

## BACKGROUND

HIV positive individuals have an increased risk of cardiovascular disease (CVD)<sup>1</sup>

BHIVA recommends annual CVD risk assessments in these patients<sup>1</sup>

In 2011 we undertook a systematic CVD risk assessment for coronary heart disease (CHD) of an inner-city HIV patient cohort

Using the Framingham cardiovascular risk assessment tool we identified 195/1158 patients with a Framingham 10-year CHD risk  $\geq 10\%$

## AIM

To evaluate what interventions were initiated in patients with a Framingham 10-year CHD risk  $\geq 10\%$  and if there was any improvement in CHD risk

## METHOD

Review of medical notes of patients identified with 10-year CHD risk  $\geq 10\%$

Review of correspondence for evidence of GP notification of CHD risk

Whether modifiable CVD risk factors were addressed by HIV physicians/GP's

Review of repeat Framingham score one year later

## RESULTS

178/195 notes were available for analysis

144/178 had repeat Framingham risk score

Average time lapse from initial risk score to repeat risk score was 346 days (range 90-545 days)

## Demographics

7 female (5%); average age 62yrs  
137 men (95%); average age 56yrs

Chart 1. Breakdown of ethnicities

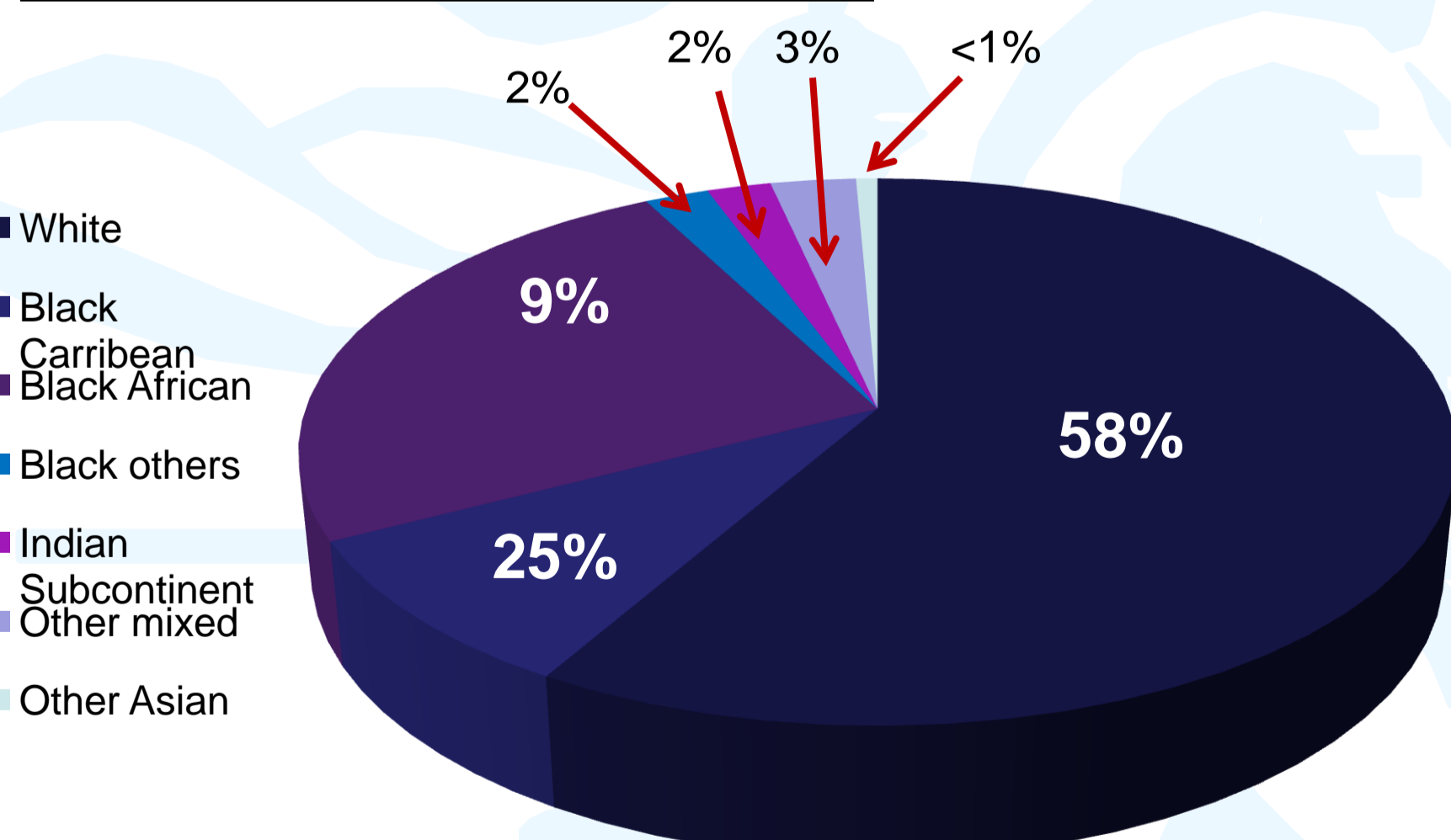
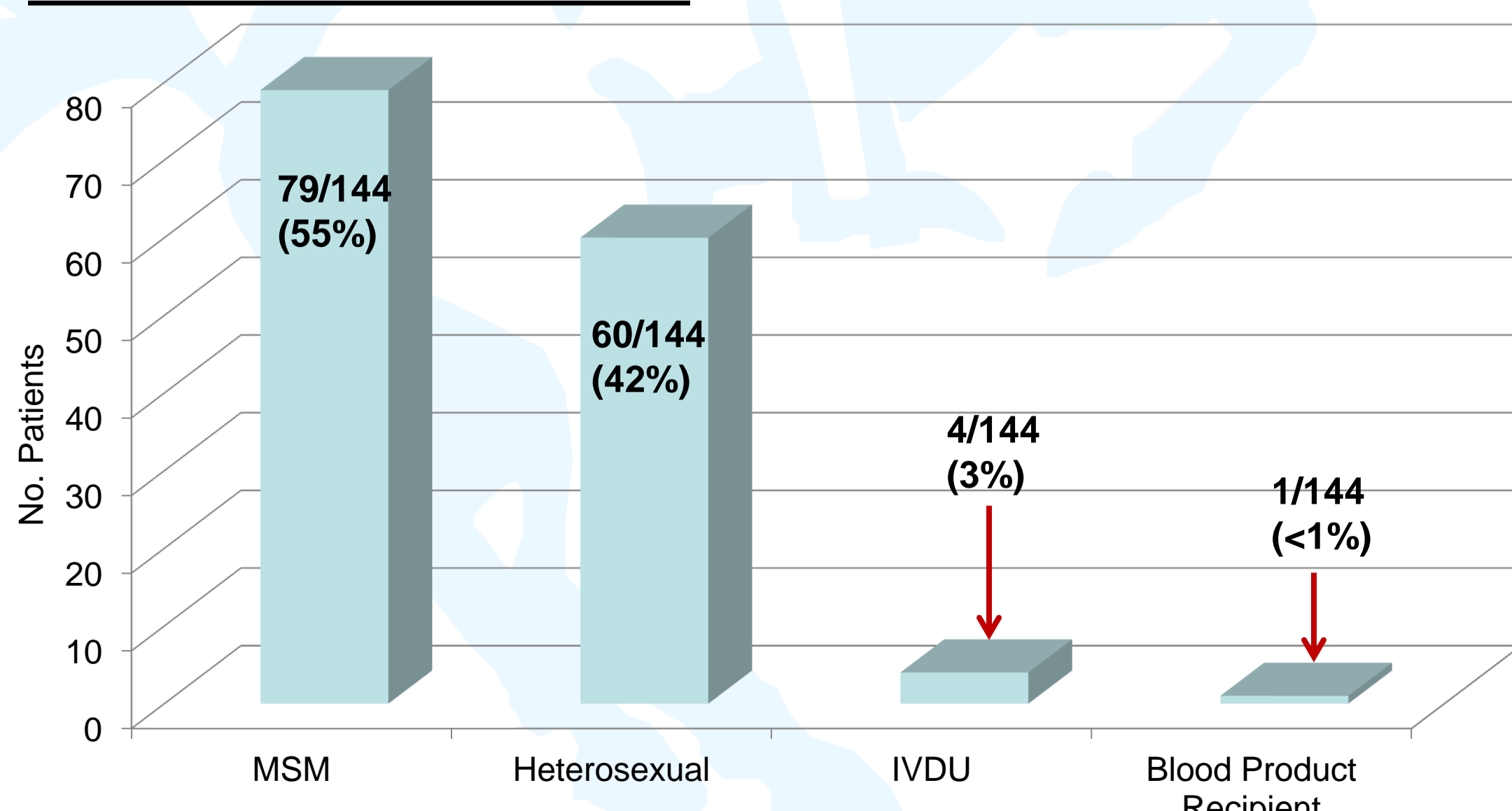


