Diagnosing and caring for HIV positive patients: a General Practice perspective

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BACKGROUND

- There is increasing focus on diagnosis and care of HIV positive (HIV+) patients in General Practice (GP).
- BHIVA[1] and NICE[2] guidelines state that patients with indicator conditions (ICs), or in high risk groups, should be offered an HIV test.
- When questioned in secondary care, between 65-77% of HIV positive patients recall seeing their GP in the year preceding diagnosis. 14-17% of these recall HIV testing being raised by their GP[3,4], suggesting there are missed opportunities for earlier diagnosis in GP.
- However, there is no data using GP case notes to assess opportunities for diagnosis, and little data looking at post-diagnosis care in GP.

OBJECTIVES

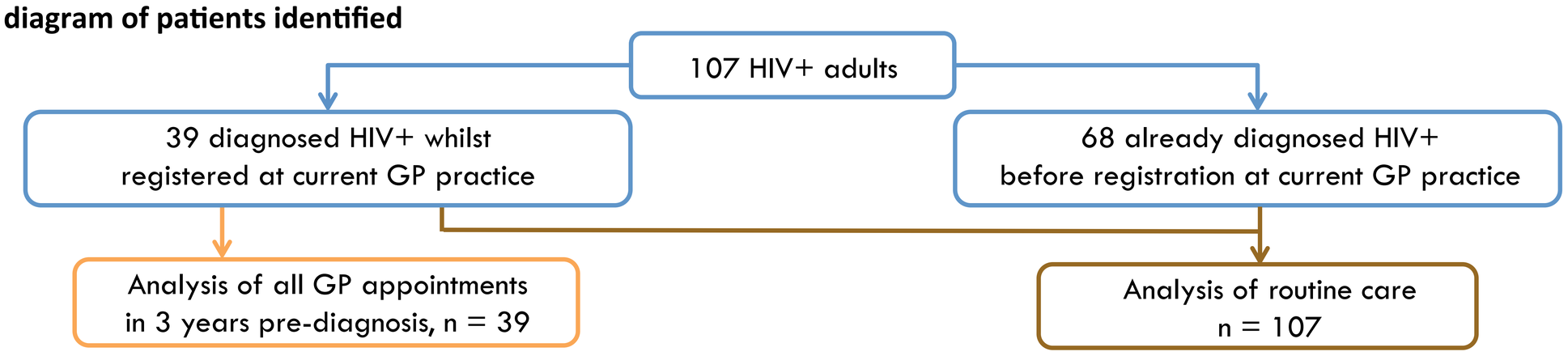
- Identify known HIV+ patients registered at participating GP practices.
- Analyse (missed) opportunities for early diagnosis in GP.
- Evaluate GP involvement in routine HIV care.

METHODS

- We performed a retrospective notes-based service evaluation in December 2011 in four inner London GP practices with a combined practice list size of 36,390 patients.
- Currently registered patients who had disclosed their HIV status and were ≥16 years old were identified on the EMIS® GP computer system using READ codes. Data from electronic and paper case notes were collected using a standardised proforma and analysed in Excel®.

