British HIV Association
BHIVA

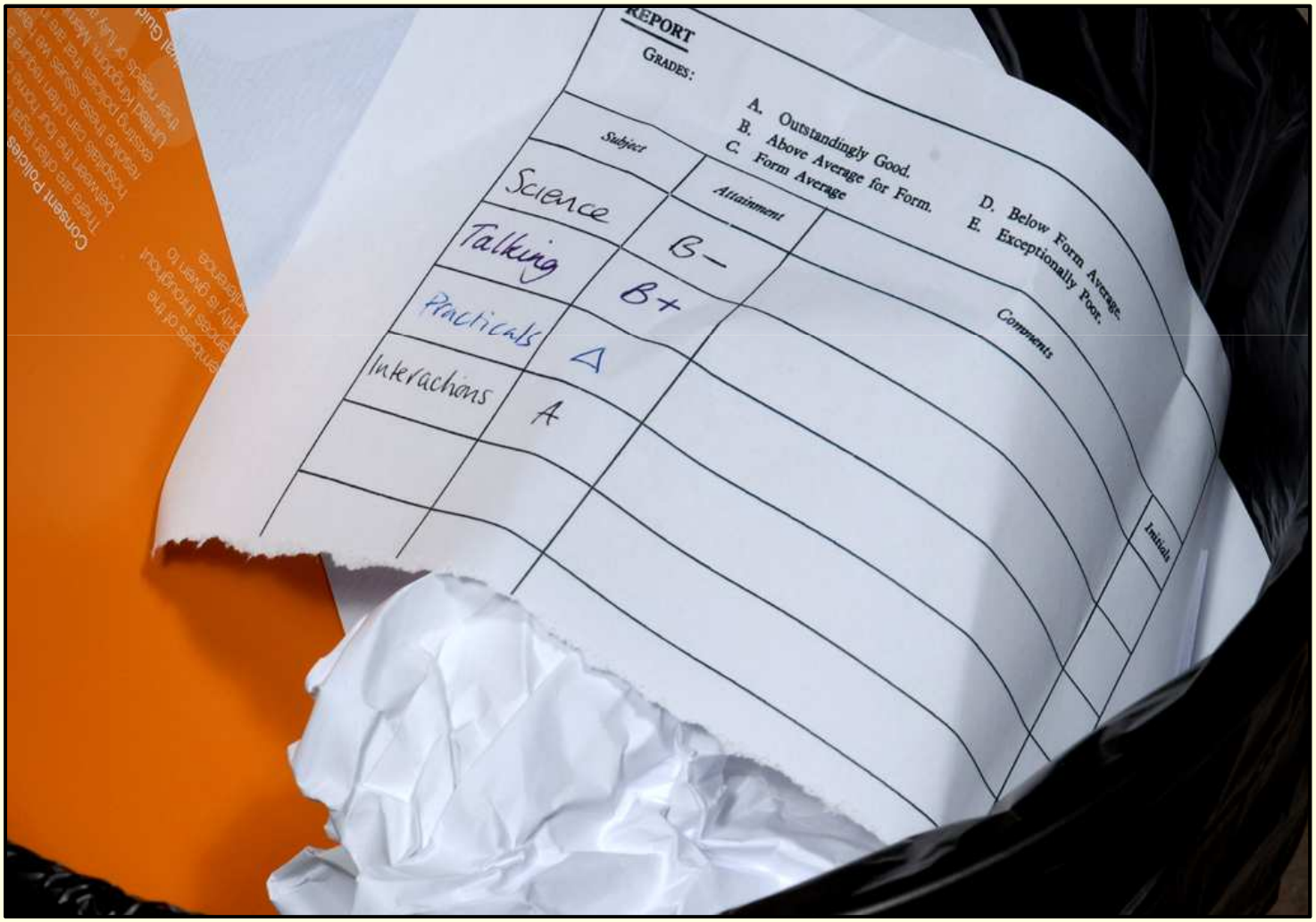
Professor Brian Gazzard

Chelsea and Westminster Hospital, London

COMPETING INTEREST OF FINANCIAL VALUE ≥ £1,000:	
Speaker Name	**Statement**
Brian Gazzard	None
Date	**22 September 2012**

What an
old man thinks...

School report



High level meeting

Geneva

Mozart

too many words...

