring of stable HIV patients on and off ART.

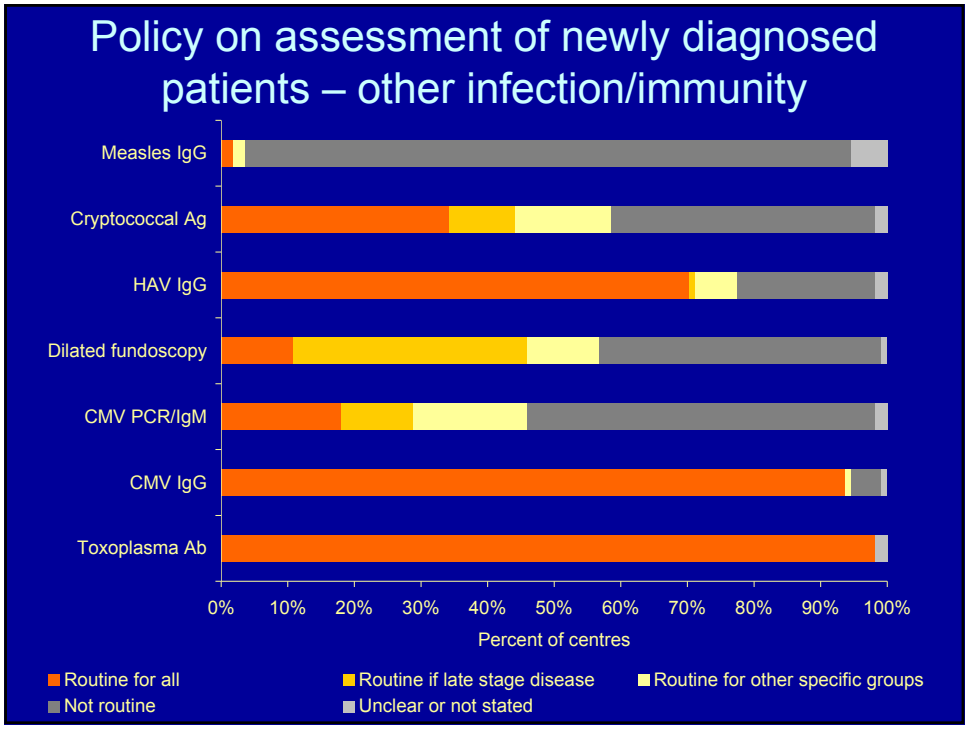
111 clinical centres took part in October 2006 to January 2007.

