

THE EFFECT OF AN HIV PHARMACIST ON CARDIOVASCULAR RISK ASSESSMENT IN A REGIONAL HIV CLINIC: A COHORT STUDY

Authors:

Kebire O¹, Mackie K^{1,2}, Wade A^{1,3}.

1. Barwon Health, Geelong, Australia; 2. Alfred Health, Melbourne, Australia; 3. Burnet Institute, Melbourne, Australia.

Background: An HIV pharmacist joined the multidisciplinary team at a regional HIV outpatient clinic performing medication reviews, antiretroviral and comedications management, smoking cessation service and co-morbidity prevention measures for people living with HIV (PLHIV). This study assessed the adherence to cardiovascular disease (CVD) screening/monitoring guidelines before and after the introduction of the HIV pharmacist.

Methods: This retrospective study included PLHIV ≥ 40 years attending the clinic for HIV care (defined as ≥ 2 visits over 2-year study period). Baseline demographic data were collected and for PLHIV *without* established CVD, compliance to annual CVD risk screening (using Australian CVD risk calculator) were assessed: documented CVD risk calculation, blood pressure (BP), lipids (total cholesterol AND high-density lipids), diabetes and smoking status. Adherence was assessed during two 1-year study periods, "Pre" and "Post" commencement of HIV pharmacist in clinic, April 2019.

Results: Of the 73 clinic PLHIV (mean age 47.7 years), 37 were ≥ 40 years (89.2% male) and 28 did not have established CVD.

For all PLHIV ≥ 40 years ($n=37$), lipids (any) were measured in 79.1% vs 86.1% ($p = 0.782$), BP was measured in 75.0% vs 72.2% ($p = 0.782$), for Pre and Post pharmacist commencing respectively. For those *without* established CVD ($n=28$), a CVD risk calculation was documented for 8.3% PLHIV in Pre vs 25.9% in Post ($p = 0.113$, IRR = 3.11 (CI 95%, 0.766 – 12.64)). There was no statistically significant differences seen in BP, lipids, smoking and diabetes status documentation.

Conclusion: While there was a trend towards improvement of documentation of CVD risk screening in PLHIV by the clinic, lack of annual BP and full lipid panel are common downfalls (lack of onsite pathology, patient and clinician factors all at play). The pharmacist role in meeting comorbidity screening and monitoring guidelines is just one component of medication management in aging PLHIV in ambulatory care.

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