THE CONVERSION

Affordable Health Care Act

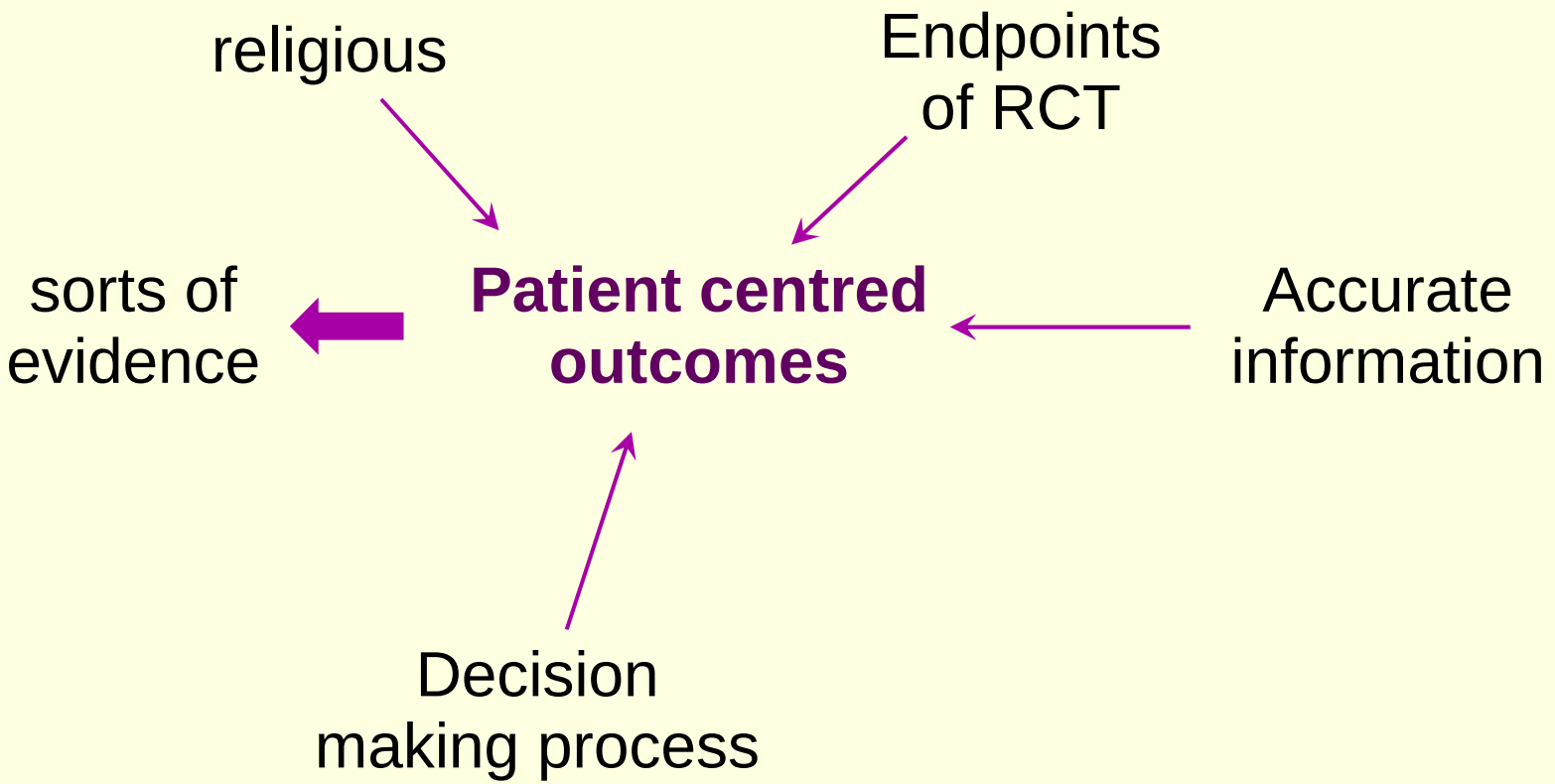
↓

PCORI

↓

Grant money (lots of it!!)

PCORI


religious
Endpoints of RCT
sorts of evidence
Patient centred outcomes
Accurate information
Decision making process

Why HIV?

Ageing population

Major disparities in outcome

Complexity of care

Changes in healthcare systems

Marginalised and disadvantaged population

R.C.T.

