




DR CHRIS WARD. GP THAMESMEAD MEDICAL CENTRE

HIV AUDITS IN PRIMARY CARE



THAMESMEAD MEDICAL CENTRE

- New APMS practice opened in 2010
 - Currently has approx 6200 patients
 - High patient turnover
 - Largest ethnic group is black African 64% of practice population. Mainly Nigerian
 - Encouraged all patients to have new patient health check which included HIV and Hep B+C screen(hep c added March 2014)
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Statin and protease-inhibitors

- All HIV+ve patients on PI regimens requiring a statin should NOT be on simvastatin or lovastatin according to BHIVA guidelines. This is because PI uses same P₄₅₀ CYP_{3A4} pathway. Can cause potentially harmful levels of statin
- The latest BHIVA guidelines place their focus squarely on the possible interactions between statins and PIs. They agree with the US guidelines that the use of simvastatin and lovastatin in people on PI- or delavirdine-containing HAART is not recommended.
- Atorvastatin levels could be doubled in people on PIs, but both suggest that this drug can be used with caution.
- Pravastatin appears to be safe with PIs, but whereas the UK guidelines say it appears to have a low likelihood of PI interactions, the US guidelines caution that pravastatin may need to be increased when taken along with ritonavir-containing regimens.
- Fluvastatin does not appear to have any PI-related drug-drug interactions.
- Any of the statins are probably safe in efavirenz or nevirapine-containing regimens.

Statins and PI regimens


- Aim:
- That all HIV+ve patients on Pi regimen requiring a statin should either be on atorvastatin or pravastatin
- Search run on vision system.
- Patients currently registered with us with HIV and on simvastatin or lovastatin
- These patients notes then reviewed to check whether on PI regimen.

Search details:

- Registration status : equal to applied or equal to permanent
- Problem READ code 43C3
- Acute and repeat medicine: drug name simvastatin, drug name lovastatin




results

- Only 1 patient prescribed simvastatin
 - This patient is on a tripla (non PI regimen) and has been changed to atorvastatin in the last few months
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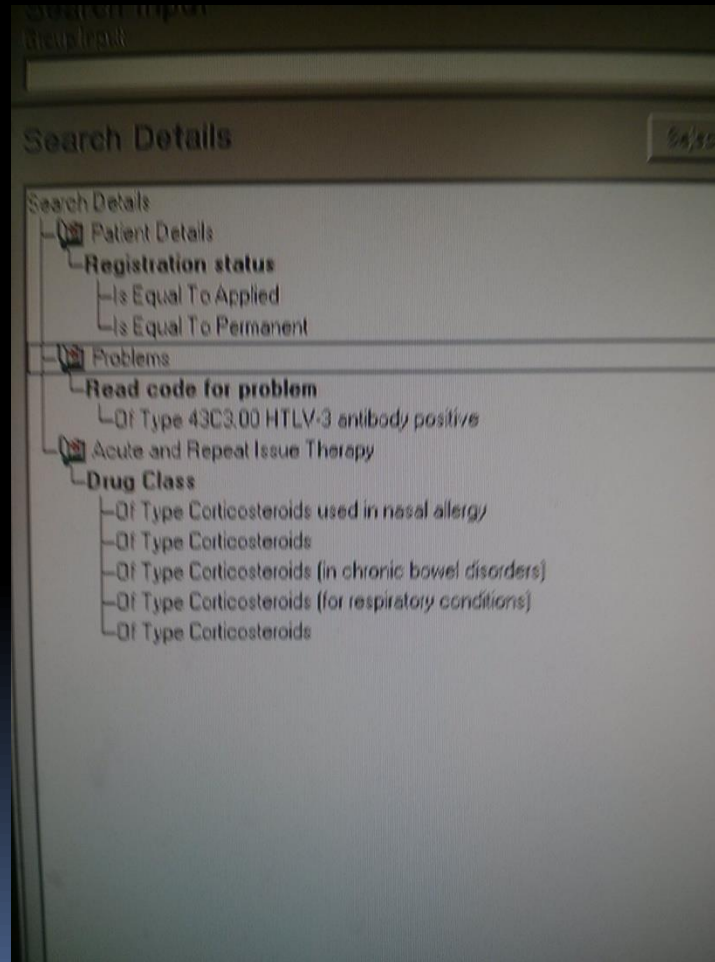
Discussion

- Can add time range $\leq T-1$ year to script search
 - Search also run for total number of HIV+ve patients on statin : 5 patients – all on atorvastatin
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Inhaled/injected/oral corticosteroids

- Patients on a PI regimen should ideally not be using inhaled/injected/oral corticosteroids as levels of both drugs can be increased.
- Beclometasone containing regimens appear safer.
- Search run for our registered patients using any of these prescribed medicines

Search run:



Results

- 5 of 40 patients have been given steroids ever (could add T \leq -1y)
- 2 of these patients are not on HAART
- 2 patients are on beclometasone containing inhalers for asthma (and both on PI regimen)
- 1 patient had been given fluticasone nasal spray a few months ago (and was also on PI regimen) – this patient's notes had an alert added to not use steroids again without checking interactions

Raised globulin levels

- Background: In SE London globulin levels are reported as part of standard liver function test results
- It was noticed that frequently patients with isolated raised globulin have HIV
- Minimal literature on this
- Our practice have run searches to highlight possible undiagnosed cases of HIV and invited in for testing
- It is now standard policy in patients with raised globulin to check whether HIV has been checked recently.
- Need to remember other causes of raised globulins too eg MM.
- The negative patients tended to be those with acute inflammatory processes which resolved with normalising of globulin rather than persistently raised in HIV +ve patients

HIV+VE AND RAISED GLOBULIN

Recent searches:

Patients with globulin =>39 in last 12 months

18 total

3 +ve

12 -ve

$3/15 = 20\%$ sensitivity

Further search

- Patients with globulin =>39 ever recorded
- Total number 62
- 47 of which have been tested for HIV
- 10 positive patients.
- Sensitivity $10/47 = 21.2\%$
- Possibly worth asking lab to add auto-comment when globulin levels =>39
- When searches run at lower globulin cut off sensitivity drops



Cervical Cytology

- HIV +ve females should have annual cervical smear
- The national screening system doesn't recall these patients earlier – they still get three yearly recall unless abnormality
- Local systems need to be in place to ensure annual smear

Search criteria

Search Details

Search Details

- Patient Details
 - Registration status**
 - Is Equal To Applied
 - Is Equal To Permanent
 - Sex**
 - Is Equal To Female
- Problems
 - Read code for problem**
 - Of Type 43C3.00 HTLV-3 antibody positive
 - Cervical Cytology (Exclude)
 - Date smear performed**
 - Is After T-1y (INC)

Selections

Results

- 17 female HIV+ve patients
- 5 of which not had smear in last yr
- The recalls have all since been corrected and the ladies have been invited in for smear.
- One member of nursing staff not aware of need for annual smears in this group.
- Responsibility for this now lies with admin staff who will rerun this report monthly along with other cytology searches