



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Care of the Newly Diagnosed Patient

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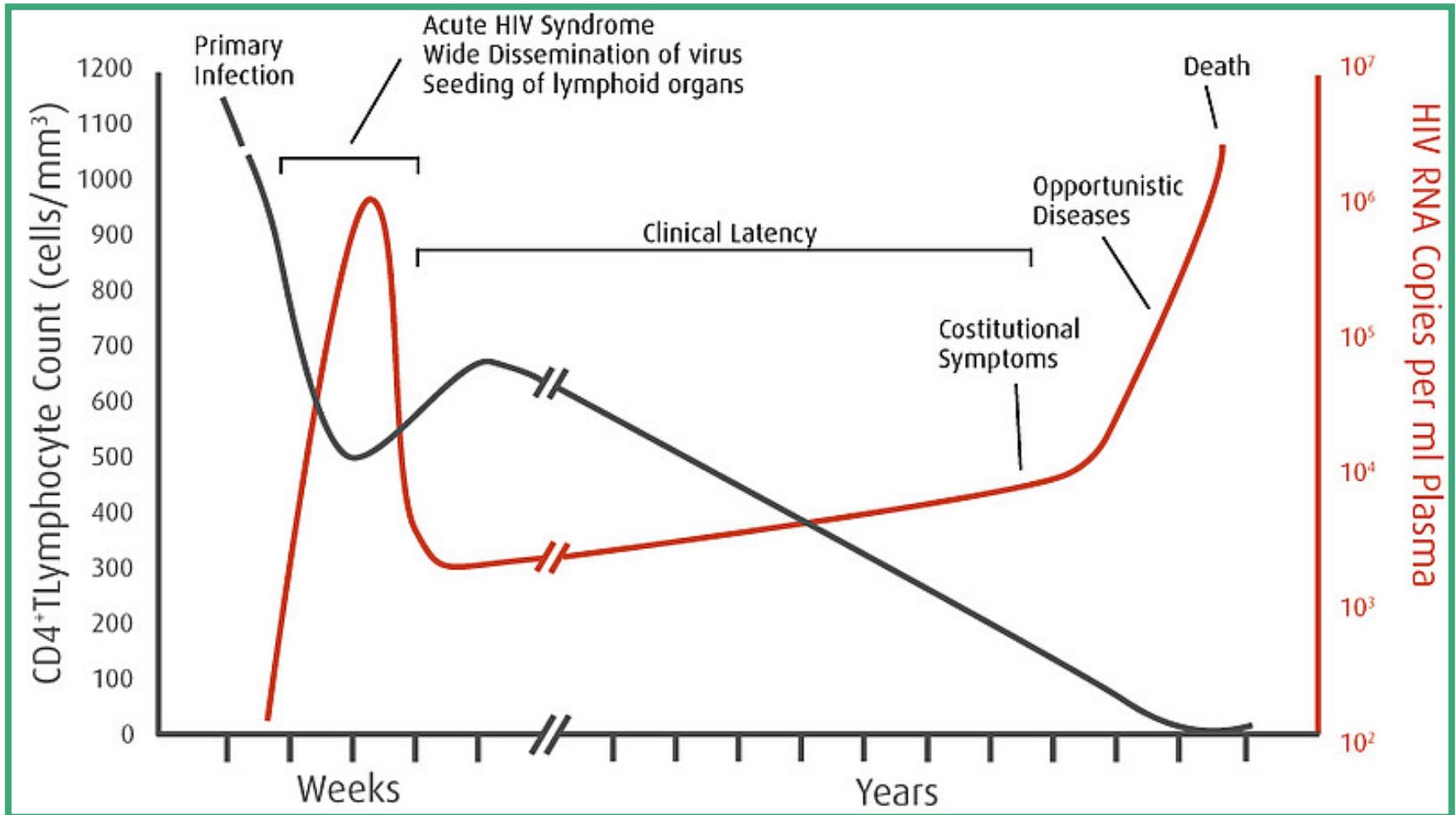
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The Newly Diagnosed Patient: The First Visit

What happens ...

