Are we implementing statin initiation following the REPRIEVE Trial: Results of a clinical audit at an urban sexual health clinic in Sydney, Australia

Authors:
Hillary M McArthur[1], Linda Garton[1], Gina Popal[2], Rachel M Burdon[1]

[1]*Department of Sexual Health Medicine, Community Health, Sydney Local Health District, NSW, Australia*
[2]*Sydney Sexual Health Centre, Sexual Health Service, SHBBV, PaCH, SELSHD, NSW, Australia*

Background:
People living with HIV (PLWH) have up to two times higher cardiovascular disease (CVD) risk, and age at atherosclerotic cardiovascular disease (ASCVD) is a decade younger. The REPRIEVE study found initiating statins reduced risk of a major adverse cardiovascular event for PLWH, particularly those with ASCVD risk ≥5%. Guidance has thus been developed recommending statins as primary prevention in PLWH age 40-75.

A clinical audit was conducted at a sexual health service in Sydney, Australia to establish whether statins were recommended and initiated for PLWH aged 40 years and older in 2024 in accordance with new guidance.

Methods:
A file review was conducted for PLWH aged 40 years and older who attended the clinic from January to December 2024. Key interventions were collated: CVD risk documentation, whether statins were discussed and then initiated, and low-density lipoprotein cholesterol (LDL-C) levels at initiation, and at follow up.

Results:
The total number of relevant clients was 243. CVD risk was assessed at least informally in 187 clients (77%). Statins were discussed in 166 clients (68%) and 130 (54%) clients were prescribed statins. Seventy five (31%) clients were already prescribed statins and 49 (20%) newly initiated a statin. In those who started a statin, 7 (3%) had LDL-C levels below 2.6 mmol/L, which increased to 21 (9%) at follow up at least 3 months later.

Conclusion:
This audit suggests that statin initiation for PLWH at this service is in line with current guidelines. Implementation of statin therapy guidance for PLWH is problematic. Most HIV services globally and in Australia are not funded or trained to provide CVD care. GPs are expected to take on this role, resulting in fragmented care with potential negative sequelae. Further work on implementation of REPRIEVE guidance is needed, including analyses into reasons PLWH accept or decline statins.

Disclosure of Interest Statement:
We have no disclosure of interests to declare.