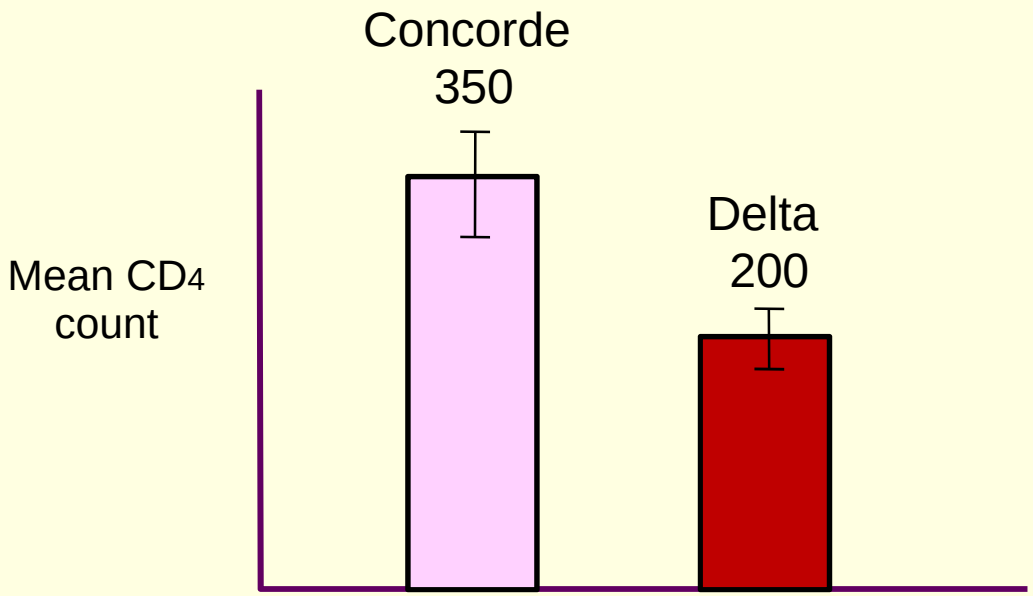
No bias

Entry criteria

- **no deaths**
- **no elderly**
- **good adherence**

End points

Recruitment of patients



ITT analysis

Less toxic

More efficacious

Studies in the USA

40% IVDU

60% indigent

Only 60% remain undetectable

In N.C. Accord 40% deaths not HIV related

ECHO and THRIVE

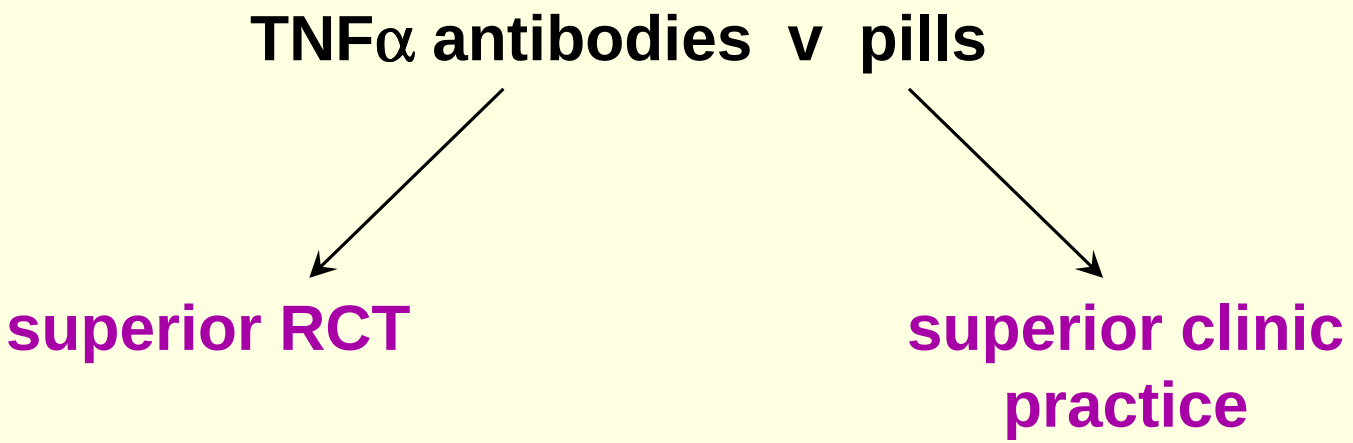
Less toxic

Not more efficacious

ECHO ENTRY CRITERIA

- 34 NNRTI RAMS EXCLUDED

RA

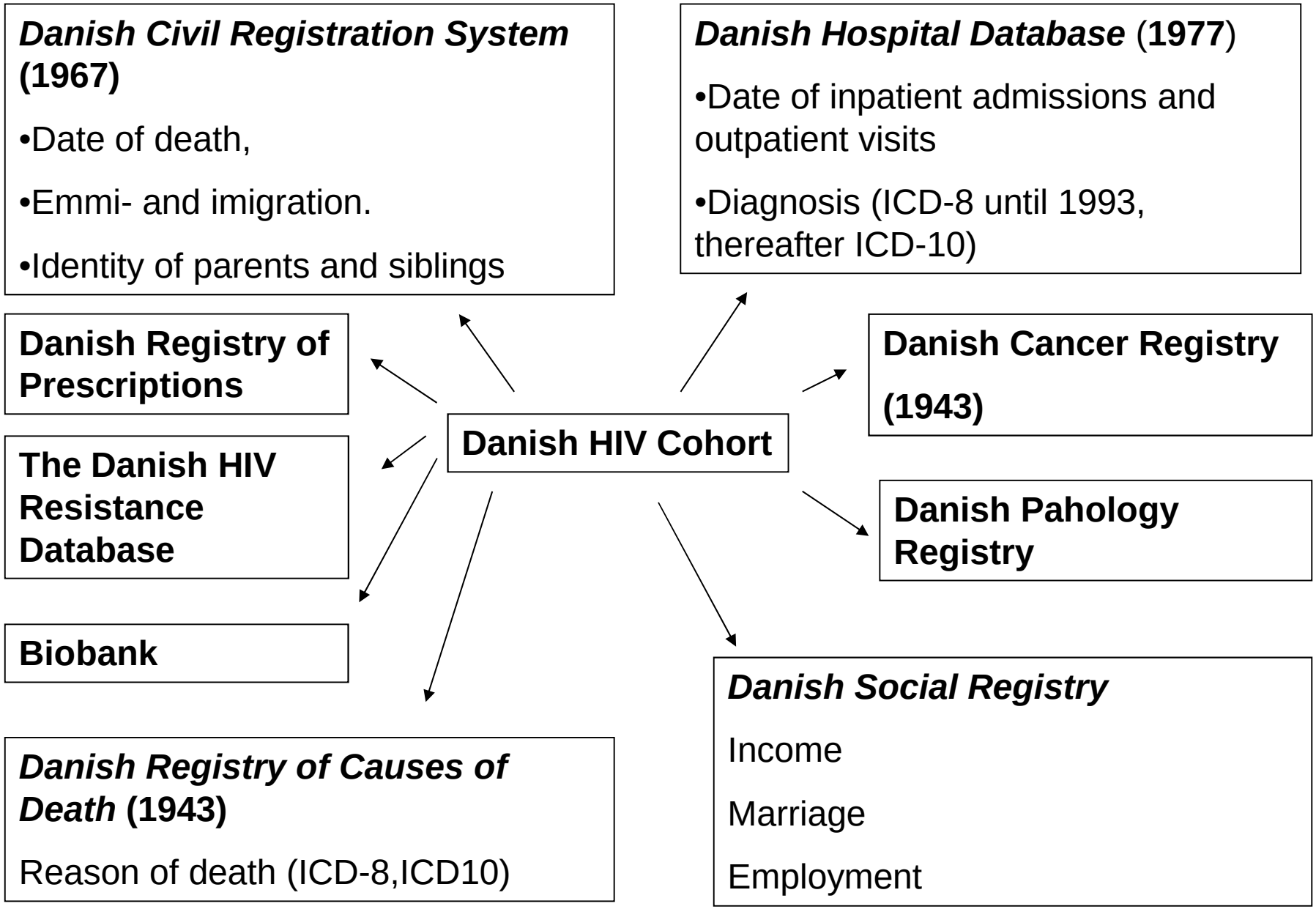

TNFα antibodies v pills
superior RCT
superior clinic practice

Observational cohort

Open / closed

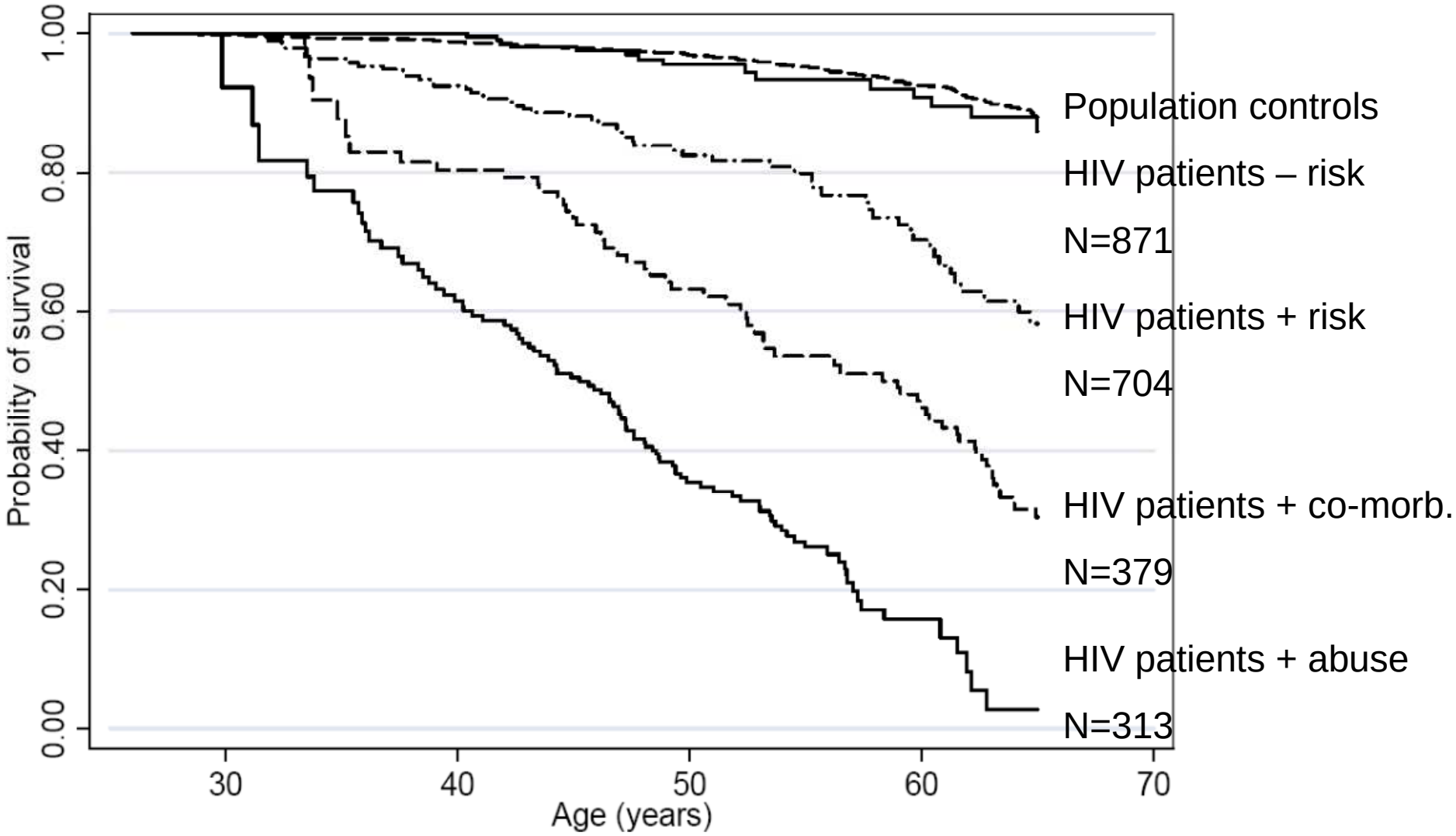
Channelling bias