- Discuss natural history of HIV
- Stage disease
- Prescribe prophylaxis
- Obtain appropriate labs
- Discuss indications for treatment
- Risk assessment and risk reduction counseling
- Assess coping/support/offer referrals

Natural History of HIV



Staging Disease

Stage	Laboratory Evidence	Clinical Evidence
Stage 1	Laboratory Confirmation of HIV <i>and</i> CD4 ≥ 500 cells/mm ³ or $\geq 29\%$	No AIDS-defining condition
Stage 2	Laboratory Confirmation of HIV <i>and</i> CD4 200-499 cells/mm ³ or < 14-28%	No AIDS-defining condition
Stage 3	Laboratory Confirmation of HIV <i>and</i> CD4 < 200 cells/mm ³ or < 14%	<i>or</i> Documentation of AIDS-defining condition
Stage Unknown	Laboratory Confirmation of HIV <i>and</i> no information on CD4 count or %	<i>and</i> No information on presence of AIDS-defining conditions

Prevention of Opportunistic Infections

Disease	Major Indication	Prophylaxis
<i>Pneumocystis pneumonia</i>	CD4 < 200 cells/mm ³ or Oropharyngeal candidiasis	Trimethoprim-sulfamethoxazole (Bactrim, Septra)
<i>Toxoplasma encephalitis</i>	CD4 < 100 cells/mm ³ and Toxoplasma IgG positive	Trimethoprim-sulfamethoxazole (Bactrim, Septra)
Disseminated <i>Mycobacterium avium</i> complex	CD4 < 50 cells/mm ³	Azithromycin

Labs

- CD4 count, HIV VL
- Genotype resistance assay
- IGRA or PPD
- Baseline CMP, CBC
- Hepatitis serologies
- Urine analysis
- Lipid panel
- (Toxo IgG, G6PD, HLA B*5701)

Indications for Treatment

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

January 10, 2011

Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents – A Working Group of the Office of AIDS Research Advisory Council (OARAC)

