



Who is not on ART?!

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Background:

- 2015 BHIVA guidelines recommend that people with HIV start ART regardless of CD4 count, if they can commit to taking it.
- Early initiation acts as “treatment as prevention”, and reduces the relative risk of disease progression, as shown in HPTN-052 and START.
- NHS England only commission ART near CD4 of 350 and TasP at any CD4.
- In 2015, 96% of UK people diagnosed with HIV were receiving treatment, indicating widespread adoption of recommendations. What of the remaining 4%?

Aims:

- We sought to understand which of our patients were not receiving treatment, and why.

Methods:

- We searched our local HIV and AIDS Reporting System for patients who seen within our service from January to December 2016 who did not have recorded ART.
- We performed retrospective case note review to understand reasons patients were not receiving treatment.

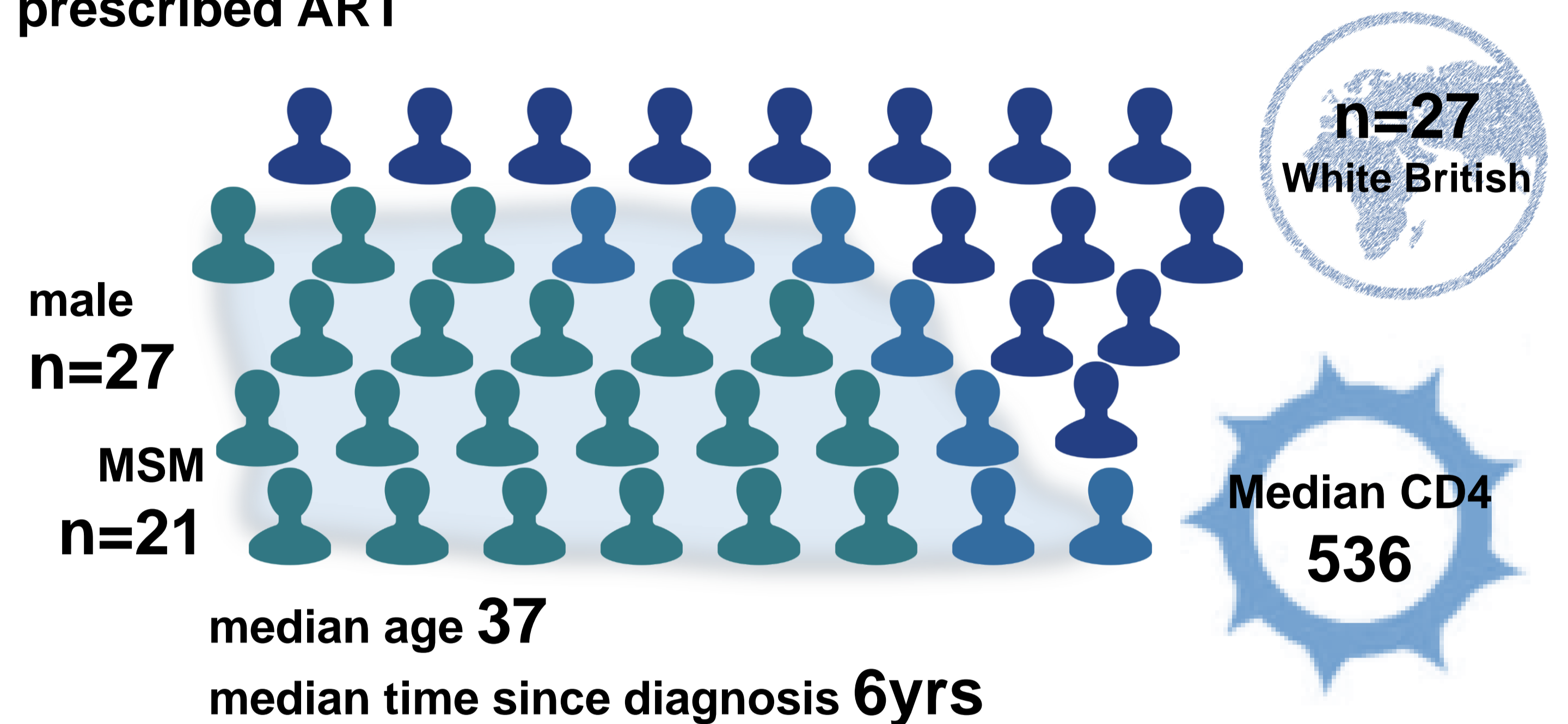
Discussion:

