

Top 10 Things Missed in HIV Primary Care

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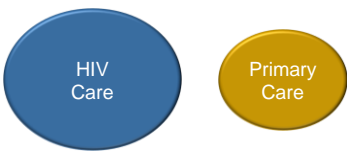


Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years:

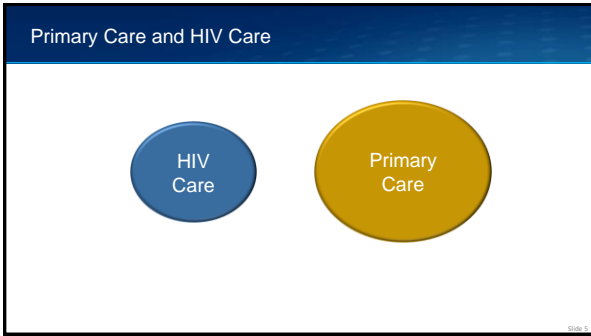
Dr. Spach has no financial relationships with any ineligible companies to disclose. (Updated 9/25/2022)

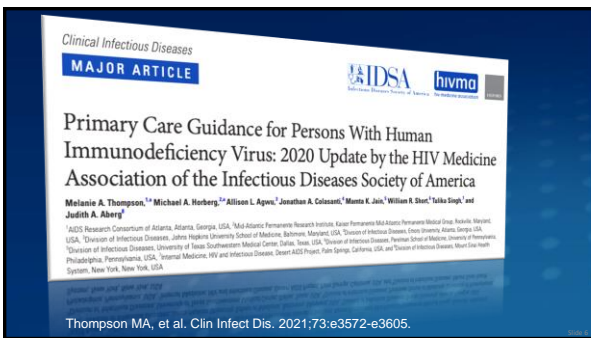
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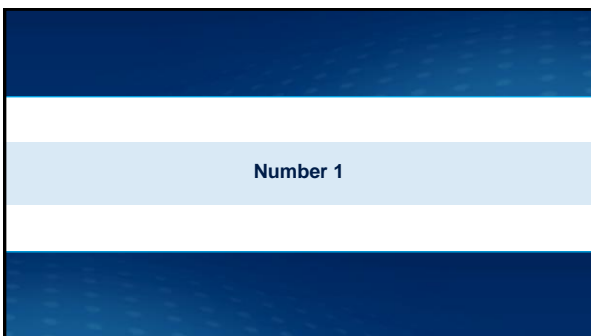
HIV Care and Primary Care



Slide 4







New Body Changes

- A 44-year-old man with extensive HIV drug resistance starts on new regimen of darunavir boosted with ritonavir (BID) plus maraviroc plus tenofovir alafenamide-emtricitabine plus doravirine. He takes OTC meds for GERD and seasonal allergies.
- About 3 month later he complains of some easy bruising and enlarged abdomen
- About 6 months later he has developed weight gain and major body changes.

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New Body Changes



Image Credit: from Brian Wood, MD and David Spach, MD

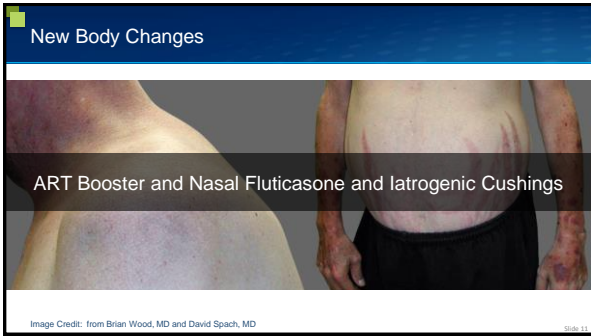
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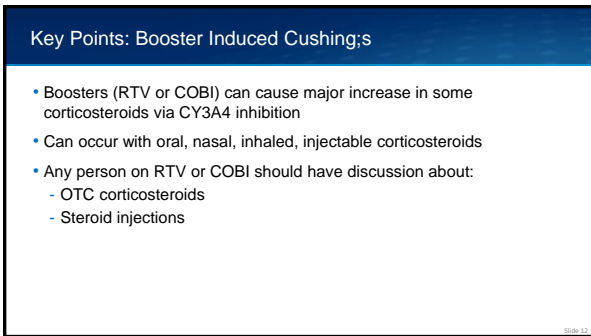
New Body Changes