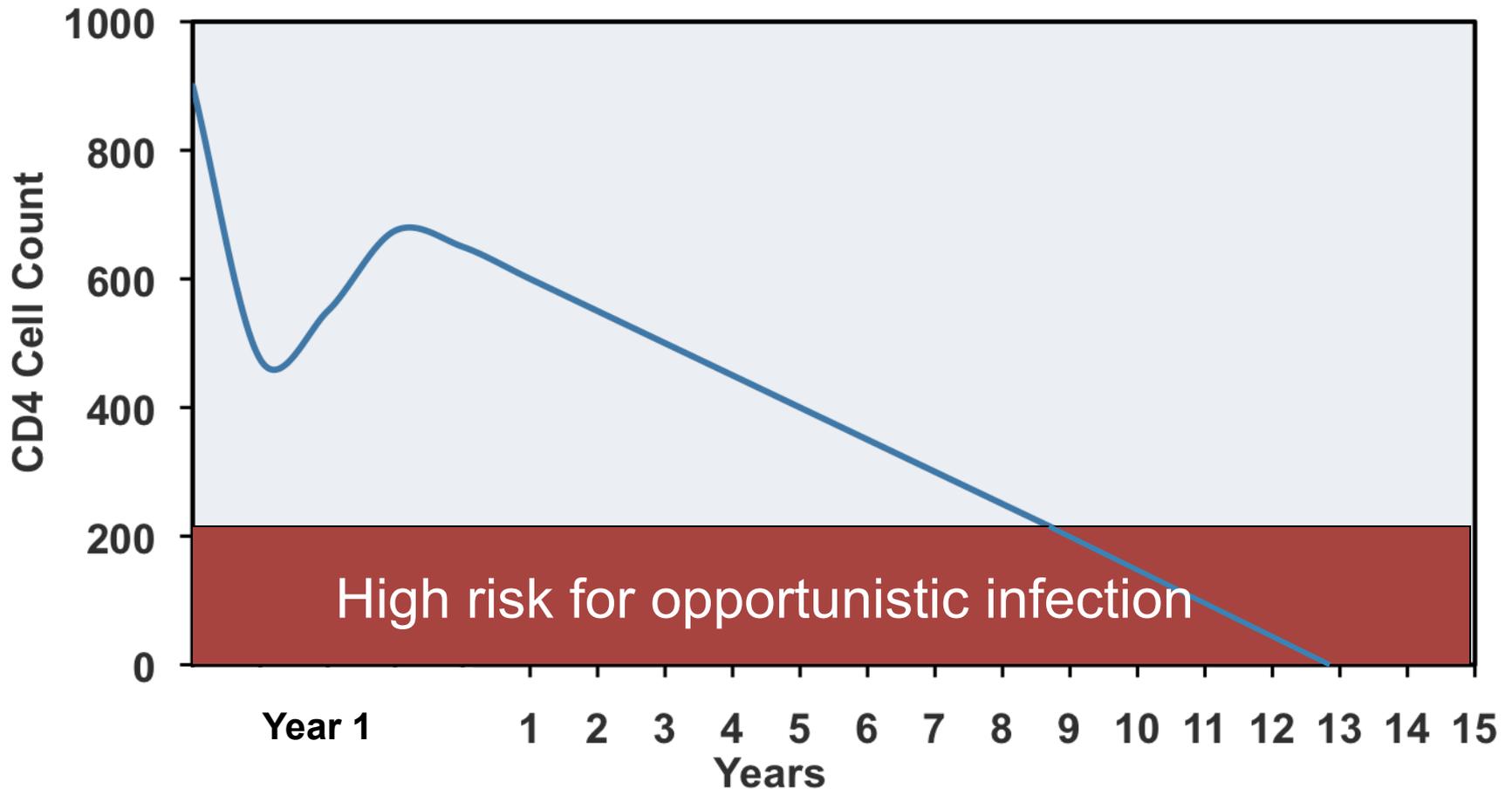


How to Cite the Adult and Adolescent Guidelines:

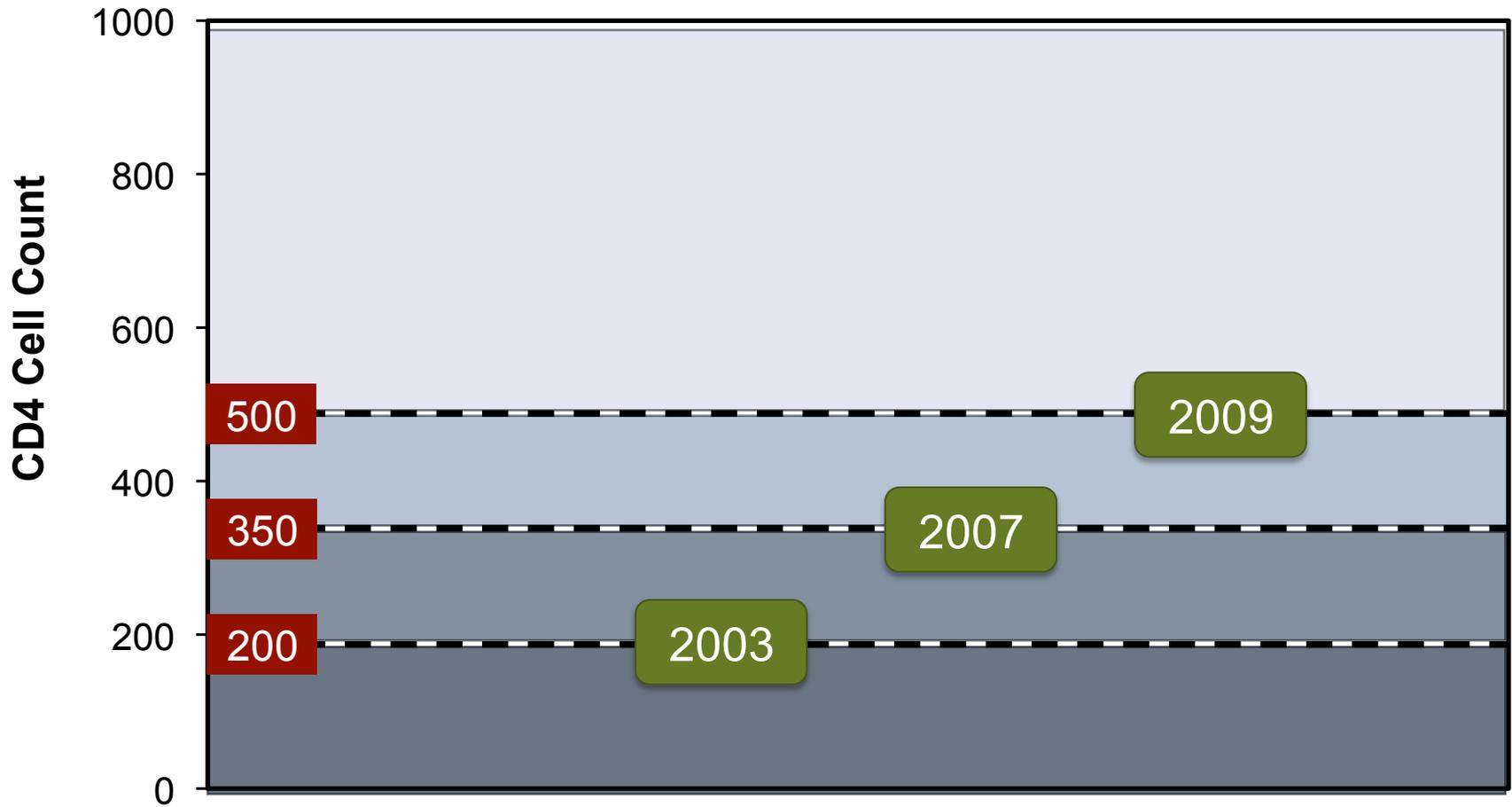
Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed [insert date] [insert page number, table number, etc. if applicable]

