

BHIVA 2022 highlights

Roger Pebody

Anticholinergic medications, falls and frailty

- ▶ For example codeine (pain), citalopram (depression, panic attacks), loperamide (diarrhoea), amitriptyline (pain, migraine), diazepam (anxiety, muscle spasms), cetirizine (allergies).
- ▶ 27% of people over 50 in POPPY on one of these, 9% on two or more
- ▶ Recurrent falls reported by 9%, 21% defined as frail
- ▶ Anticholinergics associated with falls (adjusted odds ratio 1.9), especially if more than two anticholinergics (adjusted odds ratio 3.6)
- ▶ Anticholinergics associated with frailty (adjusted odds ratio 1.7)
- ▶ Medicines review – consider deprescribing

Jessica Doctor, abstract O13

Talking about frailty

- ▶ People understood the word from other contexts but most had not thought about it in relation to HIV
- ▶ Described as a series of losses – can happen at any age
- ▶ Clinicians need to prepare patients and be sensitive to the impact of labelling people as ‘frail’
- ▶ Delay using the word, but don’t avoid it
- ▶ Focus discussion on next steps for care

Natalie St Clair-Sullivan, abstract O12

How many people have detectable HIV?

- ▶ Last UKHSA estimate for targets was 95-99-97
- ▶ i.e. 91% virally suppressed
- ▶ But many people have missing viral load data
- ▶ If look at figures another way in 2020:
 - ▶ Total 97,740 people living with HIV in England
 - ▶ 4660 (5%) undiagnosed
 - ▶ 290 (0.3%) diagnosed but never linked to care
 - ▶ 1190 (1.2%) not on treatment – haven't started yet, or long-term non-progressor
 - ▶ 1880 (1.9%) on treatment with viral load above 200 – recently started, or treatment failure
 - ▶ 6960 (7%) haven't attended care in last two years – *double the number in 2019*
 - ▶ 4820 (5%) have attended but no viral load test result

Veronique Martin / Alison Brown abstract O5

Causes of death

- ▶ 621 deaths recorded at two-thirds of the UK clinics, 2020
- ▶ Median age at death 56; three-quarters under 65
- ▶ Causes of death:
 - ▶ Non-AIDS infections: 154 (inc 123 COVID-19)
 - ▶ Non-AIDS cancers: 126
 - ▶ AIDS: 75
 - ▶ Cardiovascular: 67
 - ▶ Substance use: 36
 - ▶ Plus respiratory disease (19), suicide (14), liver disease (13) and accidents (4).
- ▶ Most people in care and on treatment
- ▶ But 55 (9%) died within a year of diagnosis

Sara Croxford, abstract O6

BHIVA audit on HIV-2

- ▶ 167 patients (of approx. 180) in the audit
- ▶ 46% at four London clinics, many others see less than 5 patients with HIV-2
- ▶ ART recommended for all although only 79% on ART: mostly darunavir, others on integrase inhibitors
- ▶ Limited treatment options and lack of RCT data
- ▶ Challenges dealing with resistance
- ▶ Need for a national multi-disciplinary team

Maya Tickell-Painter

Draft treatment guidelines

- ▶ First-line regimens recommended for most people
 - ▶ Dolutegravir + tenofovir + XTC (*Tivicay + Truvada* or *Tivicay + Descovy*)
 - ▶ Dolutegravir + abacavir + lamivudine (*Triumeq*)
 - ▶ Bictegravir + tenofovir + FTC (*Biktarvy*)
 - ▶ Dolutegravir + 3TC (*Dovato*)

John Walsh

Changes in treatment guidelines

- ▶ Privileges dolutegravir or bictegravir based regimens
- ▶ Boosted darunavir no longer preferred, but recommended in certain situations
- ▶ Raltegravir no longer preferred, but recommended in certain situations
- ▶ Doravirine added, only in certain situations
- ▶ Efavirenz-based regimens only recommended during pregnancy or TB co-infection
- ▶ Boosted atazanavir only recommended for second-line
- ▶ Boosted elvitegravir only recommended for second-line
- ▶ Rilpivirine only recommended for second-line
- ▶ Backbone: clarifies that lamivudine (3TC) is equivalent to emtricitabine (FTC)
- ▶ Backbone: abacavir only recommended with dolutegravir/lamivudine (Triumeq) or efavirenz

John Walsh

Draft treatment guidelines

- ▶ First line: dolutegravir/lamivudine (*Dovato*)
- ▶ Second line:
 - ▶ Dolutegravir/rilpivirine (*Juluca*)
 - ▶ Cabotegravir/rilpivirine (injectable, *Vocabria/Rekambys*)
 - ▶ Boosted darunavir/lamivudine
- ▶ New issues
 - ▶ Clearer recommendations for switching if virologically suppressed
 - ▶ Immediate treatment after diagnosis?
 - ▶ ART for transgender people
 - ▶ HIV controllers

John Walsh

Thank you