



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



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# NHIVNA: injectables

Chair:  
Liz Foote

*This educational event is supported by*



# Long acting Injectables in complex patients

Liz Foote

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HIV, ME/CFS & Carers health team

Sussex Community NHS Foundation Trust

## Conflict of Interest

I have received previous honorariums from Viiv, Gilead and MSD

In relation to this presentation I am receiving no payment



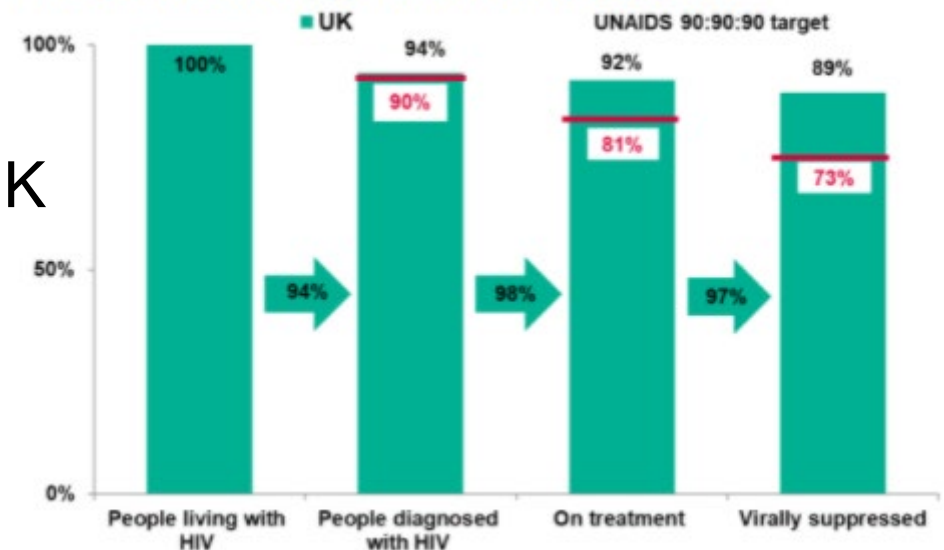
# Living with HIV in the UK

In 2019, it was estimated that there were 105,200 people living with HIV in the UK.

94% of these people are diagnosed, and therefore know that they have HIV.

98% of people diagnosed with HIV in the UK are on treatment, and 97% of those on treatment are virally suppressed which means they can't pass the virus on.

Figure 4: Continuum of HIV care in the UK, 2019



# Our Challenge

So what about the small but significant % of those who know their diagnosis, with access to treatment who aren't virally suppressed?

A comprehensive caseload review with the HIV community team in West Sussex and B&H was carried out in 2022 to identify and explore why some patients with HIV decided to stop ART

45% of the caseload struggled with adherence issues and need intense support around this specific issue

25.49% of the caseload had a detectable viral load

Of those with a detectable viral load, 9.8% had chosen to opt out of treatment. Otherwise known as INA

# HIV & Trauma

- There is high prevalence of trauma amongst patients with HIV
- This in turn has a negative impact on health and health-promoting behaviours among HIV-infected populations such as adherence
- The need for interventions to address and improve physical and mental well-being and increase HIV prevention and treatment adherence amongst this small but significant number is vital

(Seedat, 2012)

# Criteria for LAI

- Meeting the criteria for LAI currently is difficult for many of our complex patients to achieve
- Specifically the need to be virally suppressed to  $<50$  copies/mL





# Case study

- Sam was referred to the HIV Community Specialist team 2015 due to non engagement with acute based HIV care
- At the time Sam aged 19 years, Female and new diagnosis of HIV
- CD4 615 & VL 33,320
- LAC
- History of childhood trauma involving violence and sexual abuse
- Under c/o paediatric health team for ADHD (on Ritalin since age of 4)

# Case study

- Unable to concentrate for long periods of time due to ADHD
- Highly impulsive which led to high risk sexual behaviour-multiple sexual partners
- Intermittent engagement with community HIV team 2015-2017-on and off treatment
- Deprivation
- Poor adherence
- Mental health capacity assessed and deemed as having capacity