RESULTS

Figure 1: Flow diagram of patients identified



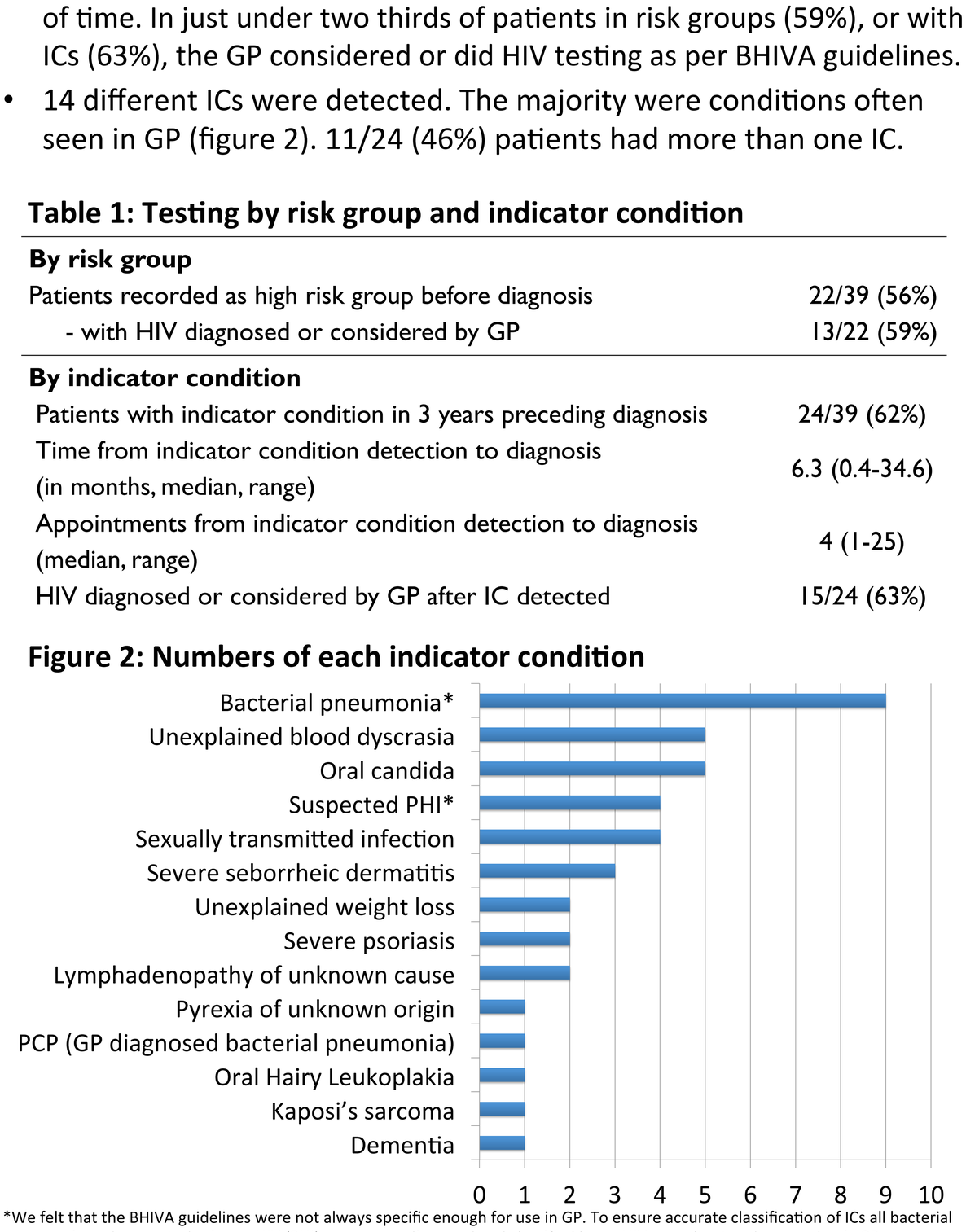
Diagnosis (n = 39)

- GPs diagnosed 10/39 (26%) patients and offered or considered HIV tests in another 8/39 (20%) who were subsequently diagnosed elsewhere. Therefore GPs diagnosed or considered HIV in 18/39 (46%) patients.
- 15/39 (38%) patients were diagnosed late (AIDS or CD4<350).
- Dates of diagnosis for all patients ranged from 1995 to 2011.
- As indicated in table 1, more than half of patients (56%) were known to be in high risk groups pre-diagnosis. Nearly two thirds (62%) presented with ICs in GP, often on several occasions and over a significant period of time. In just under two thirds of patients in risk groups (59%), or with ICs (63%), the GP considered or did HIV testing as per BHIVA guidelines.
- 14 different ICs were detected. The majority were conditions often seen in GP (figure 2). 11/24 (46%) patients had more than one IC.