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the *AIDSinfo* Web site (<http://aidsinfo.nih.gov>).

CD4 Cell Progression (without Antiretroviral Therapy)



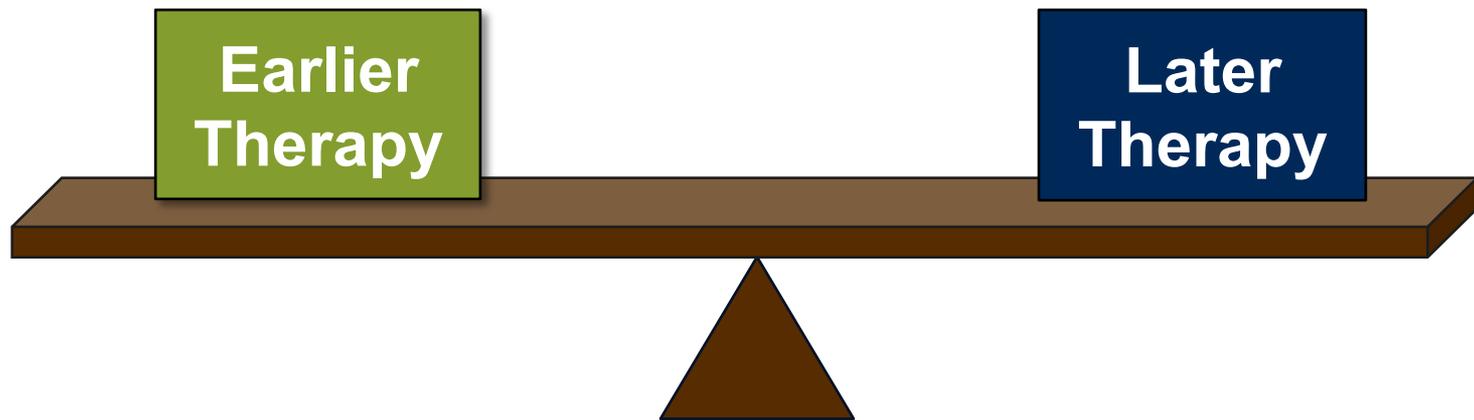
Change in CD4 Threshold in DHHS Guidelines