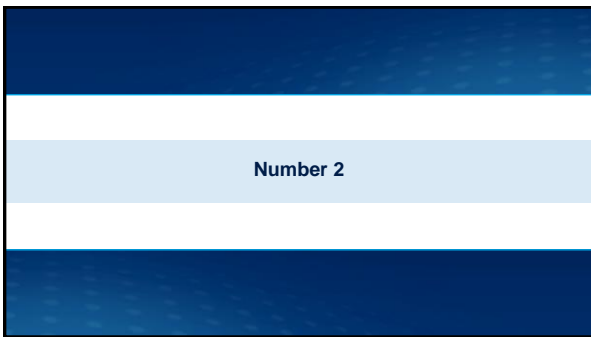
- A 44-year-old man with history of NNRTI HIV drug resistance starts on new regimen of darunavir **boosted with ritonavir (BID)** plus tenofovir alafenamide-emtricitabine plus doravirine. He takes **OTC meds** for GERD and **seasonal allergies**.
- About 3 month later he complains of some easy bruising and enlarged abdomen
- About 6 months later he has developed weight gain and major body changes.

Nasal fluticasone

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Polypharma

- A 48-year-old woman with multi-drug resistance HIV is starting a new ART regimen. She takes methadone at a dose of 85 mg per day, citalopram 40 mg daily. She had HCV coinfection (treated and cured) and has F4 fibrosis. A regimen of Dolutegravir-Rilpivirine plus Fostemsavir is suggested based on genotype.
- The pharmacist has a serious concern about this regimen.
- **Any ideas what that concern might be?**

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Polypharma

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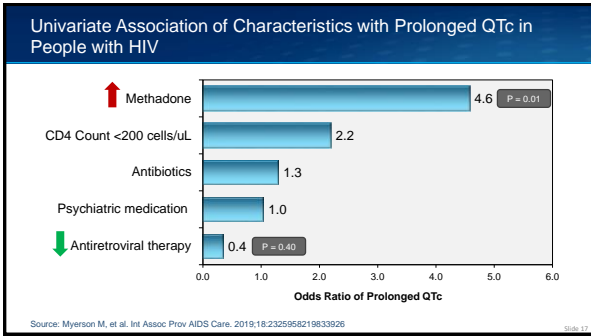
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Increased QTc and Risk of Torsades de Pointes

- Prolonged QTc: >440 milliseconds in men or >460 milliseconds in women
- Risk for Torsades de Pointes
 - QTc >500 milliseconds
 - Baseline increase >60 milliseconds

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- ### Predictors of Prolonged QTc (>450 milliseconds)
- Higher methadone doses (p = 0.005)
 - ARV-Naïve (p = 0.036)
 - Hepatitis C-induced cirrhosis (p = 0.008)
- Source: Vallecillo G, et al. Clin Infect Dis. 2013;57:1189-94. Slide 18

- ### Antiretroviral Therapy and Meds QTc
- Most ART protective against prolonging QTc
 - Important ART meds with risk for prolonging QTc
 - Efavirenz
 - Rilpivirine
 - Fostemsavir
- Slide 19

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Regimen Switch

- A 45-year-old with CD4 count 546 cells/mm³ has been taking efavirenz-tenofovir DF-emtricitabine for many years and they are now finally ready to get on a newer regimen. Prior genotypes show no HIV drug resistance and HIV RNA has been undetectable for years.
- The plan is to switch to a 2-drug regimen: Dolutegravir-Rilpivirine.
- **What are some important things you should consider/check prior to making this switch?**