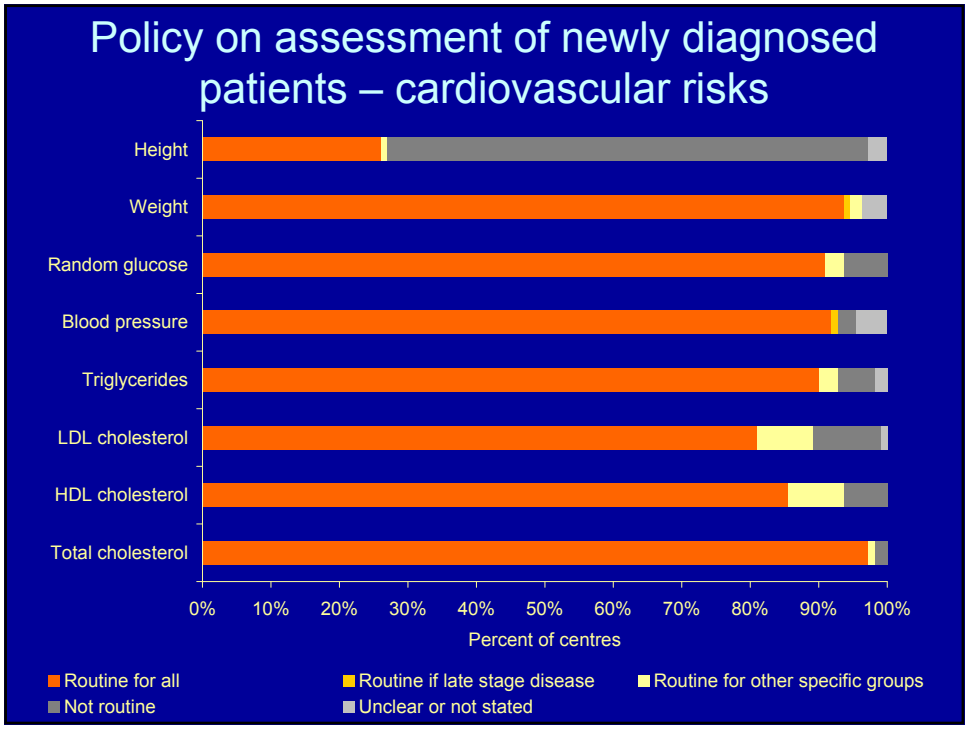

HIV caseload – percentage of participating centres
30%
25%
20%
15%
10%
5%
0%
1-50
51-100
101-200
201-500
501+
Not stated
Number of HIV patients


Location of participating centres
Not sure
Northern Ireland
Wales
Scotland
South Central SHA
North East SHA
East Midlands SHA
Yorkshire and the Humber SHA
South West SHA
East of England SHA
North West SHA
South East Coast SHA
West Midlands SHA
London SHA
0
5
10
15
20
Number of centres

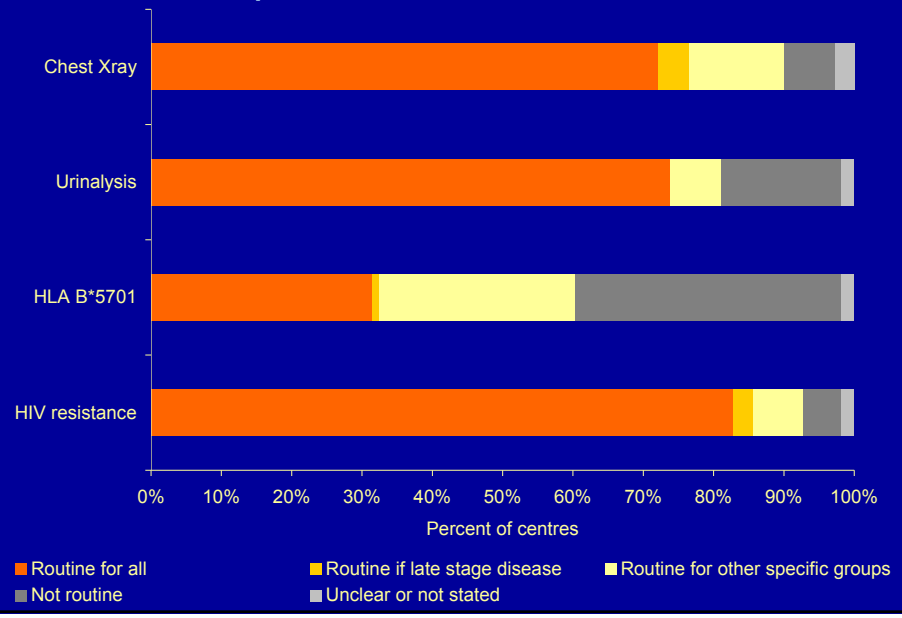

Policy on assessment of newly diagnosed patients – sexual health
Anal smear (men)
Cervical smear
GUM screen
Syphilis serology
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of centres
Routine for all
Routine if late stage disease
Routine for other specific groups
Not routine
Unclear or not stated


Policy on assessment of newly diagnosed patients – hepatitis B or C co-infection
HepC RNA
HepC Ab
HepB DNA
HepBs Ab
HepBs Ag
HepBc Ab
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of centres
Routine for all
Routine if late stage disease
Routine for other specific groups
Not routine
Unclear or not stated


Policy on assessment of newly diagnosed patients – other infection/immunity
Measles IgG
Cryptococcal Ag
HAV IgG
Dilated fundoscopy
CMV PCR/IgM
CMV IgG
Toxoplasma Ab
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of centres
Routine for all
Routine if late stage disease
Routine for other specific groups
Not routine
Unclear or not stated


