Cardiovascular Risk Screening in HIV Positive Patients: High Risk Patients One Year On

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SWAGNET

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BACKGROUND
HIV positive individuals have an increased risk of cardiovascular disease (CVD) 1
BHIVA recommends annual CVD risk assessments in these patients 1
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 ≥10%"
To evaluate what interventions were initiated in patients with a Framingham 10-year CHD risk ≥10% and if there was any improvement in CHD risk

AIM
Review of medical notes of patients identified with 10-year CHD risk ≥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

GP 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 GPS Not Informed and Average Drop in CHD Risk
An average annual drop of 5% in CHD risk observed in 24/43 (56%)
However, 11/24 (46%) CHD risk remained ≥10%
An Average annual drop of 5% in CHD risk observed in 52% (53/101)
However, in 32/53 (60%) CHD risk remained ≥10%

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
32/43 had modifiable CVD risk factors
12/32 (38%) had evidence of active management of CVD risk factor by GP
8/32 (25%) had a CHD risk reduction after 1 year, but 2/8 still had CHD risk score >10

Chart 4. Modifiable CVD Risk Factors in GP Not Informed Group
6/60 (10%) had at least one CHD risk addressed by the HIV clinician/other specialist involved in patient care
3/6 had a CHD risk drop after 1 year

CONCLUSION
CVD risk screening is an important component of the long term management of HIV positive individuals
Once a patient with high CVD risk (≥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 ≥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