Loss to follow up


Danish Civil Registration System **(1967)**
•Date of death,
•Emmi- and imigration.
•Identity of parents and siblings
Danish Hospital Database (**1977**)
•Date of inpatient admissions and outpatient visits
•Diagnosis (ICD-8 until 1993, thereafter ICD-10)
Danish Registry of Prescriptions
Danish Cancer Registry (1943)
Danish HIV Cohort
The Danish HIV Resistance Database
Danish Pahology Registry
Biobank
Danish Social Registry
Income
Marriage
Employment
Danish Registry of Causes of Death **(1943)**
Reason of death (ICD-8,ICD10)

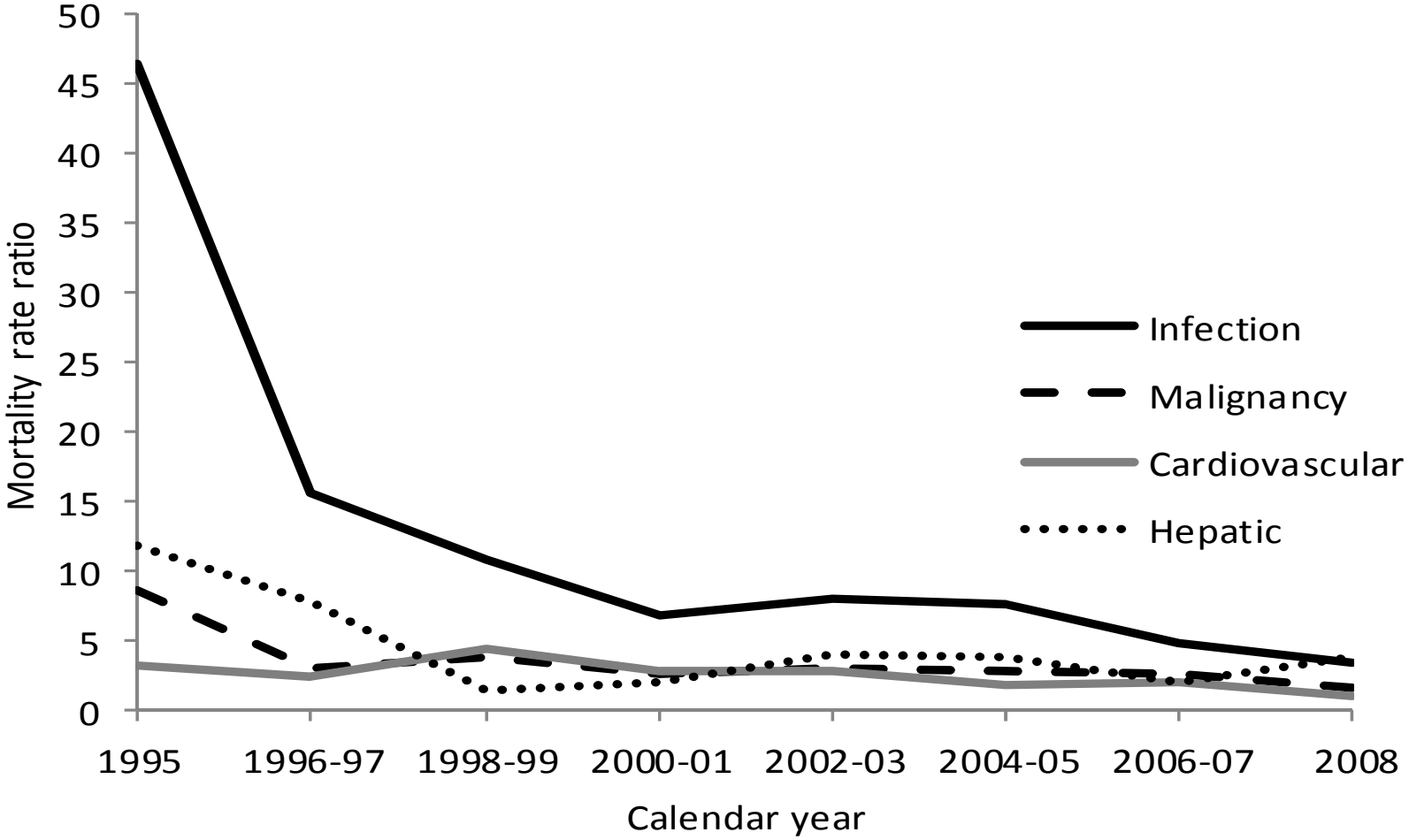
Mortality in HIV patients starting HAART after 1 January 1998 N=2267

