

## IMPORTANT LAB VALUES:

### CD4 COUNT: T- 4 LYMPHOCYTES

**Normal CD4 count:** 400 - 2000 cells/mm<sup>3</sup> (per lab standard) - Indicates progression of HIV infection and degree of immune suppression

- **Usually Asymptomatic:** 500-600
- **May be Symptomatic:** 200 - 499
- **AIDS:** <200

### VIRAL LOAD HIV RNA

Indicates level / rate of viral replication and the effectiveness of ART

- An increasing viral load indicates a faster progression of HIV disease and a decrease in the long term prognosis
- An **undetectable viral load** (< 20-50 copies/mL; indicates a success of ART and will decrease HIV transmission and disease progression

### NEUTROPHIL COUNT

Important indicator of oral infection risk

**Normal neutrophil count:** 1,800 -7,000 cells/mm<sup>3</sup>

**Severe neutropenia < 1000 cells/mm<sup>3</sup>**

THIS REQUIRES MEDICAL CONSULTATION AND PREMEDICATION WITH ANTIMICROBIAL PROPHYLAXIS

Amoxicillin at one dose of 2 g / 30 to 60 minutes before the procedure. If allergic may receive cephalexin, 2 g; clindamycin, 600 mg; azithromycin or clarithromycin, 500 mg, one dose 30 to 60 minutes before procedure

### PLATELET COUNT

Normal platelet count: 150 - 400 x 10<sup>3</sup> cells/mm<sup>3</sup>

>60,000: Routine dental care can be provided simple extractions / scaling and root planning

## POINTS TO REMEMBER FOR PATIENTS LIVING WITH HIV IN THE ERA OF ART

- Dental treatment is the same for all patients including those living with HIV
- The CD4 count and viral load are not indicators to withhold dental treatment
- Universal Precautions should be used for all patients
- Routine antibiotic prophylaxis is only based on the neutrophil count (or medical provider recommendation)
- The best treatment for oral manifestations of HIV is effective ART including viral suppression
- Maintain open communication with the patient and medical providers
- Listen

**WHEN IN DOUBT GET A MEDICAL/DENTAL CONSULT**

## USEFUL RESOURCES

<https://www.hiv-druginteractions.org>  
(Evaluation of drug interactions)

<https://www.hiv.gov/topics/aids2016>  
(Comprehensive HIV information)

[https://c.ymcdn.com/sites/www.mpca.net/resource/resmgr/oral\\_health](https://c.ymcdn.com/sites/www.mpca.net/resource/resmgr/oral_health)  
(Mountain Plains AETC Oral Health)

[www.hivdent.org](http://www.hivdent.org)  
(Comprehensive HIV oral health information)

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## RESOURCE GUIDE FOR ORAL HEALTH PROFESSIONALS



## ORAL HEALTH MEDICAL/ DENTAL CONSIDERATIONS FOR PATIENTS LIVING WITH HIV ON ANTIRETROVIRAL THERAPY

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# INTRODUCTION

According to DHHS guidelines, Antiretroviral therapy (ART) is recommended for all individuals with HIV regardless of CD4 T lymphocyte cell count, to reduce the mortality and morbidity associated with HIV infection and to prevent HIV transmission.<sup>1</sup> Increased efficacy and tolerability of ART has led to a gradual increase in the number of patients on ART with an increase in the number of patients that are adherent to ART and virally suppressed. This guide aims to assist health professionals in evaluating medical and dental considerations for treating patients with HIV in the era of ART. Oral health professionals play a critical role in both evaluation of oral lesions, as well as monitoring health outcomes and ART adherence.

1. <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/10/initiation-of-antiretroviral-therapy>

## 1

### IMPORTANT FACTS:

- 90% of PLWHA (people living with HIV and AIDS) have at least one chronic oral condition
- 32-46 percent of PLWHA will have at least one major HIV-related oral health problem
- 58-68 percent PLWHA do not receive regular oral health care

[http://hab.hrsa.gov/about/hab/files/oral\\_health\\_fact\\_sheet.pdf](http://hab.hrsa.gov/about/hab/files/oral_health_fact_sheet.pdf)



## 2

### IMPORTANT MEDICAL CONSIDERATIONS:

- Take an accurate medical/dental history including all prescription and over the counter drugs and update at each visit. Carefully consider drug/drug interactions
- Communicate regularly with all health providers including case managers and mental health providers and obtain regular lab test results.

## 3

### IMPORTANT DENTAL CONSIDERATIONS:

- Complete a thorough Intra/extra oral examination at each visit
- Refer to oral medicine specialist for any suspicious oral lesions or oral lesions that do not resolve with or without treatment in two weeks
- Follow **UNIVERSAL PRECAUTIONS** for all patients

## TREATMENT RECOMMENDATIONS FOR COMMON ORAL MANIFESTATIONS FOR PATIENT ON ART

### XEROSTOMIA AND DENTAL CARIES:

- Increase water intake, OTC and/or prescription fluoride products
- Nutritional/Tobacco counseling
- Evaluation and referral for treatment of alcohol and illegal drug use
- Salivary stimulants such a sugarless gum or candies
- Oral cavity moisturizing products (Biotene)
- Pilocarpine 5mg 4x daily (obtain clearance from medical provider)
- Oral hygiene instructions and regular dental maintenance treatment intervals

### PERIODONTAL DISEASE

- Regular periodontal evaluations (complete perio exam yearly) and appropriate treatment intervals
- Acute periodontal infections should be treated with Amoxicillin 250mg 3 x/day with Metronidazole 250mg 3X/day x 5-7days
- Antimicrobial rinses (0.12% Chlorhexidine) 15cc twice daily for 14days and antifungal therapy if there is an overlying candidiasis infection

### ORAL HPV

- Biopsy and surgical removal
- HPV Positive Cancer- chemotherapy or radiation therapy or surgery followed by radiation therapy with or without the addition of chemotherapy

### SIGNIFICANCE OF ORAL LESIONS

- First sign of clinical disease\*
- Signify disease progression\*
- Signify possible ART failure\*

\* Should immediately be referred for dental/medical evaluation

## IN THE ERA OF ART CHANGES IN ORAL MANIFESTATIONS

### Decreasing:

- Candidiasis
- Necrotizing Gingivitis
- Kaposi's Sarcoma
- Oral Hairy Leukoplakia



### Increasing:

- Xerostomia
- Dental Decay
- Periodontal Disease
- Oral HPV