

# HIV Guidelines Session: Panel Discussion

Australasian HIV&AIDS Conference  
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## Anthony

- 26 yo man referred post STI screen with local doctor
- MSM
- PHx
  - Depression / Anxiety in setting of relationship ending 2013. On Venlafaxine for 6 months. Mood stable since then
  - Non smoker. Rare EtOH. No Hx IDU
  - Rare use of amphetamines (smoked) last 2 years
  - Intermittent condom use with casual partners
  - Had ‘a couple’ of STI screens . Last negative HIV test 2 or 3 years ago



## HIV diagnosis

- STI screen results
- HIV positive (4<sup>th</sup> gen EIA/Western Blot)
- RPR and other STI screen negative
- On first review is well and recalls rash/sore throat/fever 8 weeks ago post unprotected sexual contact
- You provide counseling around the natural history of HIV, the benefits of treatment, order some baseline investigations and plan to review in 1-2 weeks



## 1 week later...

- Attend for review and remains well
- CD4 645 cells/mm<sup>3</sup>
- HIV VL 120,000 c/mL
- HCV Ab negative, Hep B S Ab positive
- eGFR 98 mmol/L
- Baseline Genotype and HLA-B57 testing pending
- Has reflected on your comments about treatment, done some research and is keen to start ART at this visit



## I would recommend...

- A. Abacavir/lamivudine/dolutegravir
- B. Tenofovir alafenamide/emtricitabine + dolutegravir
- C. Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat
- D. Tenofovir alafenamide/emtricitabine + raltegravir
- E. Tenofovir alafenamide/emtricitabine + darunavir/cobicistat



## Next visit 4 weeks later...

- You recommended Tenofovir alafenamide/emtricitabine + dolutegravir which has been tolerated well
- Baseline genotype - M184V
- HLA B57 negative



## Would you change your initial antiretroviral choice during this visit

- A. Yes
- B. No
- C. I would order a repeat HIV viral load and consider changing based on the result



## Progress...

- You had commenced Tenofovir alafenamide/emtricitabine + dolutegravir
- You elected to continue this regimen and repeat the HIV viral load after 4 weeks therapy which was 857 copies/mL
- Continued the same regimen and repeated HIV viral load again 8 weeks after starting and was undetectable < 20 copies/mL



## Life takes a twist...

- Four months after starting ART loses his job in Adelaide and struggling to meet his rent and payments for a credit card
- Trying to apply for centrelink and concession card but finding it daunting
- “Can I get a single pill as I can’t afford the co-payment?”



## I would recommend...

- A. Abacavir/lamivudine/dolutegravir
- B. Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat
- C. Tenofovir alafenamide/emtricitabine/rilpivirine
- D. Darunavir/cobicistat monotherapy
- E. Continuing Tenofovir alafenamide/emtricitabine + dolutegravir



## And another twist...

- You recommended continuing Tenofovir alafenamide/emtricitabine + dolutegravir over concerns that other single pill regimens may not be as effective
- Next review 3 months later
  - Anthony had a new job and the financial pressures were much less.
  - Viral load remains undetectable



## After 12 months of ART...

- New job is going really well and also has a regular partner for over 6 months who is HIV negative
- Undetectable viral load (< 20 c/mL) for 10 months
- Not using condoms regularly and concerned about transmitting HIV to his partner
- You discuss condoms to prevent STIs but how would you advise him about risks of HIV transmission



## In the setting of ongoing ART with undetectable viral load you would advise....

- A. There is no risk of HIV transmission so condoms provide no additional benefit to prevent HIV transmission
- B. There is negligible risk of HIV transmission and condoms provide no additional benefit to prevent HIV transmission
- C. There is a low risk of HIV transmission and condoms could provide some additional benefit to prevent HIV transmission



## 12 months later (24 months post ART start)...

- Longterm relationship ends leading to lowered mood
- Increased amphetamine use and condomless sex with casual partners. Busy at work
- Misses the odd dose of ART → Reinforced adherence
- You check the viral load and it is 375 c/mL



## Keep testing...

- You get Anthony back to clinic 3 weeks later and repeat the viral load. No missed pills
  - 58 c/mL
- Another month later reports 100% adherence but you're concerned about the recent low adherence and the resistance at baseline and not sure what to do, your indecision leads you to repeat the viral load
  - 102 c/mL



## While supporting barriers to adherence you decide to....

- A. Not change the regimen
- B. Not change the regimen and perform drug levels of tenofovir and dolutegravir
- C. Change to Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat
- D. Change to Dolutegravir and Darunavir/cobicistat
- E. Change to Tenofovir alafenamide/emtricitabine and Darunavir/cobicistat