And population controls, N=9068

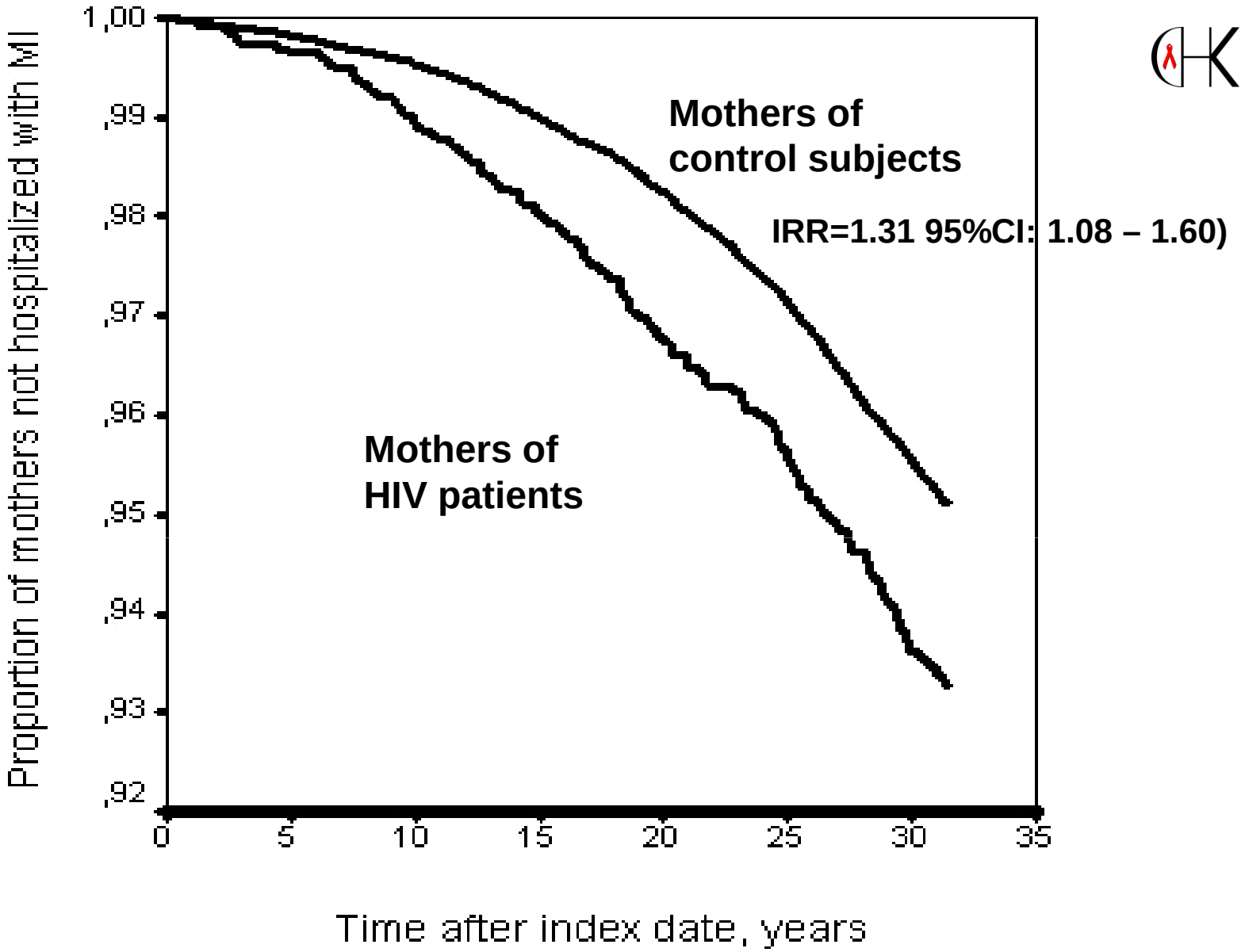


Obel et al., PLoS One 2012

Causes of death among Danish HIV patients compared to population controls in the period 1995-2008



Helleberg et al., Infection 2012



Rasmussen et. al, BMC Infectious Diseases, 2011

Incidence and impact on mortality of severe neuro-cognitive disorders in persons with and without HIV: a Danish nationwide cohort study