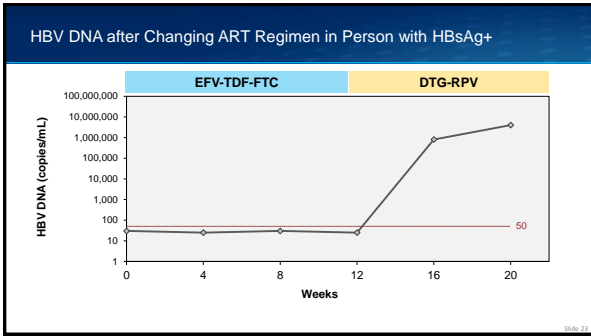
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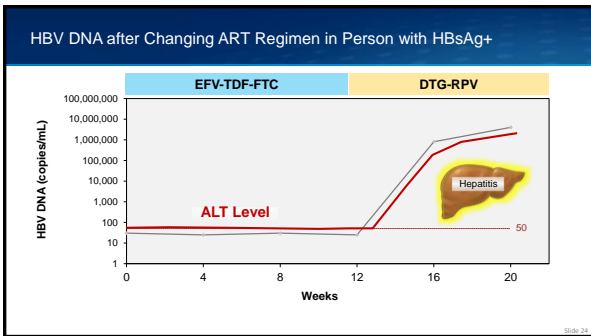
Regimen Switch to Dolutegravir-Rilpivirine

What are some important things you should consider/check?

- HBV status?
- Taking acid suppression medications (rilpivirine)?

9/20/22





- Antiretroviral Regimens that do NOT Adequately Treat HBV
- Dolutegravir-abacavir-lamivudine
 - FDA-Approved 2-Drug Regimens
 - Dolutegravir-lamivudine
 - Dolutegravir-rilpivirine
 - Cabotegravir-rilpivirine (long-acting injectable)
 - Any NRTI-sparing Regimen
- Slide 25

Key Points: HBV Reactivation when Switching ART Regimen

- Always check HBV status when starting or switching ART
- HBV "flares" can be serious

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Two Feet and Same Problem

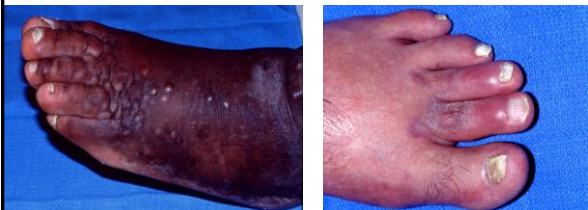


Image Credits: David H. Spach, MD

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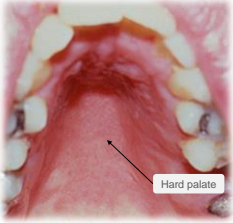


- Key Points: Visceral KS
- "Screen" for Visceral KS in all with Cutaneous KS
 - Gastrointestinal
 - Asymptomatic: Hemocult
 - Positive hemocult: Endoscopy
 - Pulmonary
 - Asymptomatic: CXR
 - Symptomatic or Abnormal CXR: CT +/- bronch

Number 5

Oral Discomfort

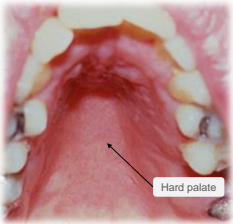
- This 31-year-old is newly diagnosed with HIV and a CD4 count of 126 cells/mm³. He complains that his mouth and tongue burns when eating spicy food or drinking acidic foods like orange juice.
- **What is the likely diagnosis?**



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Oral Discomfort

- This 31-year-old is newly diagnosed with HIV and a CD4 count of 126 cells/mm³. He complains that his **mouth and tongue burns when eating spicy food or drinking acidic foods like orange juice.**
- **What is the likely diagnosis?**