Policy on assessment of newly diagnosed patients – cardiovascular risks
Height
Weight
Random glucose
Blood pressure
Triglycerides
LDL cholesterol
HDL cholesterol
Total cholesterol
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of centres
Routine for all
Routine if late stage disease
Routine for other specific groups
Not routine
Unclear or not stated

Policy on assessment of newly diagnosed patients – other tests

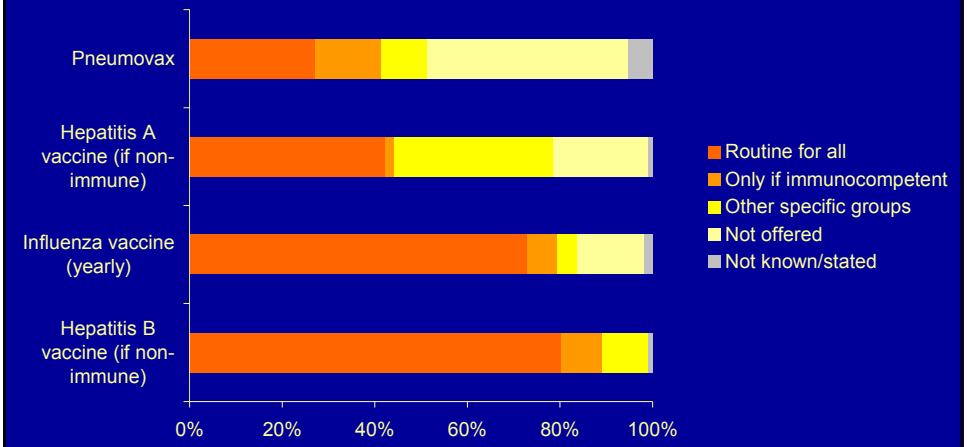


Difficulties in getting tests done in practice

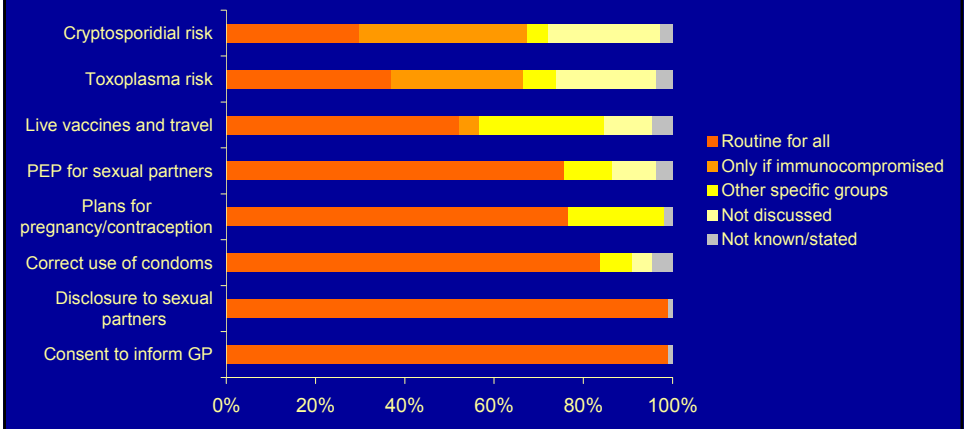
Few centres reported difficulties in practice in doing tests in accordance with their policy:

- 4 centres each for HIV resistance, hepatitis B DNA, HLA B*5701, cryptococcal antigen, CMV PCR or IgM
- 3 centres for hepatitis B core antibody
- 1 or 2 centres for various other tests
- The main reasons were availability of tests (reported 14 times), funding (10), and forgetting to do the test (9).