Goals of Treatment

- Suppress plasma HIV viral load
- Reduce HIV-associated morbidity
- Prolong survival
- Improve quality of life
- Restore and preserve immune function
- Prevent transmission

January 2011 DHHS Antiretroviral Therapy Guidelines Initiating Therapy in Treatment-Naïve Patients

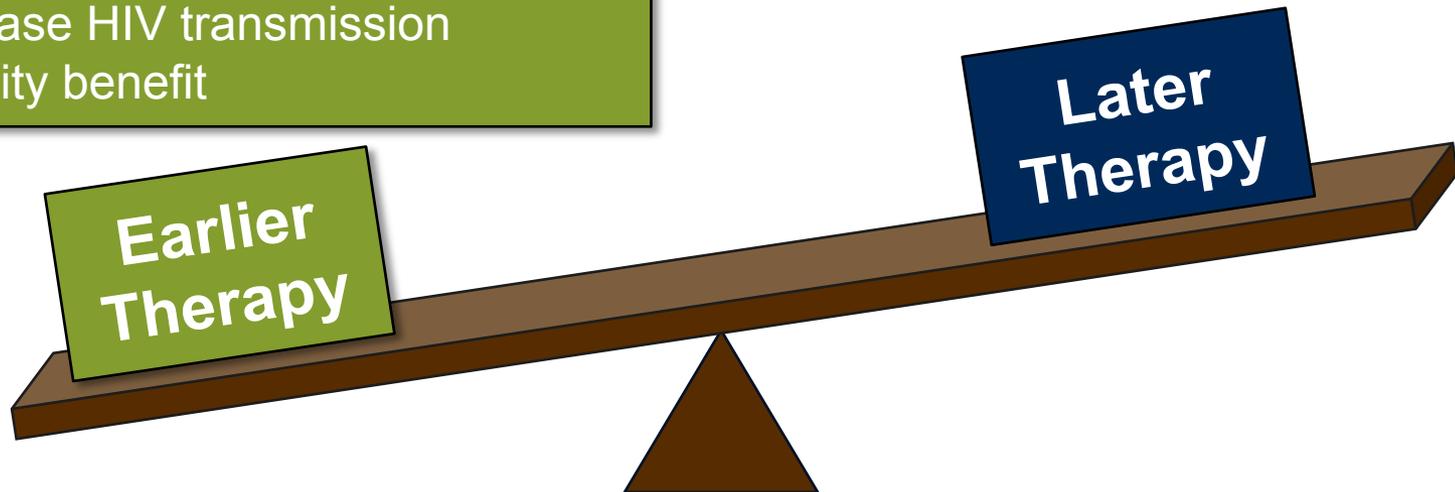


DHHS Antiretroviral Therapy Guidelines: January 2011

Factors Affecting Decision on When to Initiate Therapy

- More effective regimens
- More convenient regimens
- Better tolerated therapy
- Less long-term toxicity
- Better immune recovery
- Lower rates of resistance
- More treatment options
- Concerns for uncontrolled viremia
- Decrease HIV transmission
- Mortality benefit

- Lack of RCT data supporting early Rx
- Potential drug toxicity
- Drug and monitoring cost
- Potential negative impact on QOL



Indications for Treatment

Measure	Antiretroviral Therapy Recommendation
Specific Conditions	
Symptomatic HIV Disease	Antiretroviral Therapy Recommended Regardless of CD4 cell Count
Pregnant women	
HIV-1 RNA > 100,000 copies/ml	
Rapid decline in CD4 count, > 100/ μ l per year	
Active HBV or HCV coinfection	
Active or high risk for cardiovascular disease	
HIV-associated nephropathy	
Symptomatic primary HIV infection	
High risk for secondary HIV transmission	
Asymptomatic	
CD4 cell count < 350/ μ l	Recommended
CD4 count 350-500/ μ l	Recommended
CD4 count >500/ μ l	Consider

Risk Reduction

- Mental health screening
- Substance abuse screening
- Discuss sexual risk behavior

Offer and/or refer for appropriate support

Newly Diagnosed Patient

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