

Care for HIV-related metabolic comorbidities: Our patients tell us what they want.



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Background

- At Guy's & St. Thomas' our care pathway for managing prevalent¹ HIV-related metabolic comorbidities remains essentially unchanged since its' original design in 1998.
- Patients are referred to an outpatient clinic led by an HIV consultant physician, supported by specialist dietitians and physiotherapists, with onward referral for complex dyslipidaemia, diabetes, osteoporosis and obesity care.

Aim:

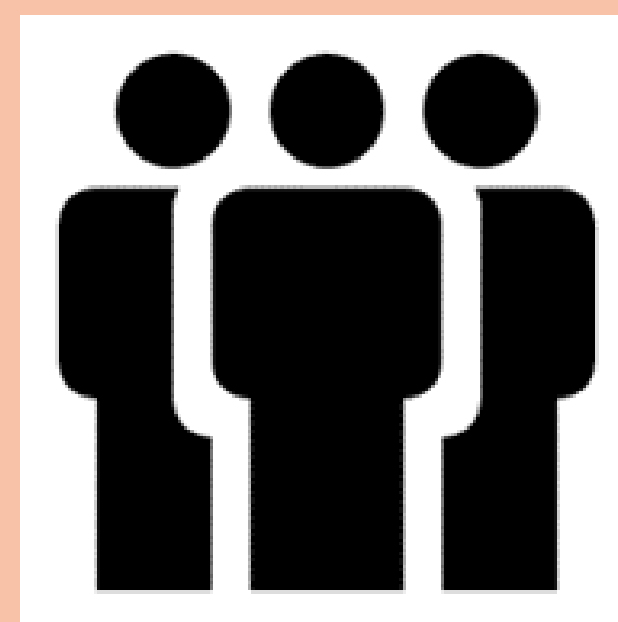
- We aimed to redesign the service in partnership with our patients and their advocates and representatives.

Methods

- Patients referred to the metabolic outpatient clinic over a two-month period in 2018 were invited to take part in a focus group facilitated by a research dietitian and a consultant physician.
- A topic guide designed by the project team and patient representatives was used, although participants were encouraged to speak freely.
- The discussion was digitally recorded and transcribed.
- Thematic analysis followed the Framework approach, was checked by participants to ensure rigour, and organised to inform future recommendations.

The Focus Group

n=8



- 5 White men, 3 Black African women
- Mean 55.1 ±11.7 years of age
- Living with HIV for between 10 and 32 years
- All participants were treated with antiretroviral therapy
- Duration of the focus group: 95 minutes

Results

Issue	Patient Views	Actions
Framing the Pathway	The term "metabolic" was meaningless to patients. The service should focus on health and wellness and avoid the term "clinic"	Rename the pathway to "Living Well"
Prevention or treatment	This pathway should deliver both prevention and treatment	Identify those at risk
Multidisciplinary approach	Seeing the physician, dietitian and physiotherapist at the same time was highly valued. Patients felt they could immediately action behaviour change	This structure should continue
Holistic treatment	Fatigue and cognitive impairment assessment should be central to this pathway	Include in assessment
Support	Referral to psychology, hypnotherapy, peer mentors and buddies should be provided in addition to current services	Explore how to include
Group Sessions	Group support would aid motivation. Suggestions: gym programmes, peer-led walking groups, cooking classes.	Explore how to include
Logistics	Flexibility in appointment times requested to help those in work	Investigate late afternoon and early evening appointments / groups
Data collection	Completing questionnaires prior to attending was appreciated, although flexibility was requested	Email, post and text reminders, to complete at home, or on tablet
Liaison with Primary Care	Patients reported primary care staff being reluctant to advise on lifestyle change given potential impact of HIV, and want GPs to be trained	Redesign liaison with GPs and organise training and support

Conclusions

- Patients value the current multidisciplinary care pathway
- They want metabolic comorbidities to be prevented as well as treated
- Patients want a flexible, holistic approach to their care including peer-led interventions
- We recommend using co-design methodology in partnership with patients when reviewing or setting up care pathways

Reference

1. Duncan AD, Goff LM and Peters BS (2018). Type 2 diabetes prevalence and its risk factors in HIV: a cross-sectional study PLOS One 13(3) e0194199