



**Autumn Conference**  
**Friday 25<sup>th</sup> November 2022**  
ROYAL COLLEGE OF PHYSICIANS,  
LONDON



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Liz Foote November 2022



# Long Acting Injectables Implementation in Scotland

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## Conflict of Interest

In relation to this presentation, I have participated in a ViiV Nurse Advisory Board

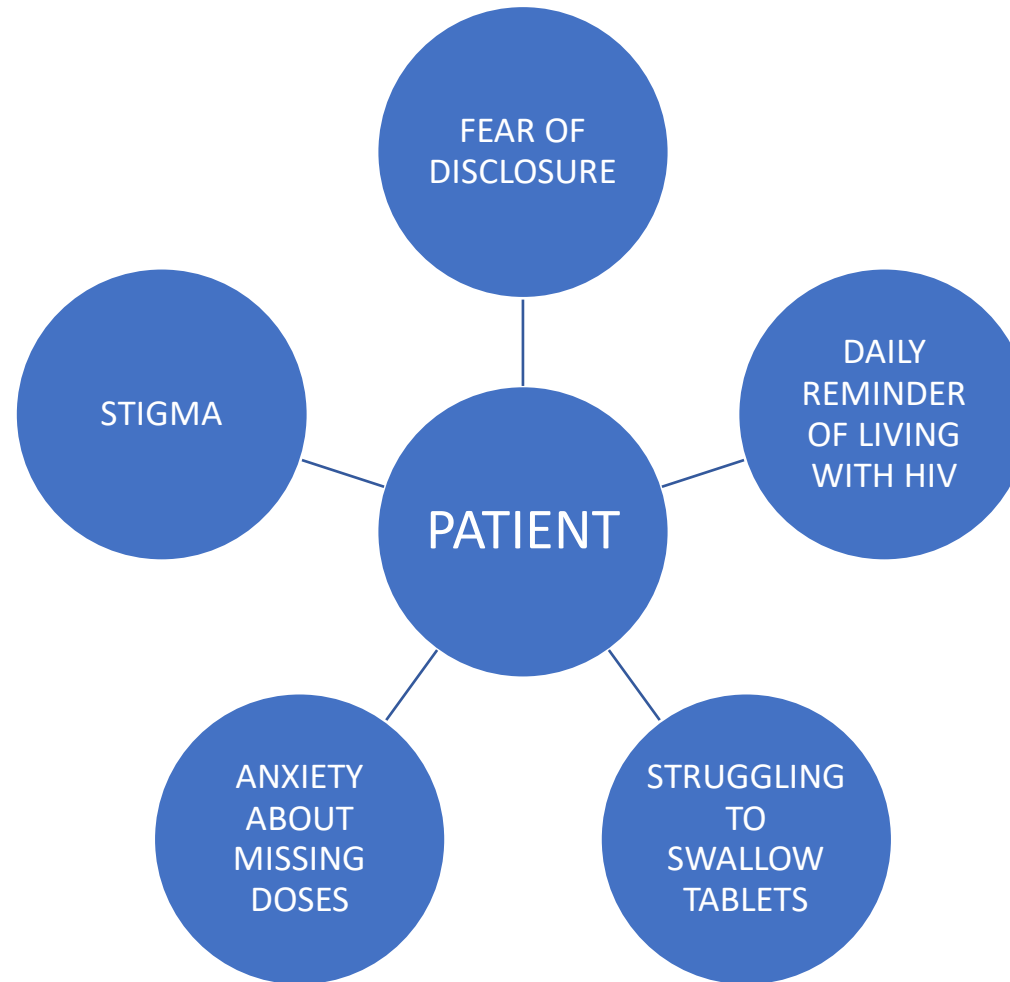
I have previously received Speaker fees and Advisory Board payments from Janssen, Gilead and ViiV



# BACKGROUND

- SMC APPROVED OCTOBER 2021
- BHIVA RECOMMENDATIONS
  - Have been virally suppressed to <50 copies/ml for at least 6 months
  - patients who have a psychological or physical barrier to oral HAART
  - concerning adherence pattern despite undetectable viral load
  - people who describe a real risk of stopping ART if they continue on oral treatment