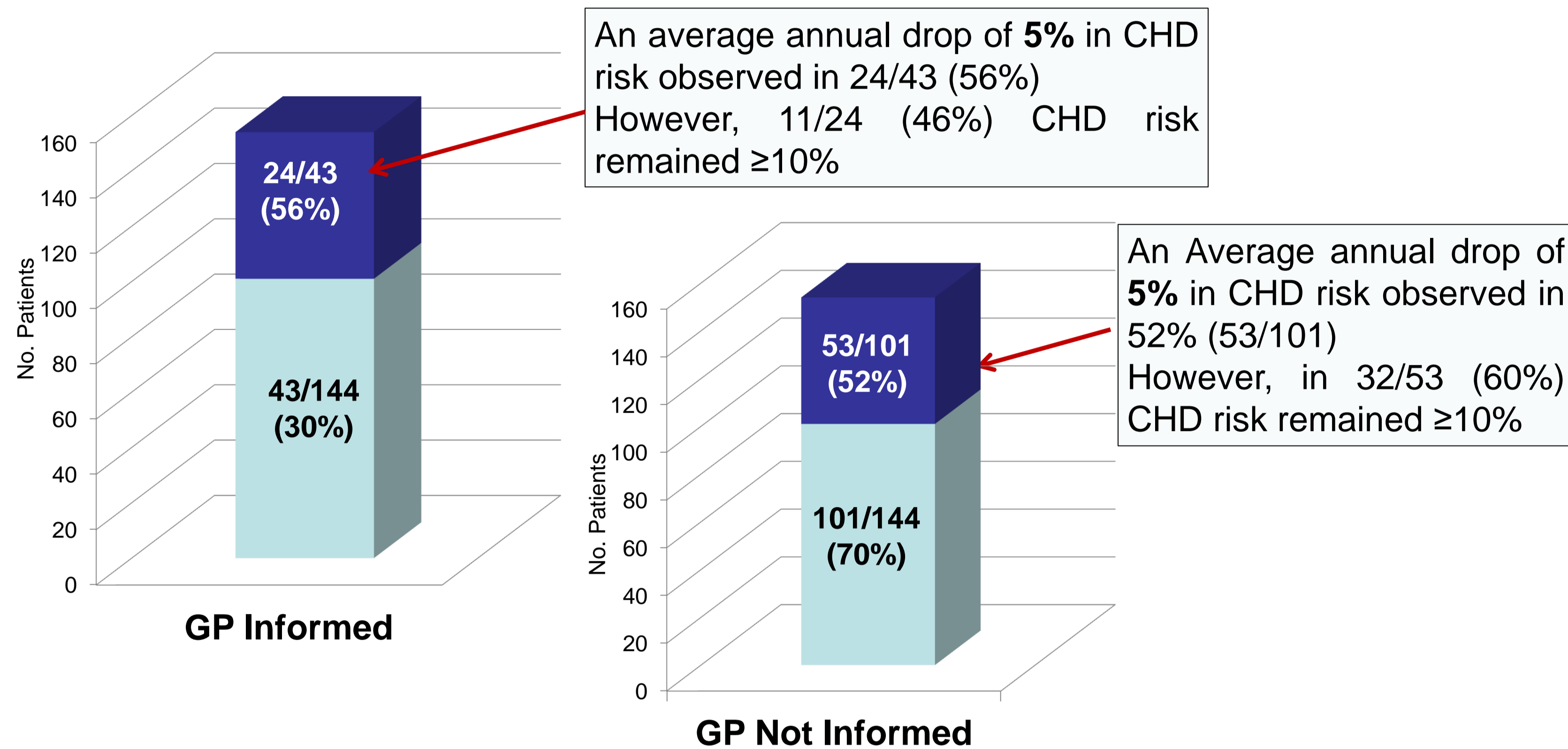
Chart 2. Route of Transmission



## GPs Informed Versus GPS Not Informed

43/144 (30%) GPs were informed of the initial CHD risk score versus 101/144 (70%) were not informed

Chart 3. GP Informed Versus GP Not Informed and Average Drop in CHD Risk



## MODIFIABLE RISK FACTORS

Modifiable CVD risk factors included:

- Diabetes mellitus
- Smoking
- Hypertension (Systolic BP >150mmHg)
- Hypercholesterolaemia (Total Cholesterol >5.2)
- BMI >25

