why do HIV clinicians review virally stable patients?

Dr Alastair Findlay Dr Paul Hine, Dr Mas Chaponda
Royal Liverpool University Hospital, UK

Background:
• In 2016, the British HIV association reduced the advised frequency of viral load monitoring for people with viral suppression from 3-6 monthly, to 6 monthly.
• The BHIVA update sought to reduce unnecessary tests when most undetectable HIV-positive patients are fit and well.

Aim
• To identify the reasons for more frequent clinical review in patients who were stable.

Methods:
• Retrospective case note review
• Population: patients attending HIV follow-up between January 2017 and June 2018
• Setting: UK teaching hospital.
• Inclusion criteria:
  • 2 or more undetectable viral loads recorded during follow-up
  • absence of recorded detectable viral load during follow-up
  • frequent review, defined as more than one instance of medical follow-up occurring at <24 week intervals

Results:
• From a cohort of 1223 patients, we identified 246 patients (20% of our cohort) had an undetectable viral load, but had high frequency follow up.

The reasons for follow up were:

246 of 1223 patients (20% of our cohort) had an undetectable viral load, but had high frequency follow up.

Conclusions:
• HIV physicians offer increased follow-up to virally stable patients for many reasons.
• Often these are not directly related to their HIV disease but are driven by other medical co-morbidities even if these are being followed up by other specialties.
• In those instances where direct HIV physician input is not required, cost-effectiveness could be improved through involvement of allied health professionals, and better communication with colleagues in other specialties.
• Benefits may also extend to patients in terms of potential reduction in travel costs and lost work days.