

Clinical Practice Guideline: HIV

CLINICAL PRACTICE GUIDELINE: HIV

Goal: The purpose of these guidelines is to reduce morbidity and mortality from the human immunodeficiency virus (HIV), specifically through identification of those with HIV and their subsequent management.

HealthKeepers, Inc. strongly encourages providers who care for patients with HIV to follow the HIV management guidelines provided by the federal Department of Health and Human Services. There are multiple guidelines for different needs to include adult, adolescent, pediatric, and perinatal management. Important guidelines are “Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents”. The guidelines are available at:

- www.aidsinfo.nih.gov/guidelines
- <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>
- www.aidsinfo.nih.gov/education-materials/fact-sheets

The guidelines address general principles of HIV care and are updated frequently to reflect the rapidly changing knowledge in this field. Areas addressed include:

- Initial assessment of patients with HIV
- Initiation of antiretroviral therapy
- Choice of antiretroviral therapy to include the importance of HIV drug-resistance testing
- Drug interaction tables
- Management of the treatment-experienced patient
- Prophylaxis of opportunistic infections and with treating co-infections
- HIV infected women with discussion on treatment and contraceptives
- Counseling
- Patient education

HealthKeepers, Inc. recognizes that the HIV disease is becoming part of primary care practice. We encourage medical providers with a substantial number of HIV-positive patients in their practice to become proficient in this field. Those who have few HIV patients or prefer not to develop specialized knowledge in HIV should acquire sufficient working knowledge of HIV to be able to manage their HIV patients jointly with an HIV expert. HIV experts may be infectious disease specialists or primary care physicians who have become certified as HIV experts through the American Academy of HIV Medicine.

Recent recommendations on antiretroviral therapy (ART) for treatment-naïve patients, “are primarily based on increasing evidence showing the harmful impact of ongoing HIV replication on AIDS and non-AIDS disease progression.” Providers should see the NIH websites listed above for further specific guidance prior to implementing these recommendations. The strength of the following recommendations vary from moderate based on expert opinion to strong based on data from randomized controlled trials. “ART is recommended for all HIV-infected individuals. The strength of this recommendation is based on the pretreatment CD4 counts:

- CD4 count <350 cells/mm³ (AI - strong rating based on randomized controlled trials)
- CD4 count 350 to 500 cells/mm³ (AII - strong rating based on well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes)
- CD4 count >500 cells/mm³ (BIII - recommendation rating is moderate based on expert opinion)

Regardless of CD4 count, initiation of ART is recommended for individuals with the following:

- Pregnancy (AI)
- History of an AIDS-defining illness (AI)
- HIV-associated nephropathy (All)
- HIV/hepatitis B virus co-infection (All)
- who are at risk of transmitting HIV to sexual partners (AI) or other transmission risk groups (All)
- patients >50 years of age, regardless of CD4 cell count (BIII - recommendation rating is moderate based on expert opinion)”

Because of the unique problem of resistance in HIV disease, antiretroviral medication should not be started until the patient is prepared to consistently adhere to the medication regimen. This often will require addressing psychosocial problems, including depression, other mental health issues, or substance abuse. It may also be necessary to engage the patient with social services to ensure stable housing and some level of support for medication adherence. Delays in starting antiretroviral medication can cause anxiety in both the patient and the health care provider. However, waiting until the patient is able to take medication consistently is the best way to ensure long-term success in suppressing the HIV virus.

It is important to recognize that even at low CD4 counts, starting appropriate medication to prevent opportunistic infections, such as pneumocystis pneumoniae, even while delaying starting antiretroviral medications can greatly decrease the patient’s mortality risk.

The decision to start prophylactic anti-infectives is based on the patient’s CD4 count, health status, the specific disease organism’s prevalence, severity of ill effects and the specific anti-infective’s characteristics. The National Institute of Health websites listed in this Clinical Practice Guideline give detailed guidance on when and what to take for specific disease prophylaxis and disease treatment.

National Institute of Health

<http://aidsinfo.nih.gov/Guidelines/Default.aspx>
www.aidsinfo.nih.gov/education-materials/fact-sheets

Health Resource and Service Administration

<http://hab.hrsa.gov/deliverhivaidscafe/clinicalguidelines.html>

Centers for Disease Control

www.cdc.gov/hiv/resources/guidelines/

REFERENCES

Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents
www.aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0/