

Primary care key to management of patients with HIV infection

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The HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) has updated its HIV care guidelines to reflect the fact that people with HIV are now living normal life spans, and their physicians need to focus on preventive care, including screening for high cholesterol, diabetes and osteoporosis.

"In many HIV practices now, 80 percent of [patients](#) with HIV [infection](#) have the virus under control and live long, full lives. This means that HIV specialists need to provide the full spectrum of primary care to these patients, and primary care physicians need a better grasp of the impact HIV care has on routine healthcare," said Judith A. Aberg, MD, lead author of the guidelines and director of the Division of Infectious Diseases and Immunology at the New York University School of Medicine. "Doctors need to tell their HIV-infected patients, 'Your HIV disease is controlled and we need to think about the rest of you.' As with primary care in general, it's about prevention."

"Primary Care Guidelines for the Management of Persons Infected with Human Immunodeficiency Virus," an update on HIVMA's 2009 guidelines, will appear in print in January in *Clinical Infectious Diseases*. Reflecting changes in the HIV landscape, the guidelines note patients whose HIV is under control should have their blood monitored for levels of the virus every six to 12 months, rather than every three to four months as previously recommended.

People with HIV are at increased risk for common health conditions,

such as high cholesterol and triglycerides, due to the infection itself, ART or traditional risk factors such as smoking and eating unhealthy foods, and doctors must be vigilant about monitoring those levels.

The guidelines include new recommendations for screening for diabetes, osteoporosis and colon cancer, and suggest patients with HIV infection should be vaccinated against pneumococcal infection, influenza, varicella and hepatitis A and B. A table outlining interactions between specific antiretrovirals and statins (the medications commonly used for lipid management) is also included. There also is a more robust section on sexually transmitted diseases, including a recommendation for annual screening of trichomoniasis in women and yearly screening for gonorrhea and chlamydia for all who may be at risk.

The guidelines authors note that doctors should consistently discuss and counsel patients on their sexual history (current and past) and any risky behaviors, such as the use of illicit drugs, in a nonjudgmental manner and determine how patients are coping with living with HIV infection and if they have a sufficient support network.

HIV-infected patients typically are seen by an HIV specialist or a [primary care physician](#). HIV specialists need to be familiar with primary care issues, and primary care physicians need to be familiar with HIV care recommendations and these guidelines are designed to bridge both gaps, said Dr. Aberg.

"Patients whose HIV is under control might feel they don't need to see a doctor regularly, but adherence is about more than just taking ART regularly; it's also about receiving regular [primary care](#)," she said. "These [guidelines](#) are designed to help ensure patients with HIV infection live long and healthy lives."

Nearly 1.2 million Americans are living with HIV and approximately

50,000 people are infected each year, according to the Centers for Disease Control and Prevention.

Provided by Infectious Diseases Society of America

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