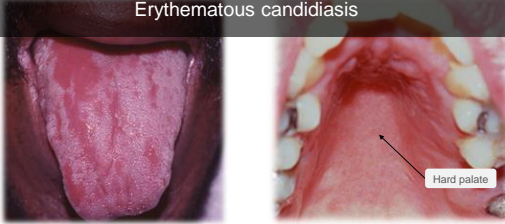


Source: Photograph from David Spach, MD

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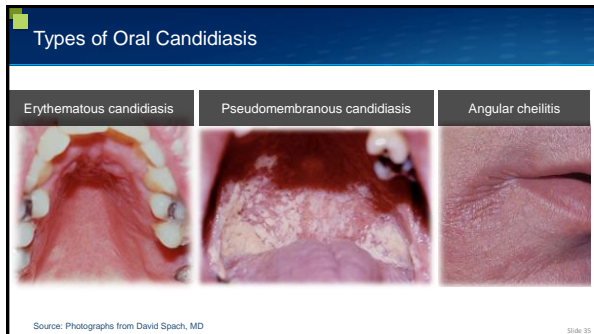
Oral Discomfort

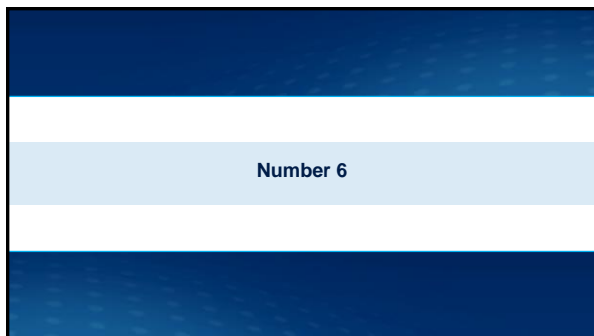
Erythematous candidiasis

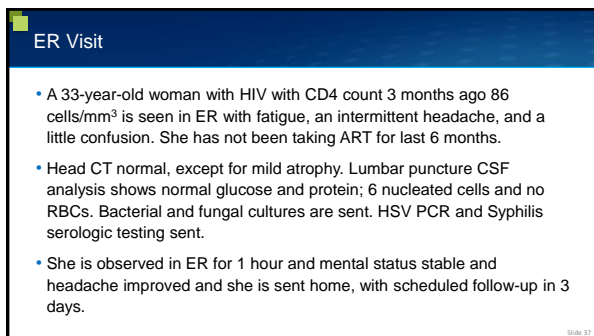


Source: Photographs from David Spach, MD

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ER Visit

- She returns to ER 2 days later more confused and with severe headache.
- **What may have been missed?**

Slide 33

ER Visit

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- **What may have been missed?**

Cryptococcal meningitis and increased intracranial pressure

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Key Points: Cryptococcal Meningitis (CM) in Persons with AIDS

- Clinical presentation can be subtle
- Serum CrAg positive in >95%
- CSF WBC count usually <30 cells/m³ and often "normal"
- ALWAYS check CSF opening pressure
- Management of increased opening pressure critical

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Diarrhea

- A 36-year-old woman who was recently diagnosed with HIV and has a CD4 count 82 cells/mm³ presents with a 1 weeks history abdominal cramping and 10-12 loose watery stools per day.
- Stool culture and O &P are both negative

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Diarrhea

- A 36-year-old woman who was recently diagnosed with HIV and has a CD4 count 82 cells/mm³ presents with a 1 weeks history abdominal cramping and 10-12 loose watery stools per day.
- Stool culture and O &P are both negative

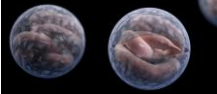
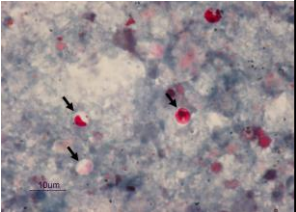