# INDICATIONS FOR USE



# INJECTABLES PATHWAY

- Consultant/ Nurse Specialist refers patient
- MDT – pharmacist, CNS, consultants
- Pharmacist and HIV CNS 1<sup>st</sup> appointment – 4 week oral lead-in
- Nurse-led service for 1<sup>st</sup> injection and then every 8 week appointment



# NURSE-LED CLINIC CHALLENGES

- Requires 2 nurses- procedure, text reminders, DNAs
- Co-ordinating appointment with a pharmacist
- Training for IM ventro-gluteal injections
- Bloods at each appointment- increased pressure on labs
- Clinic capacity – room for observation post injections
- Refrigeration capacity
- Patient suitability



# PRACTICALITIES



- Take IM Rilpivirine out of fridge in plenty of time
- Offer paracetamol prior to injection
- Adequate length of appointment
- Comfortable relaxing atmosphere
- Space to sit for required observation period
- Clinic dates provided for the following 12 months

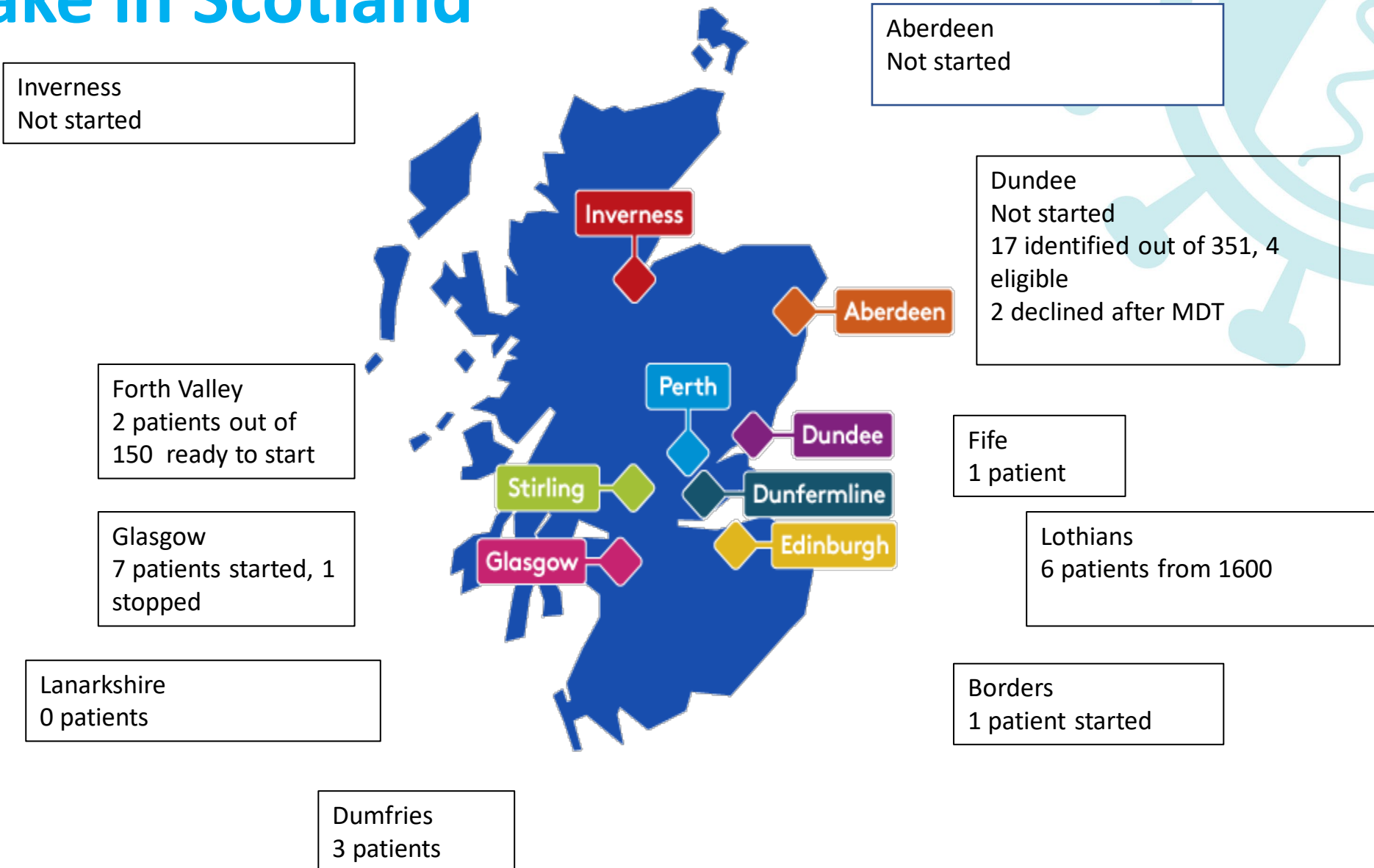


# IN THE FUTURE



- Detectable viral loads due to poorer adherence
- Include patients with substance use, mental health issues , prisoners and those affected by homelessness.
- Community and outreach services to deliver injectables
- ? Injectable PrEP

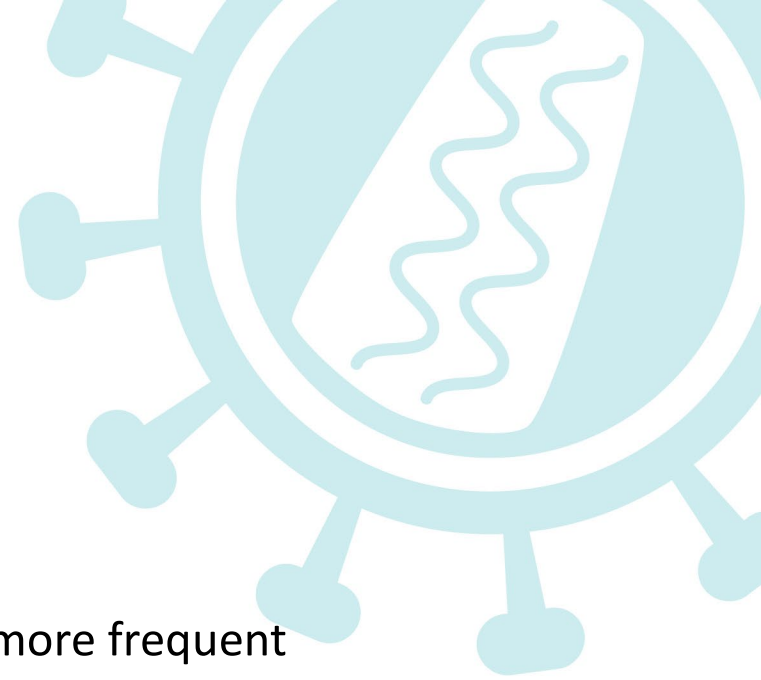
# Uptake in Scotland



# UPTAKE IN SCOTLAND

- Initial excitement from patients, clinicians and voluntary sector
- Referrals from clinicians less than expected ?more hesitant
- 1in 60 failure rates concerning for patients relying on U=U
- Patients anxious about painful injections
- Patients reluctant to attend every 8 weeks
- Services not returned to similar capacity pre-Covid
- LAI clinics are resource-intensive





# PATIENT FEEDBACK

- Main S/E is hip pain, particularly post RIL injection
- S/Es do not get less as injections progress
  
- Patients who declined option feel that taking more time off work to attend more frequent appointments could lead to unwanted questioning from employers
- One patient did not trust injections would last 8 weeks rather than needing to take daily oral ARVs
  
- “ So nice not to have to remember to swallow tablets at a set time every single day...”
- “ I’ve no longer got to get up in the middle of the night because I forgot my tablets at bedtime”
- “have to take so many tablets that even taking 2 less is a big bonus.....”
- “ I’ve never felt so relaxed going through the airport customs because I didn’t have my pills in my bag”

*Personal communication*

# Thank you

Any questions





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