Who is not on ART?!

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Background:
• 2015 BHIVA guidelines recommend that people with HIV start ART regardless of CD4 count, if they can commit to taking it.
• Early initiation acts as “treatment as prevention”, and reduces the relative risk of disease progression, as shown in HPTN-052 and START.
• NHS England only commission ART near CD4 of 350 and TasP at any CD4.
• In 2015, 96% of UK people diagnosed with HIV were receiving treatment, indicating widespread adoption of recommendations. What of the remaining 4%?

Aims:
• We sought to understand which of our patients were not receiving treatment, and why.

Methods:
• We searched our local HIV and AIDS Reporting System for patients who seen within our service from January to December 2016 who did not have recorded ART.
• We performed retrospective case note review to understand reasons patients were not receiving treatment.

Discussion:
• 3% of our cohort are not on ART. This is less than the 4% nationally.
• Slow-progression of HIV is a key factor influencing a decision not to initiate ART within our cohort.
• Within slow-progressors, reasons for not commencing therapy were often unclear within the notes.
• Severe psychological or social problems remain a small but important factor.
• The majority of patients not taking ART due to psychosocial problems were MSM.
• Reported side effects may mask underlying psychosocial problems; these may not have been clearly reflected in patient records.
• Interruptions to care were an important factor; these likely intersect with psychosocial problems.

Recommendations
• This single-centre study gives insight on why patients may not initiate ART which is generalizable to other UK centres.
• Clinicians should ensure they inform patients of benefits and risks of commencing treatment, and document such discussions clearly, even for those patients who are slow progressors.
• When patients transfer care, clinicians should endeavour to provide continuity of care by detailed handover, including the details of such discussions and decisions regarding treatment.
• The burden of psychological morbidity in patients not on treatment appears disproportionately affect MSM. Psychological services should aim to be inclusive of this population.

41 patients (3% of cohort) were reviewed in 2016, but not prescribed ART

15 of 41 patients not on ART had slow progression of HIV

11 of 41 patients not on ART had severe psychosocial problems

Other factors:
• Intolerable side effects were a factor in 8 cases.
• Interruptions to care were a factor in 10 cases.
• Other clinical considerations were a factor in 3 cases. These included opportunistic infections, and a recent MI.