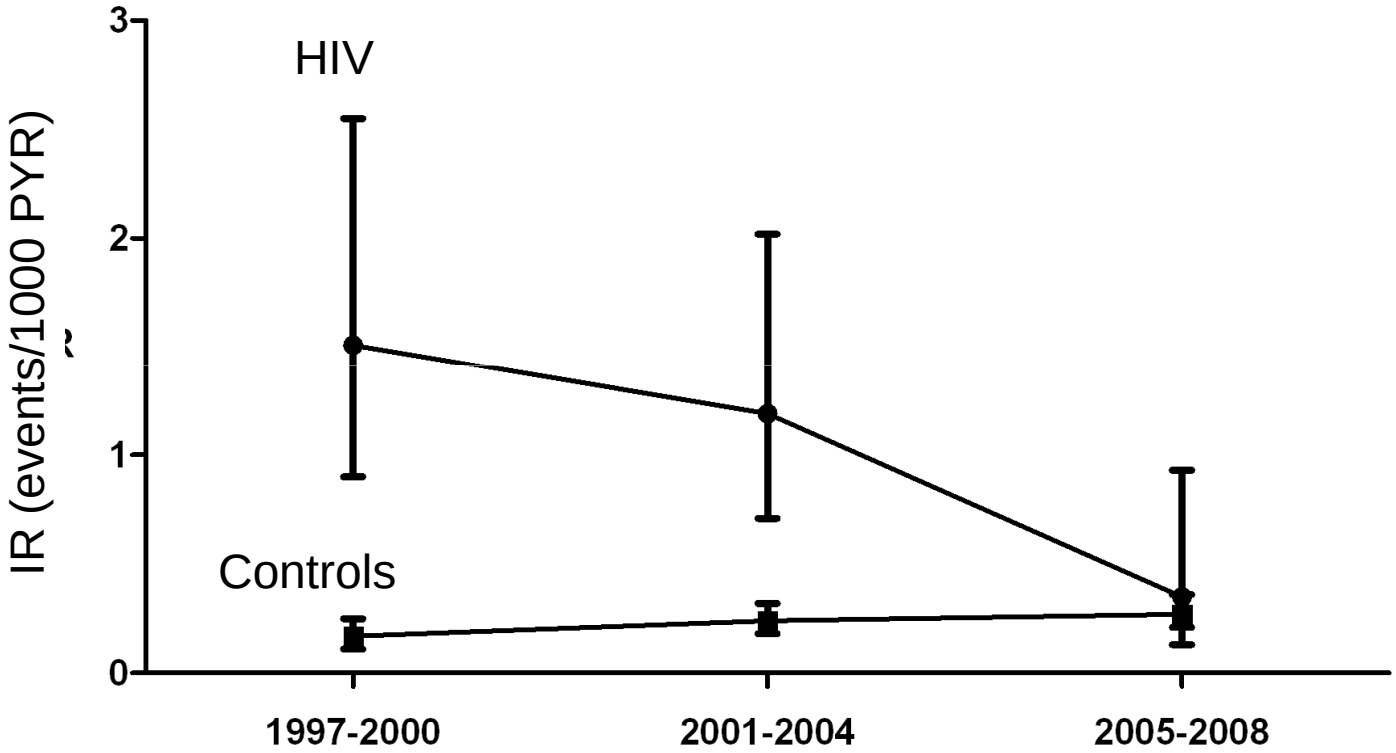
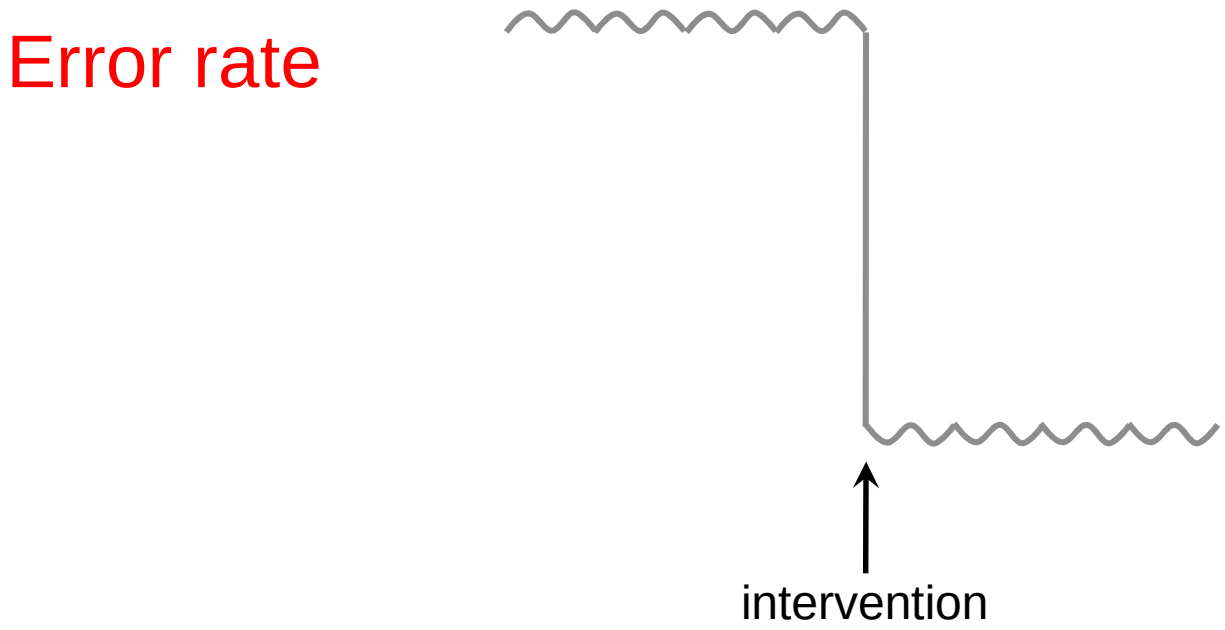


