MEDICATION REVIEWS FOR PEOPLE LIVING WITH HIV (PLWHIV)


Background As people are living longer with HIV, patients present with multi-morbidities and polypharmacy. To reduce the risk from drug-drug interactions, the multi-disciplinary team within our large city centre sexual health centre, carry out medication reviews for patients with polypharmacy (classed as >5 drugs excluding anti-retrovirals) on an ad-hoc basis. This audit aims to identify the proportion of HIV patients who have had a documented medication review (DMR) in the past 15 months and to re-audit following introduction of a service improvement to ensure that 90% of our patients have a DMR prior to clinician appointments.

Methods Study samples were obtained from a randomly selected week of booked HIV clinic appointments. Data was collected from electronic patient records for a look back period of 15 months.

Results In the initial audit, from a study sample of 203 PLWHIV, 29% of the total population and 21% of those with polypharmacy had a DMR. 39 interactions were identified, three minor and 36 significant. All 39 interactions required an intervention. The re-audit had a study sample of 180 PLWHIV, 94% of the total population and 97% of those with polypharmacy had a DMR. 135 interactions were identified, 113 minor and 21 significant. 121 of these interactions required an intervention.

Conclusion The combination of anti-retroviral treatment with polypharmacy significantly increases the chance of potentially serious drug-drug interactions. To deliver safe and effective patient care and to ensure we are minimising the risk of adverse drug events as a result of these interactions, it is essential that a medication review is carried out for all our patients, ideally with every change in treatment but at the very least, every 15 months to meet national standards. Subsequently, our pharmacy team are completing medication reviews for each patient, prior to clinician appointments, supporting patients to get the most from their medicines.

Disclosure No significant relationships.

TRANSCONTINENTAL DISSEMINATION OF THE MAJOR HIV-1 CRF01_AE LINEAGES CIRCULATING IN CHINA

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Background While HIV-1 CRF01AE has caused a large epidemic in Mainland China, and distinct lineages related to transmission among various high-risk populations have been identified, whether its transmissions have dispersal outside China and the rest of the world remains poorly understood. We aimed to characterize and quantify the genetic relationship of HIV-1 CRF01AEs circulating in Mainland China and in other countries globally.

Methods Phylogenetic and molecular clock analyses were carried out for all available CRF01AE pol sequences deposited in two databases (the Los Alamos HIV sequence database and the UK HIV Drug Resistance Database) to characterize the possible linkages between CRF01AE variants in Mainland China and the rest of the world.

Results We found that all five major lineages associated with the transmission in Mainland China were detected in the rest of the world, as following the Vietnam (n=228), Kingdom (n=48), Japan (n=18), Hong Kong (n=6), Czech Republic...