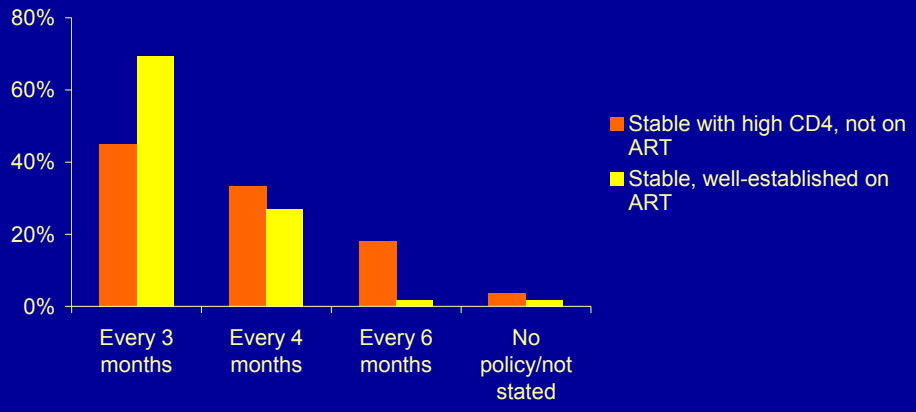
Policy on arranging immunisation for newly diagnosed HIV patients –percentage of centres



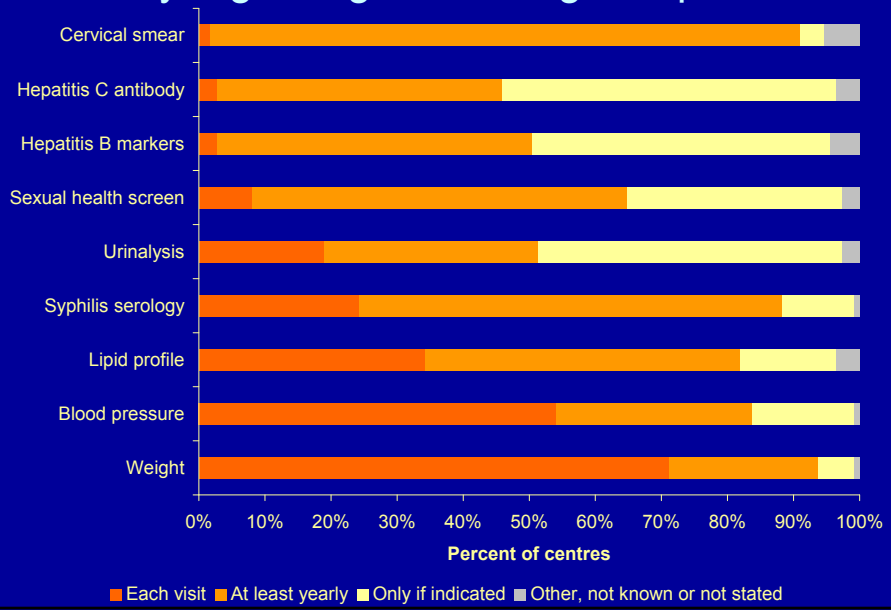
Policy on topics to be discussed with newly diagnosed HIV patients – percentage of centres



Frequency of follow-up of well HIV patients – percentage of centres



Policy regarding monitoring HIV patients



Conclusions

It is of concern that some centres do not routinely:

- Test newly diagnosed patients for HIV resistance
- Perform GUM screens for newly diagnosed patients
- Vaccinate non-immune HIV patients against hepatitis B
- There is also inconsistency in the methods used in screening for hepatitis B.

Set-up phase of cohort of patients starting ART– preliminary results

Audit of patients starting anti-retroviral therapy from naïve between 1 April and 30 September 2006:

