

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/managing-co-occurring-conditions-in-hiv-patients-an-update-from-anac-2023/16179/>

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Managing Co-Occurring Conditions in HIV Patients: An Update from ANAC 2023

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll discuss management strategies for co-occurring conditions in patients with HIV with Dr. Jeffrey Kwong. Dr. Kwong is a Professor in the Division of Advanced Nursing Practice at Rutgers University School of Nursing and a Practicing Clinician at Gotham Medical Group in NYC. He also presented a session on this topic at the 2023 Association of Nurses in AIDS Care Conference. Let's hear from him now.

Dr. Kwong:

My session at ANAC 2023 is focused on co-occurring conditions in persons with HIV. As the population of persons living with HIV continues to increase, we're seeing greater prevalence of other co-occurring chronic conditions, such as cardiovascular disease, diabetes, other metabolic issues, as well as liver disease and kidney disease. And all of this needs to really be managed within the context of HIV. And as the cure gets more complex, it's really important that clinicians be aware of how to manage and take into account these other conditions when planning care for patients.

So some of the common challenges that often occur is the lack of evidence-based guidelines to really truly guide and manage care. We know that we have guidelines for diabetes care. We have management guidelines for lipid management, for kidney management, and for management of obesity and liver disease. However, most of these guidelines have been developed in the context of persons living without HIV or in single disease states. And when we manage and see patients who are sitting in front of us in our clinic, we know that many of these conditions interact, overlap, and have a symbiotic relationship with one another.

One of the recent trials that was just published was the REPRIEVE trial, which looked at the use of statin therapy in individuals with HIV, who would traditionally be considered lower risk for ASCVD and would not necessarily meet the current criteria for starting statins. And so this is just one example of how the guidelines that we have that are based on sort of general population-based cohort data doesn't necessarily reflect the special nuances and the impact of these other chronic diseases in persons with HIV. And so although they have not yet revised the ASCVD guidelines on lipid management in persons with HIV, I anticipate that there will be some changes along the way. And this is just one disease state, right? There are many other disease states where although we have some information, I think really the future is trying to understand how HIV in the long term can impact all of these other diseases and really thinking about the need to reconsider guidelines or develop guidelines, specifically on management of persons with HIV and multiple chronic conditions.

So I think the most important take home points that I want clinicians to come away with or be aware of is really to A: recognize that as our patient population is aging and we are seeing more co-occurring chronic conditions, it's important to screen for complications or screen for early detection of some of these other complications that may occur and to also really focus on some of the non-pharmacologic interventions that oftentimes I think gets pushed aside. If you look throughout all of the themes and the diseases and the conditions that I talked about, one of the key take home points is the importance of both nutrition, exercise, physical activity, and weight management.

And so as clinicians, nurses, and primary care providers, I think one of the things that we can do for our patients is to really look at and focus on primary and secondary prevention. Encourage individuals who may be using nicotine or tobacco to help minimize or provide cessation interventions for them. Because as we all know, tobacco and nicotine use can impact cardiovascular diabetes and renal malignancies. All of those conditions can be modified and the overall risk can be reduced. So really focusing on some of those other conditions and some of those other interventions are just important to really help our patients improve their quality of life and help them age successfully into older adulthood.

So I know a lot of this information can be overwhelming and individuals may not have a lot of other resources, but I just want to share with folks who are listening that there are different resources available to help provide clinical consultation or references, including the National Clinician Consultation Line at UCSF as well as the HIV Nexus website sponsored by the CDC, that's H-I-V-N-E-X-U-S. And they have information on clinical treatment management as well as prevention screening that might be helpful for individuals who might need some additional information. So I encourage people to visit one of those two sites if they need additional help or guidance.

Announcer:

That was Dr. Jeffrey Kwong talking about his presentation at the 2023 Association of Nurses in AIDS Care Conference that focused on managing co-occurring conditions in patients with HIV. To access this and other episodes in this series, visit *Clinician's Roundtable* at ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!