- 3% of our cohort are not on ART. This is less than the 4% nationally.
- Slow-progression of HIV is a key factor influencing a decision not to initiate ART within our cohort.
- Within slow-progressors, reasons for not commencing therapy were often unclear within the notes.
- Severe psychological or social problems remain a small but important factor
- The majority of patients not taking ART due to psychosocial problems were MSM.
- Reported side effects may mask underlying psychosocial problems; these may not have been clearly reflected in patient records.
- Interruptions to care were an important factor; these likely intersect with psychosocial problems.

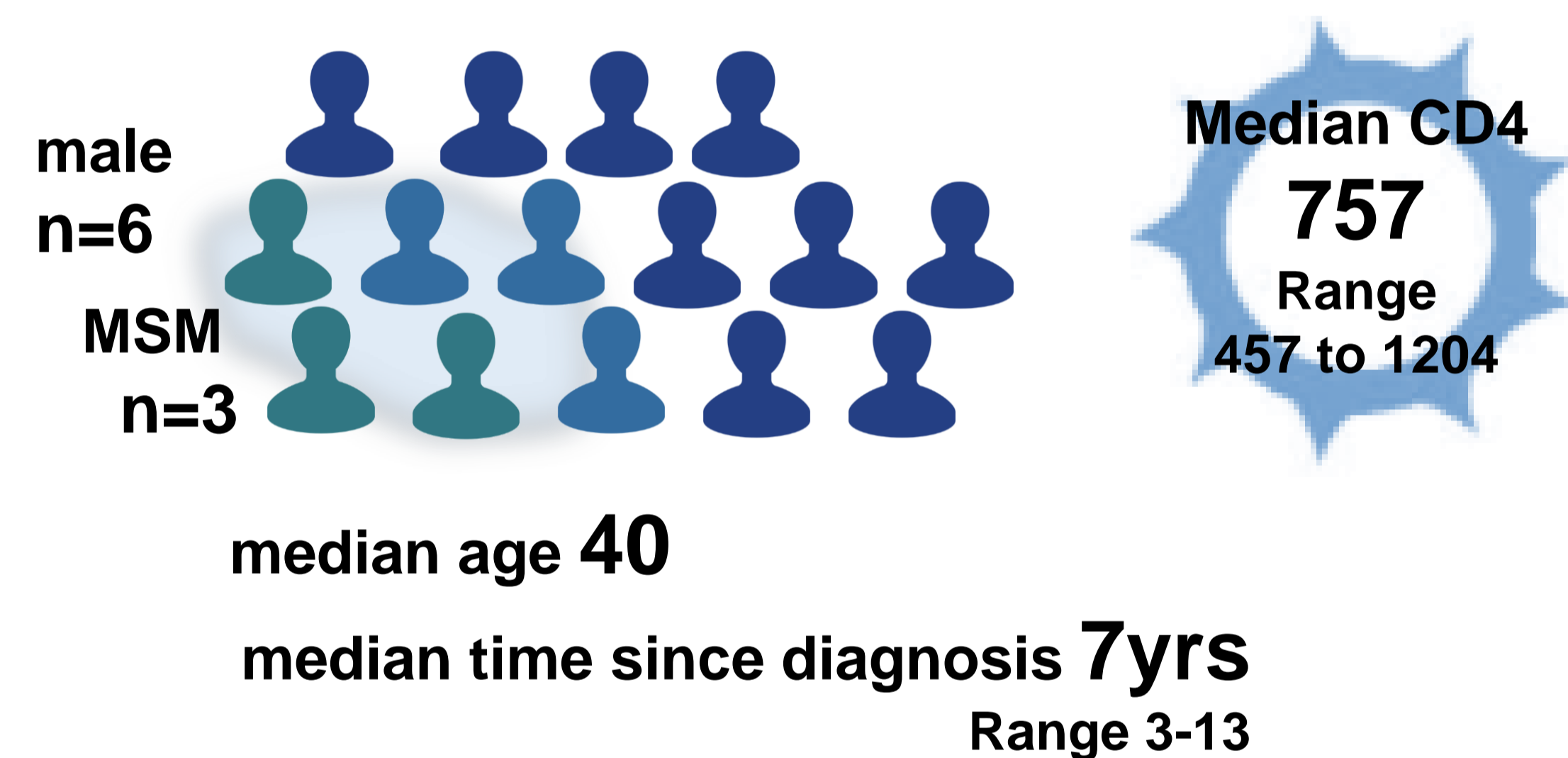
Recommendations

- This single-centre study gives insight on why patients may not initiate ART which is generalizable to other UK centres.
- Clinicians should ensure they inform patients of benefits and risks of commencing treatment, and document such discussions clearly, even for those patients who are slow progressors.