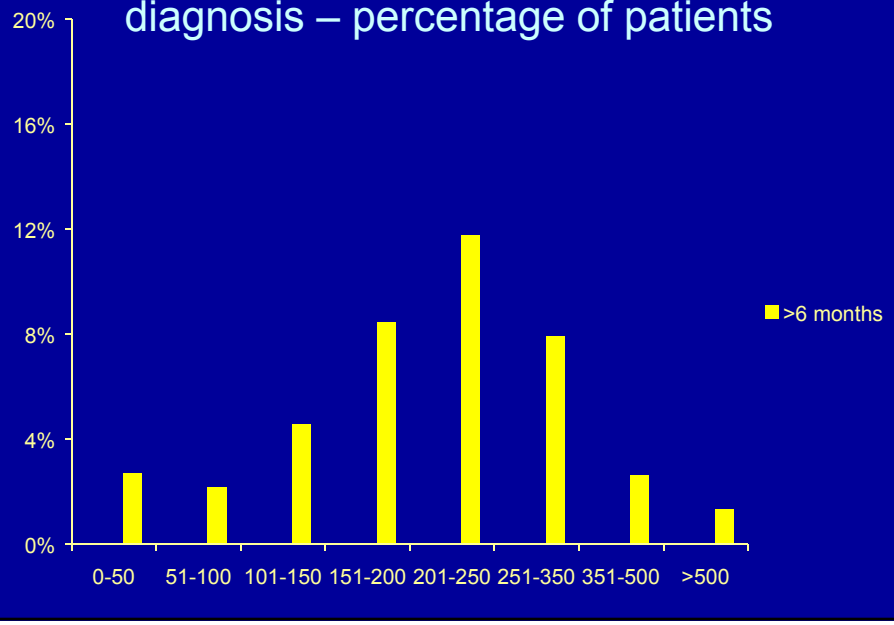
- Data received for 1319 patients from 133 centres
- In this preliminary analysis two patients were excluded as ineligible, leaving 1317
- A further 4 small centres took part but did not submit patient data.