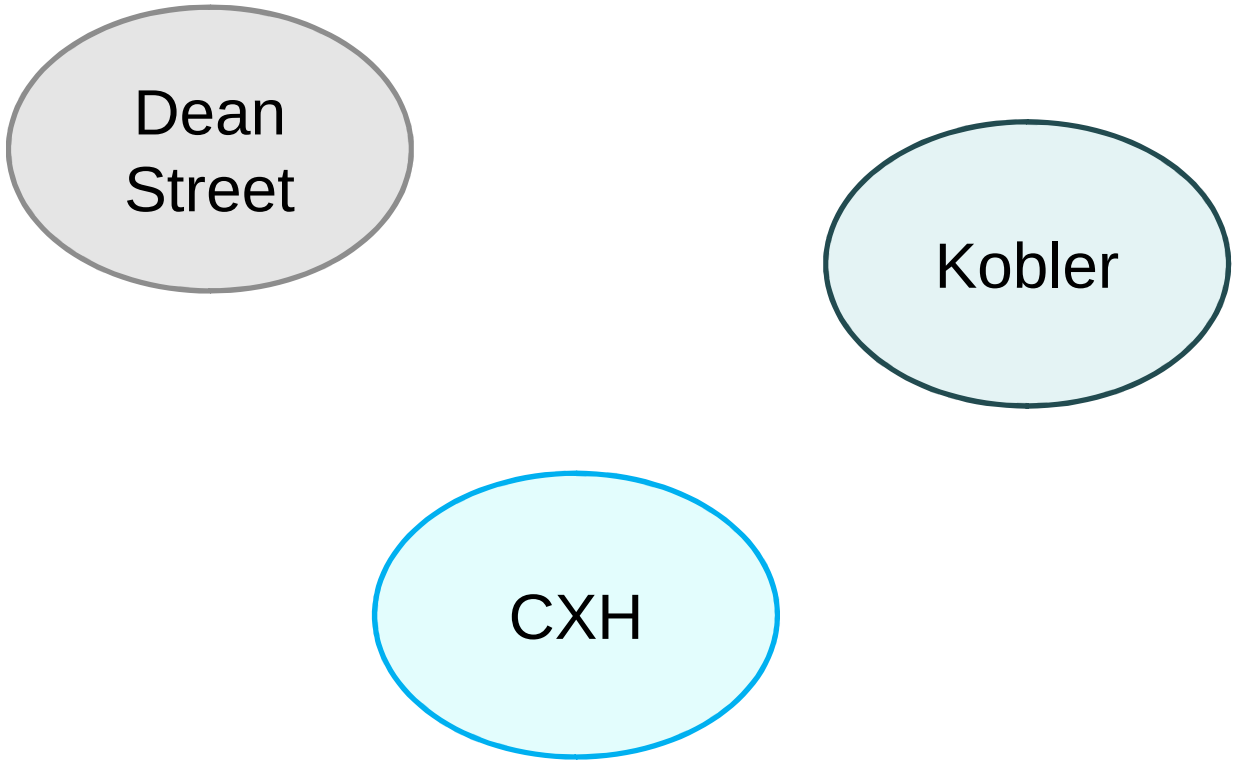
Figure 1: Incidence rates (IR) (per 1000 PYR, 95% confidence intervals) for severe neuro-cognitive disorders in HIV-infected patients (filled circles) and population controls (squares) by time periods; 1997-2000, 2001-2004 and 2005-2008.

François-Xavier Lescure et al. CID, 2011

Action research



Cluster randomisation



P.C.O.

“better” outcome

→

better adherence

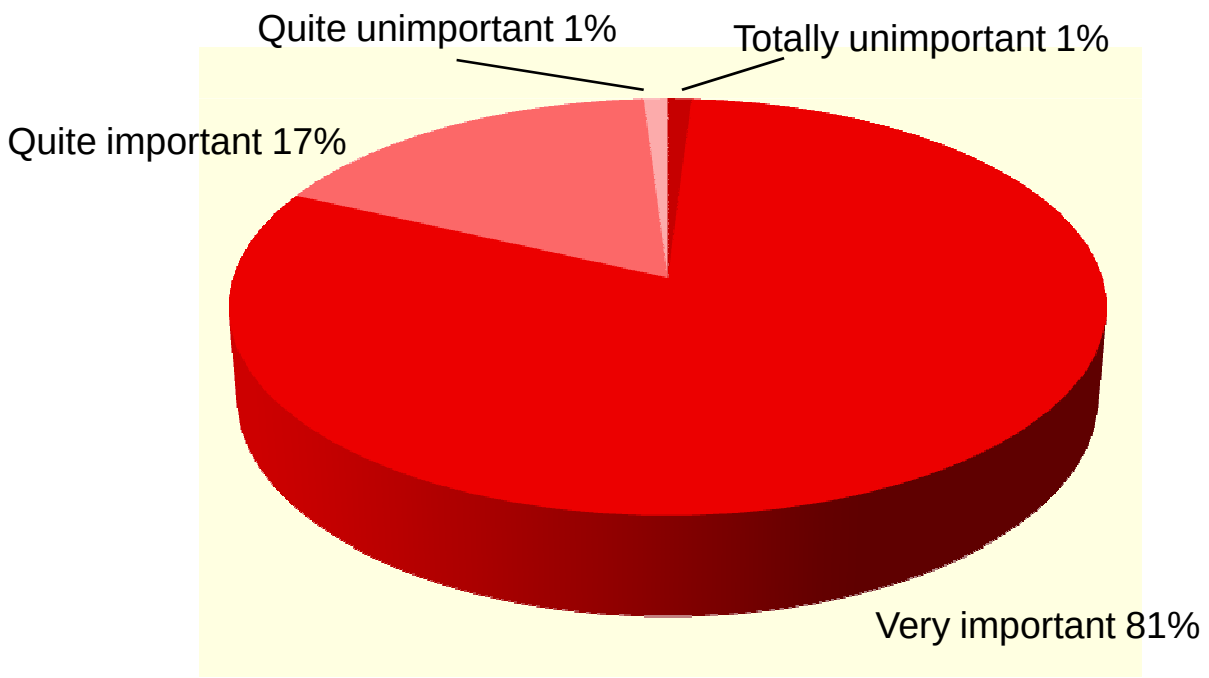
→

less expensive

→

Patient involvement in decision making

Patients were asked: how important is it for you to be involved in medical decisions?



