GILEAD EXCHANGE SCHOLARSHIPS in collaboration with BHIVA

Exchange scholarships to Brazil 2014

Report from Daniel Bradshaw

This was a very well organised and rewarding placement. I spent five days at the Hospital Escola de São Francisco de Assis in Praca Onze, which is part of the Universidade Federal do Rio de Janeiro. The placement was organised by Dr Ana Beatriz Sampaio, who was the Brazilian scholar. The centre was in fact a polyclinic rather than a hospital and was located in historic premises, which at that time were being restored to their original décor. Accommodation was provided in a studio flat in Copacabana. This was excellent: close to the Metro and around 40 minutes by subway from the clinic. The timetable was taken up observing the following clinical sessions: general HIV Clinics; HIV research clinic; HIV pharmacy; and the GUM clinic (nurse led).

General HIV clinics were interesting, particularly to see the antiretroviral combinations in common use. The ‘test and treat’ approach with respect to HIV had been adopted in Brazil with clear successes for getting a large proportion of HIV-positive individuals on treatment. Switches from failing or poorly tolerated first-line regimens were more challenging in the Brazilian setting. For example, requests to switch to darunavir/ritonavir needed to be vetted through a central committee. I noted the skill of the Brazilian physicians in choosing second-line regimens from more limited options, for example employing ritonavir to allow a lower dose of (more expensive) maraviroc.

The HIV research clinic was confined to the START study, which was the only study currently run at Praca Onze. The clinician I sat in with had a huge affinity for his patients and I learned the importance of a warm and relaxed attitude to encourage good health, being reminded that many patients dislike hospital visits and are motivated to attend by such a friendly approach.

The HIV pharmacist showed me a nationwide program used to record ARV prescribing. This could mean that a patient travelling to another city who had lost his/her supply could access an emergency supply through the local HIV pharmacist relatively speedily. This could usefully be introduced into the UK setting. I was also shown a PowerPoint presentation by my hosts describing the HIV epidemic in Brazil, with respect to its prevalence within specific groups, rates of late presentation and treatment uptake.

The city of Rio itself was a fantastic place to be based, with incredibly friendly locals (cariocas) speaking beautiful Portuguese, an amazing variety of tropical fruits and other delicious food, and its astonishing natural beauty.