Chart 4. Modifiable CVD Risk Factors in GP Informed Group

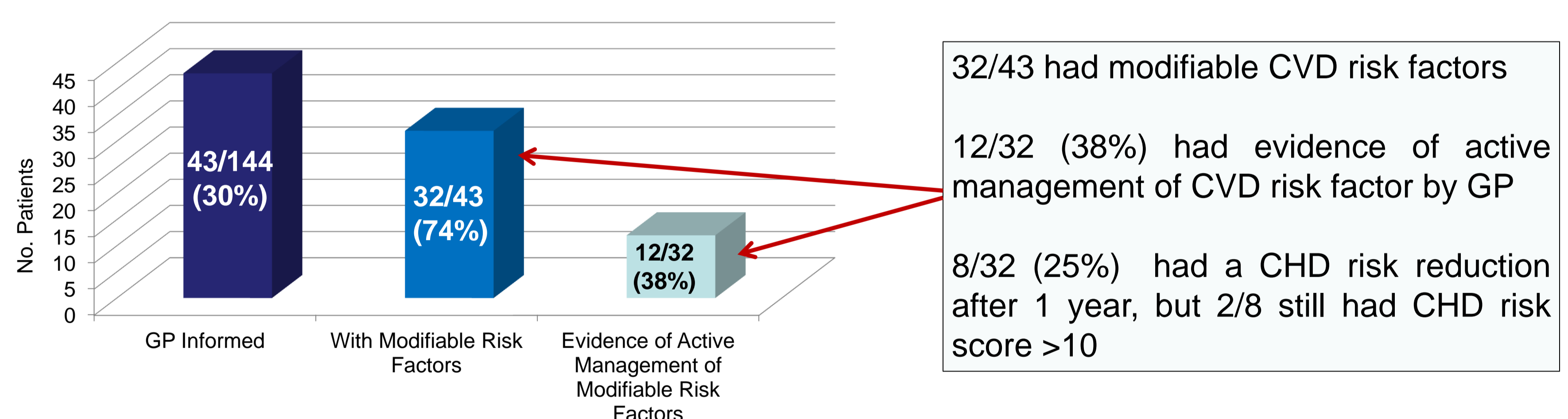
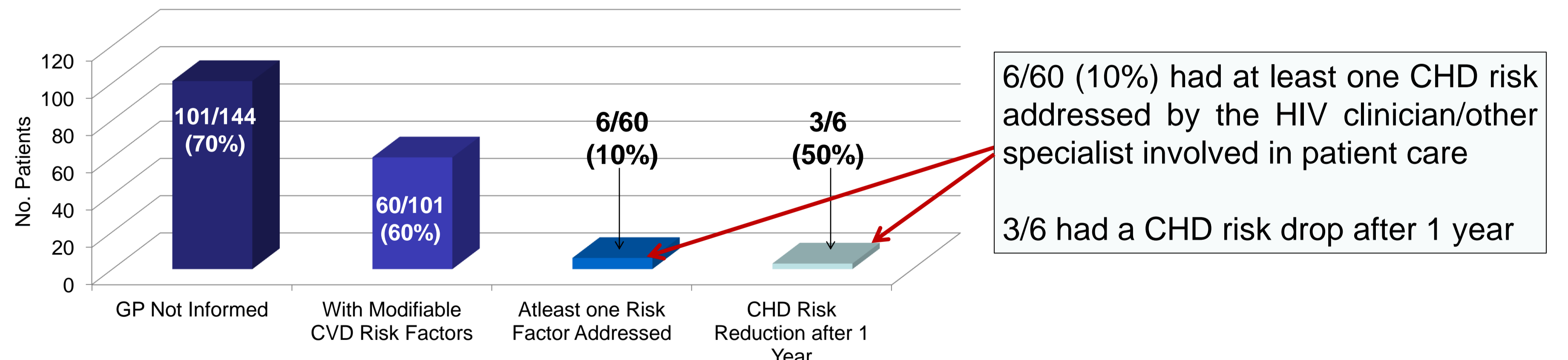


Chart 4. Modifiable CVD Risk Factors in GP Not Informed Group



## CONCLUSION

CVD risk screening is an important component of the long term management of HIV positive individuals

Once a patient with high CVD risk ( $\geq 10\%$ ) was identified the subsequent management varied and in some cases with modifiable risk factors no action was taken at all

Communication with GP's was inadequate (30%)

The average annual reduction in CHD risk score in both groups was 5%

Although the GP informed group was smaller more patients had at least one risk factor managed and these patients had a greater CHD risk reduction with fewer maintaining a risk  $\geq 10\%$

All patients with a high CHD risk should have their modifiable risk factors managed appropriately

Communication with the GP's should be actively encouraged