- When patients transfer care, clinicians should endeavour to provide continuity of care by detailed handover, including the details of such discussions and decisions regarding treatment.
- The burden of psychological morbidity in patients not on treatment appears disproportionately affect MSM. Psychological services should aim to be inclusive of this population.

41 patients (3% of cohort) were reviewed in 2016, but not prescribed ART

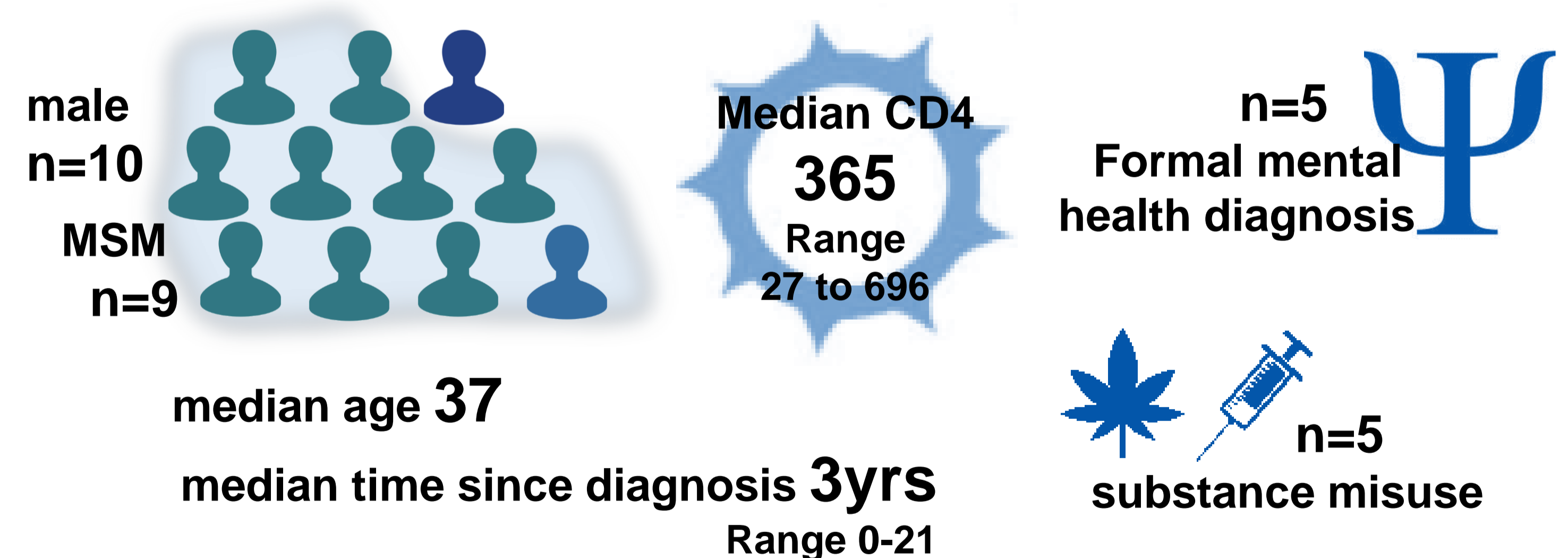


15 of 41 patients not on ART had slow progression of HIV



- 4 of the 15 had an undetectable viral load
- In 5 patients, the reasons for not initiating therapy were unclear
- The main reason for not being on therapy was patient preference

11 of 41 patients not on ART had severe psychosocial problems



Other factors:



Intolerable side effects were a factor in 8 cases.



Interruptions to care were a factor in 10 cases



Other clinical considerations were a factor in 3 cases
These included opportunistic infections, and a recent MI.