

Algorithms To Assist Screening And Management Of HIV-Associated Co-Morbidities

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Background

With an ageing population of people with HIV, the majority of whom remain virologically suppressed, there is a need to ensure the years of life gained from better tolerated, potent antiretroviral regimens are not lost to HIV-associated and ageing-associated complications. Recognition that individual comorbidity screening guidelines may not consider the nuances of HIV infection, led us to develop easy to follow 2-page algorithms for each comorbidity.

Approach

The recently updated version 3 of the algorithms was released in December 2023. The comorbidities include Dyslipidemia, Hypertension, Cardiovascular disease, Diabetes, Kidney injury, Liver health, Bone health, Neurocognitive health, Vaccinations, Management of Sexually Transmitted infections and Cancer Screening. Each algorithm has a section on “Who to Screen”, “Frequency of screening” and “How to screen”, how to manage and monitor the comorbidity, targets of therapy, and when to refer to a specialist. Both HIV specialists and the particular comorbidity specialist reviewed the algorithm and cross-referenced with international recommendations. The final version was re-reviewed and recent research/data included e.g. REPRIEVE data on statin use to prevent cardiovascular disease. Version 2 was included on the ASHM website alongside the Antiretroviral Guidelines.

Outcomes/Impact

The algorithms form the basis of Quality of Care assessments at the Alfred Hospital, by clinic nurses and HIV physicians. A dashboard was created providing estimates of the proportion of people with HIV receiving care at the Alfred who have undergone the appropriate screening assessments. The dashboard is also able to be individualised for clinicians, to provide information on which patients have not been screened.

Innovation and Significance

Simple algorithms, which include screening and management guidelines, and when to refer to a specialist physician, have transformed the multidisciplinary care in the clinic, with the majority of patients now being appropriately screened for comorbidities.