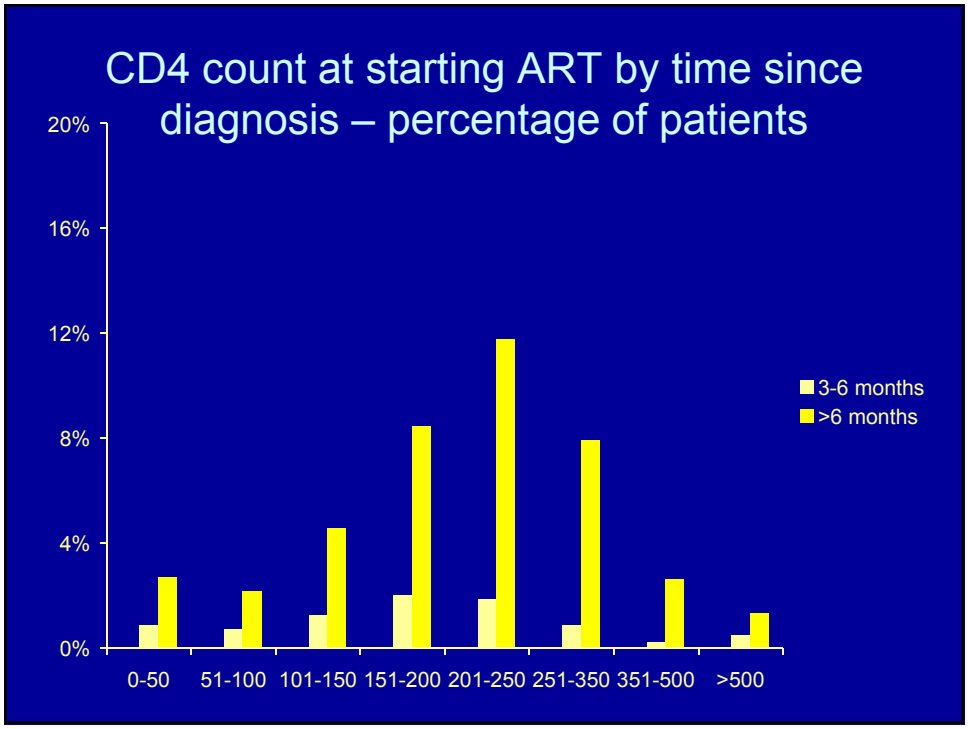
Patient demographics

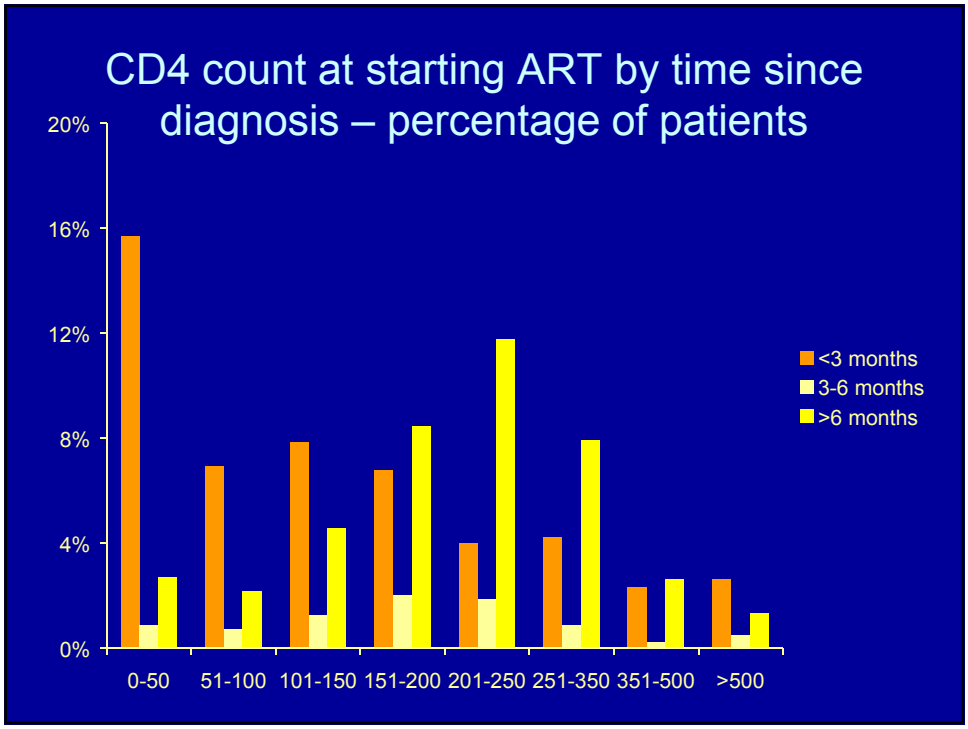
Patients were:

- 704 (53.5%) male, 576 (43.7%) female, 37 (2.8%) not stated
- 650 (49.4%) black-African, 505 (38.3%) white, 46 (3.5%) black-Caribbean, 84 (6.4%) other, 32 (2.4%) not stated.

CD4 count at starting ART by time since diagnosis – percentage of patients




CD4 count at starting ART by time since diagnosis – percentage of patients
20%
16%
12%
8%
4%
0%
0-50
51-100
101-150
151-200
201-250
251-350
351-500
>500
3-6 months
>6 months


CD4 count at starting ART by time since diagnosis – percentage of patients
20%
16%
12%
8%
4%
0%
0-50
51-100
101-150
151-200
201-250
251-350
351-500
>500
<3 months
3-6 months
>6 months

Timing of ART initiation

- 250 (19.0%) of patients started ART at CD4 <50
- 534 (40.6%) started at CD4 51-200
- 400 (30.4%) started at CD4 201-350
- 126 (9.6%) started at CD4 >350
- For 7 (0.6%) CD4 count was not stated.

Timing of ART initiation – late starting

- Among patients who started ART at CD4 <200, 546 (69.6%) were recently diagnosed (<6 months previously).

However there was also delayed treatment among diagnosed patients:

- 35 (6.5%) patients diagnosed more than six months previously started ART at CD4 <50
- 197 (36.4%) patients diagnosed more than six months previously started ART at CD4 51-200.

