

STABLE +

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%) meeting our inclusion criteria
- Of the 246 patients, 171 were male (69%), and median age was 46 years (range 18 to 77).

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 specialities.
- Benefits may also extend to patients in terms of potential reduction in travel costs and lost work days.

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

The reasons for follow up were:

