

**TOPIC: HIV CASE DISCUSSION (2014)**

Author : Jennifer Cocohoba PharmD Assoc Clin Professor School of Pharmacy [CocohobaJ@pharmacy.ucsf.edu](mailto:CocohobaJ@pharmacy.ucsf.edu)  
 Case Developed for N247.28B AGNP Complex Chronic Disease Management : NP Students: B. Finkmoore RN , Megan Henry RN and Lisette Fuentes RN

**CC:** 59-year old female is a well-established patient who receives HIV primary care from your clinic. She tells you she is moving out of state in one month. Two weeks ago she went to diabetes clinic and was started on Lantus insulin, titrated up to 30 units at bedtime. Despite this, her fasting morning blood sugars still range in the 300-390s. She is aware of the healthy diet and exercise she should follow, but states during interview "I like to eat"!

- PMH:**
- Human Immunodeficiency Virus
  - Diabetes Mellitus Type II
  - Hypertension
  - Hyperlipidemia
  - Depression

**FH:** Mother with hypertension. **SH:** HIV dx 1993 with CD4 nadir of 45 cells/mm<sup>3</sup>. Relationship w/immediate family strained – they do not understand her HIV disease. Retired due to work stress/depression. No children, never married, no current partner.

**Tob:** none      **Alcohol:** occ glass of wine 1x/week      **Recreational Drugs:** none

- MEDICATIONS:**
- Metformin 1000mg orally twice daily
  - Insulin glargine 100 units/mL inject 30 units nightly as directed
  - Atenolol 25mg orally daily
  - Losartan 100mg orally daily
  - Pravastatin 40mg orally at bedtime
  - Paroxetine 30mg orally every morning
  - Acyclovir 400mg orally twice daily
  - Maraviroc 300mg orally twice daily
  - Raltegravir 400mg orally twice daily (Integrase Inhibitor-BID regimen)
  - Etravirine 200mg orally twice daily
  - Lamivudine 300mg orally daily
- ALLERGIES:** NKDA

**Gen:** Well dressed, pleasant appearing female in NAD **ROS:** negative

**VS:**    **BP:** 110/70      **HR:** 80      **T:** 37.5      **WT:** 55kg      **HT:** 5'4"      **RR:** 18

<b>HEET:</b> PERRLA	<b>GU:</b> deferred
<b>COR:</b> RRR	<b>Rect:</b> deferred
<b>Chest:</b> CTAP	<b>Neuro:</b> Alert and oriented x 3
<b>ABD:</b> soft, NTND	
<b>Ext:</b> normal	

**LABS:**  
 Hepatitis B sAg (-) ; anti-HBV (+) ; anti-HBc (-) ; HCV Ab reactive  
 NA 138; K 4.5; CL 99; CO2 29; BUN 18; Cr 1.14 (h); eGFR 49(L); AST 24; ALT 26; TC 260; TG 622; HDL 46; FBS 347; HBb A1c 12.1 (H) ; CBC wnl; CD4 Abs 602; HIV-1 VL <40 copies/ml

**Comment [WU1]: Teaching Point :**  
 HIV Pathogenesis: What is significance of CD4 nadir?

**Comment [WU2]: Teaching Point:**  
 •Stigma and HIV . Patient has identified that family is not a strong source of support. Discuss how this can impact treatment outcomes in PLWHA

**Comment [SS3]: Teaching Point:**  
 •Use of statins and drug interactions with cART.  
 •Does management of lipids differ in HIV+. Compare and contrast with general population

**Comment [SS4]: Teaching Point:**  
 •What classes of ART have been prescribed. This is not a preferred regimen. Why would she be on a regimen that is "Not Preferred" DHHS GL

**Comment [SS5]: Teaching Point:**  
 •Are any of the ARV's renally cleared  
 •Skill building: Calculate CrCl and assess if ARV components need to be adjusted? DHHS GL  
 •Skill Building: Assess if VL suppression has been achieved on cART

**Comment [WU6]: Teaching Point**  
 What is the status of her HBV and HCV? Immune or chronic infection?  
 •What studies would you order to stage her HCV?  
 •How does HIV alter the natural history of HBV and HCV?

**Learning Objectives :**

When presented with a Case Study of an HIV-infected patient with multiple morbidities the participant will be able to :

1. Describe an approach to assessing and managing an HIV-Infected older adult with multiple morbidities
2. Identify if an HIV-Infected patient on cART is virologically suppressed
3. Describe evidence based recommendations for primary prophylaxis of HIV-related opportunistic infections
4. Recognize important drug-drug interactions between ART and commonly prescribed medications used to manage DM and abnormal lipids

**QUESTIONS FOR DISCUSSION**

1. Which of the patient's conditions are important to manage today?
2. What is your evaluation of the patient's HIV?
3. What interventions have been shown to be most effective in managing hyperlipidemia and diabetes in the setting of HIV disease?
4. What are the ways you can help this patient effectively transition care to a new care provider? What resources are available to help you? How would you access them?
5. What additional screening tests, laboratory tests, or procedures would you order for this patient at this time?
6. What self-management and patient education strategies would you recommend? Community resources?

**Skill Building Exercises CD4 and HIV-1 VL scenarios :**

1. Practice interpreting CD4 and HIV-1 viral loads in patients on ART