Timing of ART initiation – early starting

126 (9.6%) of patients started ART at CD4 >350:

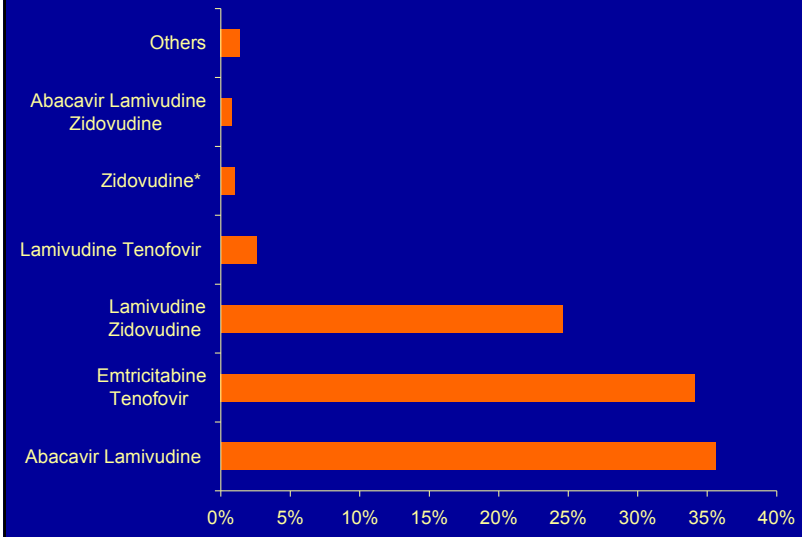
- 81 were known to be pregnant
- 27 started because of symptoms
- 7 because of recent seroconversion
- 9 for “other” reasons, including three with chronic renal failure and one in a clinical trial
- Reasons were stated to be unclear for 1
- No reason was given for 1, who had VL >100,000 and PI resistance.

Pregnancy

215 (16.3%) patients were known to be pregnant:

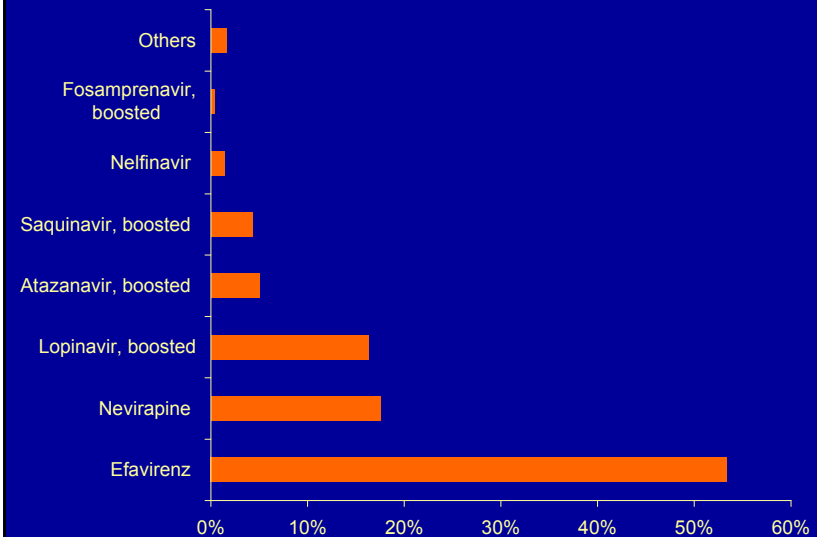
- For 200 VT prevention was given as a reason for starting ART
- For a further 15 pregnancy was cited as a reason for the specific choice of drugs
- 87.9% of pregnant patients were on ZDV, and 53.4% of patients on ZDV were pregnant
- 24.7% of pregnant patients were on NVP, compared with 16.1% of other patients.

Initial drug “backbones” – percentage of patients



*All pregnant.

Initial “third” drugs – percentage of patients



Cohort audit follow-up

- Questionnaires recently circulated – please complete and return!
- Key outcome will be viral load undetectability at about six months after starting ART
- Full results at Autumn conference.

Conclusions

- Late presentation continues to be a problem
- However, it is also of concern that over 40% of patients with known HIV infection delayed starting treatment until CD4 <200.

BHIVA Audit & Standards Sub-Committee

- M Johnson, chair
- G Brook, vice-chair
- H Curtis, co-ordinator
- J Anderson, P Bunting, G Cairns, D Daniels, A DeRuiter, S Edwards, A Freedman, M Lajeunesse, C Leen, N Lomax, C O'Mahony, E Monteiro, E Ong, K Orton, C Sabin, C Skinner, E Street, A Tang, I Vaughan, E Wilkins, M Yeomans.