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Dear Referring Practitioner please get some new info on the run... *General Medicine Bulletin 1 of 12*

HIV / AIDS

Here is a few *clinical pearls* that our practice would like to share with you to refresh and update your knowledge on this very important subject for 2015.

- Be reminded you that success on HAART could not be measured by a viral load that comes down a few thousand copies/ml. Success of HAART is achieved once the viral load is undetectable.

  The longer your patient has a high or detectable viral load the more mutations are formed with a higher chance of resistance to further HAART regimens that will be prescribed.

  One should aim to have the viral load undetectable (< 40) within four to six months on the first prescribed regimen.

  After six months if the viral load is still above 40 we suggest one month compliance counseling and strict adherence to HAART and then repeating the Viral load after this one month. If the viral load doesn't come down dramatically, one should strongly consider starting Regimen 2 with strict follow up and monitoring of compliance.

- *A clinical pearl* ...

  if the viral load is very high > 10 000 ... then your patient is not drinking his/her HAART every day... doesn't matter what he/she tells you he/she is not drinking the treatment

  if the viral load is only slightly elevated 1000 - 5000 ... the patient is most probably drinking his/her HAART but there are probably virological resistance.

  In the latter case give compliance counseling, empirically start regimen 2 ASAP or if available you could request a HIV resistance test.

- Please remember the serious complication of Tenofovir induced kidney failure. (Tenofovir is part of the Atripla combination)

  One should remember to do a baseline uec, creat, eGFR, then repeat it after 1 month on Atripla/generic substitute, and afterwards six monthly. (Tenofovir is contra indicated if the creatinin clearence is < 50 ml/min)

  Another *clinical pearl* ... If you start an acutely ill patient on Tenofovir they are always more likely to develope acute kidney failure.

So therefore it is suggested that you don't start an acutely ill patient on Tenofovir. First use an alternative drug like Abacavir that can be substituted for Tenofovir until three months later or so. Once the patient recovered from the acute illness one can put him back on the three in one drug with Tenofovir. Or one can choose a regimen rather with Zidovudine instead of Tenofovir for the acutely ill patient.

- *Fast facts*

  - Try to stop Stavudine (d4T) in all patients (reason: possibility of fatal lactic acidosis and sometimes irreversible lypodystrophy)

  - Remember to look out for drug side effects:
    EFV - remember to screen for depression, could worsen depression, could cause nightmares and psycosis
    AZT - bonemarrow suppression, remember to check the FBC often
    TDF - kidney failure, baseline, after 1 month and then 6 monthly UEC
    Alluvia - check baseline and six monthly fasting glucose and lipogram
    NVP - rash, hepatitis, remember AST, ALT accordingly

    NB remember that NVP can only be prescribed in patients with a low CD4 count a male with CD4 below 400 and female CD4 below 250. If the Viral load is above these levels NVP is contra indicated due to the high chance of life threatening hepatitis.

    Remember DON'T give NVP and Rifafour together

  - It is important that however the daily dose for Paracetamol are usually up to 4 gram per day, that when you are using INH the daily maximum dose are reduced to 3 gram per day

  - The incidence of cervix carcinoma is higher in our HIV patients, remember a yearly papsmear

  - Remember to do a baseline RPR and HepBsAg when initiating HAART

  - Remember to screen sexual partners and children also for HIV

  - For a HIV-infected partner in serodiscordant relationship: Regardless of CD4 count or clinical diagnoses offer HAART to protect the partner(s)

- Remember you could give the patient a near to normal life expectancy if you can convince him to test for HIV and treat him effectively early

- Remember not to put too much emphasis on a CD4 - the viral load is EVERYTHING!

- Let's aim to get ALL THE VIRAL LOADS BELOW 40 !!! And give the patients LIFE!!!!!!

Please phone us anytime if you wan't to discuss a patient's treatment or need advice!

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