Table 1: Testing by risk group and indicator condition

By risk group	
Patients recorded as high risk group before diagnosis	22/39 (56%)
- with HIV diagnosed or considered by GP	13/22 (59%)
By indicator condition	
Patients with indicator condition in 3 years preceding diagnosis	24/39 (62%)
Time from indicator condition detection to diagnosis (in months, median, range)	6.3 (0.4-34.6)
Appointments from indicator condition detection to diagnosis (median, range)	4 (1-25)
HIV diagnosed or considered by GP after IC detected	15/24 (63%)

Figure 2: Numbers of each indicator condition



*We felt that the BHIVA guidelines were not always specific enough for use in GP. To ensure accurate classification of ICs all bacterial pneumonia and suspected primary HIV (PHI) cases were discussed and classified by an HIV consultant and an academic GP.

Background data and routine care (n = 107)

- **Prevalence and demographics**: 107 HIV+ patients were identified, giving a prevalence of disclosed HIV of 2.9/1000. Median age was 43 (range 24-70), 78% were male and 15% were Black African. 50% were in a documented high risk group for HIV infection (27% MSM, 21% high prevalence country, 2% IVDU).
- **Routine care:** Patients were being cared for by 9 different HIV clinics. Less than three quarters (71%) had an HIV clinic letter sent to their GP last year. One third of patients on ARVs had these adequately recorded in GP notes. Less than half of those eligible had a record of influenza vaccination (47%) or cervical smear (46%) in the past year (table 2).

Table 2: Routine HIV care

Letter from HIV clinic within last year	76/107 (71%)
On ARVs	86/107 (80%)
ARVs formally recorded in GP notes	28/86 (33%)
Record of flu vaccine for winter 2010-11	50/107 (47%)
Flu vaccine done at GP practice	47/107 (44%)
Cervical smear recorded in past year	11/24 (46%)
Cervical smear done in GP practice	9/24 (38%)
Hypertension, diabetes or mental health care by GP in past year	35/107 (33%)

DISCUSSION AND CONCLUSIONS

1. **Diagnosis:** To our knowledge this is the first analysis of opportunities for earlier HIV diagnosis using GP case notes. Our finding that GPs considered or diagnosed HIV in 46% of patients compares favourably with previous studies[3,4], and is likely to be lower than the true value as GPs may not record all discussions of HIV testing. However, our data suggest there are further opportunities for earlier diagnosis of HIV by GPs, in both patients at high risk or presenting with ICs.
2. **Prevalence:** The prevalence of disclosed HIV in the study practices is significantly lower than the local HIV prevalence in SOPHID (2.9 and 5.9/1000 respectively[5]). Further work is needed to explore this discrepancy which is likely due to non-disclosure of HIV status to GPs, under-diagnosis and HIV positive patients not being registered in GP.
3. **Routine care:** Accurate recording of ARVs in GP must be improved to prevent drug interactions. Low rates of recorded influenza vaccination and cervical screening suggest that either they are not being done, or are done in secondary care without the GP being informed. Improving the above requires good communication between GPs and specialist care. Improving the frequency of letters from HIV clinics, which in our data is lower than CQUIN targets, will contribute to this.

References: 1. BHIVA. UK National Guidelines for HIV testing. 2008 (www.bhiva.org/HIVTesting2008.aspx) 2. NICE. Increasing the uptake of HIV testing among men who have sex with men. 2011 (www.nice.org.uk/nicemedia/live/13413/53675/53675.pdf) 3.Burns FM, et al.. Missed opportunities for earlier HIV diagnosis within primary and secondary healthcare settings in the UK. AIDS. 2008:22,115-22 4. Madge S, et al.. Access to medical care one year prior to diagnosis in 100 HIV-positive women. Fam Pract. 1997 Jun;14(3):255-7. 5. HPA. HIV epidemiology in London, 2009 data. 2011