Health Maintenance

- **All sex and age appropriate**
- **STD screening**
- **Pap smears every 6 - 12 months**
- **Dexa scan(all post-menopausal women and men over age 50)**
- **Vaccinations**
  - No live attenuated virus vaccines
  - Pneumovax (every 5 years)
  - Annual flu shot
  - Annual PPD
  - Hepatitis A & B
  - Tdap (every 10 years)

Follow Up

- **Start or change ARV?**
  - 6 weeks
- **Stable or increasing CD4, undetectable VL**
  - 3 - 6 months
- **Consider other co-morbidities or co-infections**

Basic Checklist

- ❍ Does the patient have a CD4 value in the last 2 weeks?
- ❍ Does the patient have a VL value in the last 2 weeks?
- ❍ Is the patient's VL suppressed?
- ❍ Did you evaluate adherence?
- ❍ Did you check all medications?
- ❍ Does the patient have funding for medications?
- ❍ Does the patient have an appointment for follow up labs?
- ❍ Does the patient have a follow up appointment within 2 weeks from lab appointment?
- ❍ Does the patient need referrals or support services?

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*brochure adapted from draft of 'Starting in the Middle'

Texas/Oklahoma AIDS Education & Training Center

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Texas/Oklahoma AIDS Education & Training Center

Twelve Tips

12 considerations for providing timely HIV/AIDS care

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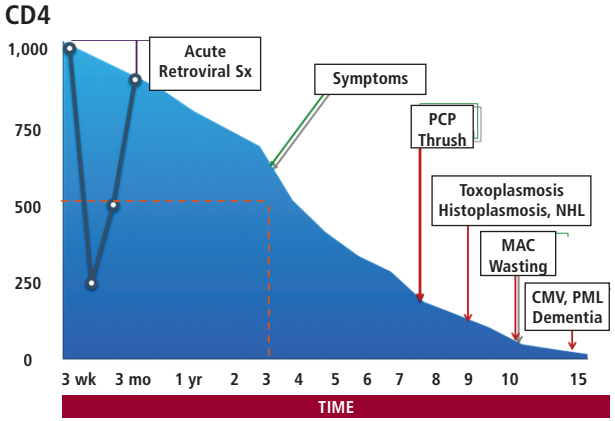
Natural History of HIV Infection



HIV or AIDS

- CD4<200 is AIDS
- If CD4<200, needs PCP prophylaxis
- If CD4<50, needs PCP, Toxoplasma and MAC prophylaxis

When to Start HAART?

HAART is ***recommended for all.***

Strongly recommended if:

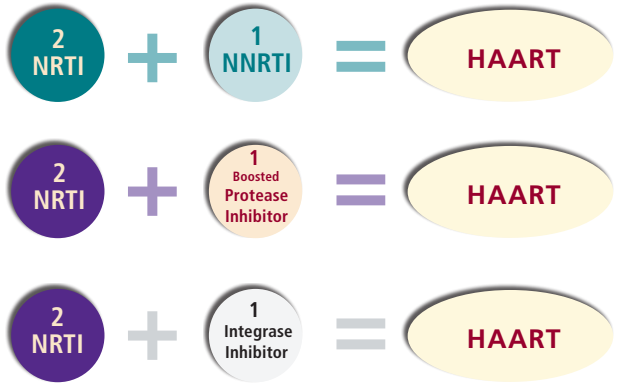
- CD4<500
- Pregnant
- History of OI
- HIVAN
- HIV/Hepatitis B coinfection
- Age >50 years

Comorbidities to Watch For

- **GERD and PUD: Adjust treatment if on ATZ or RPV**
- **Dyslipidemia: All Protease Inhibitors**
- **Diabetes: Common, maybe aggravated on HAART**
- **Risk for bone disease: High in HIV, Tenofovir**
- **Cardiovascular disease: Increased with HAART, worse with treatment interruptions**

Start ARV

A minimum of 3 active agents



Class	Preferred	Alternative	Acceptable
NRTI	TDF / FTC	ABC / 3TC	ZDV / 3TC
NNRTI	EFV	RPV	NVP (if CD4<250)
PI	ATV / RTV DRV / RTV	FPV / RTV LPV / RTV	SQV / RTV
II	RAG		
CCR5 Inhibitor			Maraviroc

- **Preferred regimen for pregnancy: AZT/3TC + (LPV/RTV or ATZ/RTV)**
- **Check HLA B5701 if considering ABC use**

Contraindications

- **ddI + d4T** **ddI + TDF** **ddI + AZT**
- **Unboosted PIs**
- **Mono or dual therapy**
- **Triple NRTI except for ABC / ZDV / 3TC**

Monitoring Labs

Test	4 Weeks	3-6 Months	12 Months	Rx Failure
CD4	☑	☑	☑	☑
VL	☑	☑	☑	☑
LFTs	☑	☑		
Basic Chem	☑	☑	☑	
UA	☑	☑	☑	
Lipids		☑	☑	
Glucose		☑	☑	
Genotype	Prior to Initiation ☑			☑
CBC	☑	☑	☑	☑

Viral Load Suppressed?

YES	NO
• **Continue same** • **Check for toxicities** · Liver · Kidney · Metabolic • **Check for PK interaction** • **Female? Reproductive Capacity** • **Stress adherence**	• Very low vl but detectable = blip - DO NOT change HAART • High vl - it's ok IF decreasing over 6 month since initiation Check adherence (self report, pill count, medication refill history) • **If >80% adherence - check genotype** • **If non-adherent - assess for: Med side effects, funding, too many pills, drug abuse, psyco-social issues**

Drug-Drug Interations

- ATV / RPV with H2B / PPI
- Anti-TB meds
- PIs with statins
- Antifungals
- Anticonvulsants
- Psychotropic meds
- Erectile Dysfunction meds
- OTC meds

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