Image Source: CDC

Diagnosis of Cryptosporidiosis

- Not detected with O & P
- Diagnostic Tests
 - Modified acid-fast stain
 - Enteric pathogens PCR
 - Immunofluorescence



Modified Acid-Fast Stain

Image: Courtesy of Car ©2014

Number 8

ACIP 2022 Recommendation
Recombinant Zoster Vaccine (RZV) in Persons with HIV

Zoster Vaccine

RZV → 2 to 6 months → RZV

Give 2 Doses to Persons with HIV Age ≥19 Years
No CD4 Count Restrictions

New

Source: ACIP—Adult Immunization Schedule by Medical Condition ©2022

How to Keep Up with HIV Vaccine Recommendations

- **CDC /ACIP**
 - Adult Immunization Schedule by Medical Condition
 - <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html>
- **HHS: Opportunistic Guidelines**
 - Immunizations for Preventable Diseases in Adults and Adolescents with HIV
 - <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/immunizations?view=full>
- **National HIV Curriculum**
 - Basic HIV Primary Care: Immunizations in Adults
 - <https://www.hiv.uw.edu/go/basic-primary-care/immunizations/core-concept/all>

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Number 9

**Primary Care Guidance for Persons with HIV Recommendation (HIVMA)
Screening for Bone Mineral Density in Persons with HIV**

- **Who?**
 - All postmenopausal women age ≥ 50 years
 - All men age ≥ 50 years
- **What Screening Tool?**
 - Dual-energy X-ray absorptiometry (DXA)

DXA Scans
 Normal: T-score > -1.0
 Osteopenia: T-score -1.0 to -2.4
 Osteoporosis: T-score ≤ -2.5

Source: Thompson MA, et al. Clin Infect Dis. 2021;73:e3372-e33605. Slide 51

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Screening for Trichomoniasis in Person Having Receptive Vaginal Sex

- **Why**
 - High prevalence in persons with HIV
 - Reproductive morbidity
- **How**
 - Wet mount (low sensitivity)
 - NAAT (highly sensitive)
- **What sample for NAAT in Women**
 - Vaginal swab
 - Urine

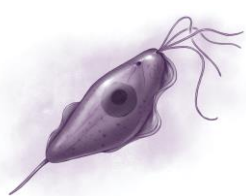


Illustration: Jared Travnicek, Cognition Studio

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Screening Recommendations for Trichomoniasis

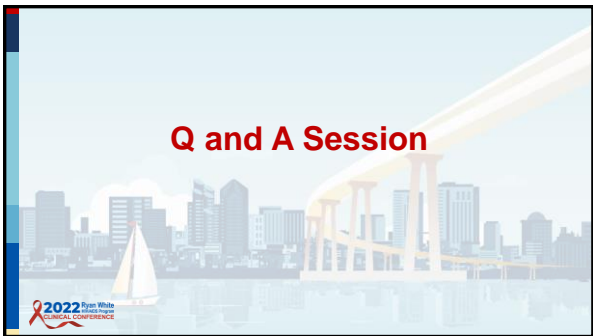
- **CDC 2021 STI Treatment Guidelines**
 - Women: screen at entry to care and at least annually thereafter
 - Men: screening not recommended
- **HIVMA 2020 Primary Care Guidance**
 - Perform annually in persons having (*receptive*) vaginal sex
 - Screen Using NAAT

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Important Things Missed in Primary Care

1. Iatrogenic Cushing's with Booster-Corticosteroid
2. Methadone and QTC
3. HBV Reactivation and Lack of HBV coverage with 2-drug ART regimens
4. KS/ Visceral KS
5. Erythematous candidiasis/Preferred Rx Flu
6. Cryptococcal meningitis/Opening Pressure
7. Cryptosporidiosis
8. Screening for vaccines
9. Screening for bone mineral density
10. Screening for trichomoniasis

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Q and A Session

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