Siegel CA; Gut 2012

Decision Aids

Paper based

Web based

Videos

} **outcomes:**

knowledge

satisfaction

impact on decisions

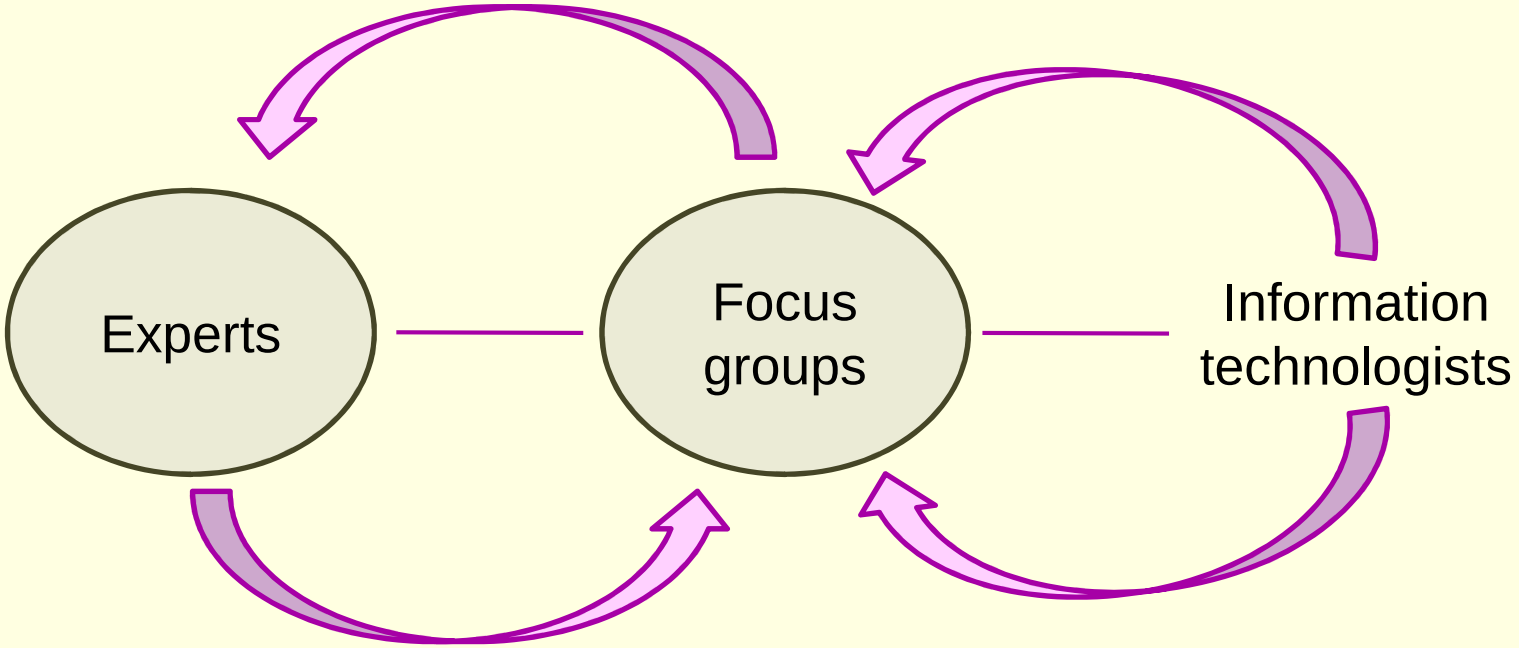
risk perception

“decision conflict”

Ottowa Decision Support Framework

International Patients Decision Aids Standards (IPDAS)

Making-a-decision Aid



Shared decision criteria

1. **Equipose**
2. **Not critical**
3. **Preference sensitive**

Rilpivirine v Efavirenz

Not preference sensitive

1. **Need ARV**
2. **Not in renal failure**
3. **Appropriate vaccination**

Preference sensitive

1. **Side effect profile**
2. **Adherence**
3. **Food requirements**

Patient Centred Outcomes Research

Patient-centered outcomes research (PCOR) helps people and their caregivers communicate and make informed health care decisions, allowing their voices to be heard in assessing the value of health care options. This research answers patient-centered questions such as:

1. "Given my personal characteristics, conditions and preferences, what should I expect will happen to me?"
2. "What are my options and what are the potential benefits and harms of those options?"
3. "What can I do to improve the outcomes that are most important to me?"
4. "How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?"

Complex predicting individual outcomes

System dynamic analysis

Input: **Age**

CD4 and slope

Viral load

BMI

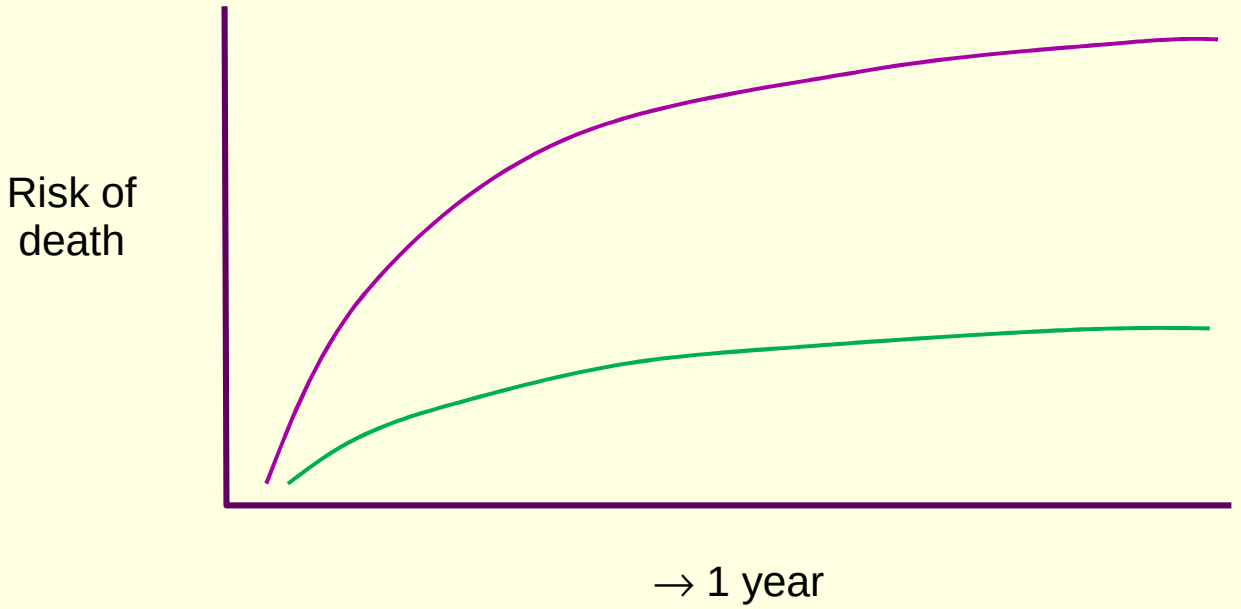
Anaemia

Smoking

Framlingham score

Frax score

Systemic dynamic analysis



Rationing

Resources are finite

Implicit rationing → unfair

Doctors have a duty of care to the patients they don't see

Waste avoidance

10% of health care costs are fraud

40% of healthcare costs are “waste”

National commissioning

- Patient centred
- Priority setting using economic evaluations

What do patients want ?

1. **? Local care $\leftrightarrow$ travel for best care**
2. **? Freedom from side affects more important than minor changes in efficacy**
3. **3 pills/day v cost (better health care provision)**
4. **Poorly adherent patients: continue to treat/ no treatment**
5. **5 mins every 6/52, 1/2 hr per year**