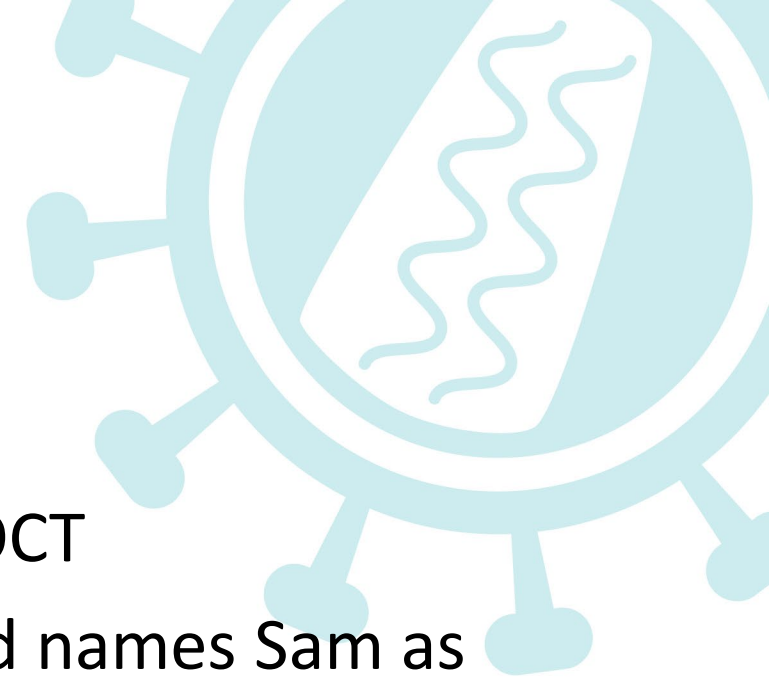
# Case study

- Prescribed new oral ARV 2018-CD4 551 VL 4015
- Reports of unprotected sex and sex work
- STI screening performed at home
- +ve for chlamydia and Gonorrhoea
- Treated at home with IM Ceftriaxone & oral Azithromycin



# Case study

- August 2018 ARVs switched again
- Male attends community HIV base and requests POCT
- Individual discloses he has had unprotected sex and names Sam as sexual partner
- He is referred to GUM to commence PEP
- Sam calls upset as someone else has accused her of transmitting HIV
- Sleeps with a knife under her pillow for protection
- Contraception/Depo injection administered at home, condoms given with emphasis on safe sex



# Case study

- MDT discussion- reckless or intentional transmission to others/legal issues-Consultant speaks to Trust lawyers, seeks guidance from GMC and takes case to BHIVA ethics board
- Safeguarding raised
- Referred to social services for support as a vulnerable adult
- Mental capacity questioned again-deemed to have capacity
- 2018 MDT discussion- decision to put in application for long acting IM Cabotegravir and Rilpivirine on compassionate grounds

# Case study

- **Compassionate** drug use means making a new, unapproved drug available to treat a seriously ill patient when no other treatments are available.
- Application rejected due to concerns around engagement and potential risk of resistance
- Rejection decision is appealed by consultant and specialist community HIV nurse
- Seen by psychiatrist who looked after Sam as a child-letter of support written by psychiatrist to board for approval
- Psychiatrist states worse case of ADHD he has seen

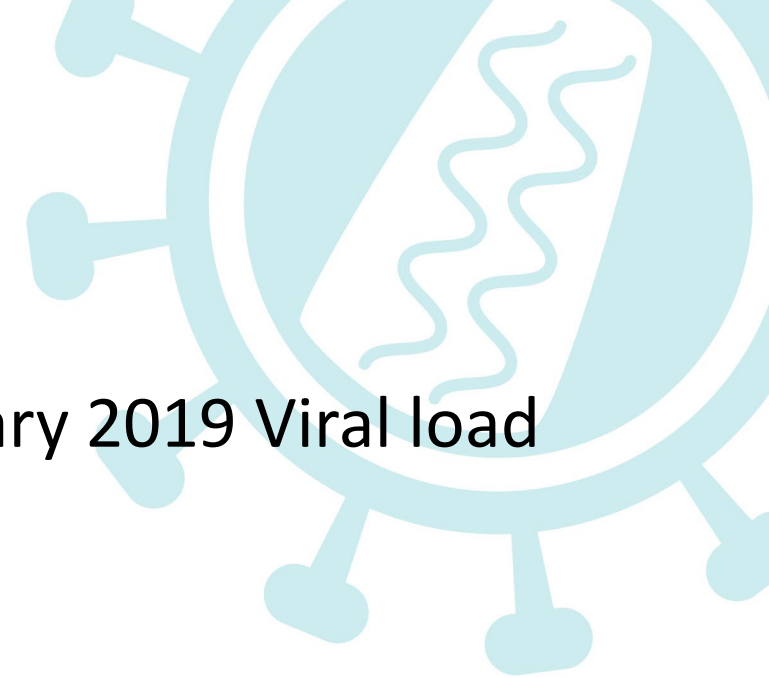
# Case study

- November 2018 CD4 485 VL 21,495
- Appeal upheld and approved on the proviso obtain another Viral load
- Cabotegravir 600mg/Rilpivirine 900mg long acting injection arrives from USA and administered 14<sup>th</sup> February 2019



# Case study

- Baseline viral load and CD4 count taken 14<sup>th</sup> February 2019 Viral load 27, 296 and cd4 count 387 (19%)
- Viral load taken on the 21<sup>st</sup> Feb 2019 – 66
- Viral load taken on the 26<sup>th</sup> Feb 2019 – 41
- Viral load taken on the 24<sup>th</sup> March 2019 < 30
- To date Sam remains undetectable and has engaged well with the HIV community team
- She continues to have long acting injectables administered in her own home
- This treatment has transformed her life





# Conclusion

- Most of our complex patients will not meet criteria for LAIs. Therefore the need to prescribe outside of license outweighs the risk of not doing so
- You may prescribe outside of license where, on assessment, you conclude, for medical reasons, that it is necessary to do so to meet the specific needs of the patient (GMC, 2021)
- LAIs are life transforming for this small but significant number of complex patients
- And finally the need to effectively utilize the highly skilled HIV specialist nurses in the UK especially the NMPs-nurse led clinics

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**Thank you**  
**Any Questions**



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