

Are health systems addressing comorbidities in people living with HIV?



An assessment of key European HIV guidelines and monitoring mechanisms

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BACKGROUND

Widespread access to antiretroviral therapy has brought about major reductions in HIV-related morbidity and mortality in much of the WHO European Region, but non-AIDS-related comorbidities now impose a large burden of disease on people living with HIV (PLHIV). It is unclear whether health systems have sufficient information about comorbidity prevention and treatment in PLHIV, or whether they are effectively monitoring service delivery issues related to comorbidities.

METHODS

We selected nine non-AIDS-related comorbidities that are prevalent among PLHIV in Europe, based on recent literature. Two researchers independently used a three-point grading system to assess the extent to which each is addressed in the WHO European clinical protocols for HIV (2012), the European AIDS Clinical Society (EACS) guidelines (2016) and the 2016 Dublin Declaration Questionnaire developed by the European Centre for Disease Prevention and Control (ECDC). Discrepancies in grades were reviewed by two other researchers and resolved through consultation.

RESULTS

The WHO protocols deal only with liver diseases and to some extent depression. EACS guidelines address physical comorbidities in a concise yet comprehensive manner, but do not address prevention of neurocognitive and mental health issues. ECDC monitoring does not ask for information on specific comorbidities other than tuberculosis, although they do ask if there are “effective systems in place to ensure that” PLHIV are linked to care and services in very broadly defined areas, such as “mental health” and “chronic disease” (Table 1).

Table 1 Analysis of how comorbidities are addressed in the WHO/European clinical protocols for HIV, the European AIDS Clinical Society guidelines and the 2016 Dublin Declaration Questionnaire

- A Addressed sufficiently
- B Addressed but not sufficiently
- C Not addressed

Type of comorbidity	Addressed in WHO / Europe HIV clinical protocols	Addressed in European AIDS Clinical Society guidelines	Access to services monitored via Dublin questionnaire	Comorbidity burden monitored via Dublin questionnaire
Non-AIDS malignancies	C	B ¹	C	C
Cardiovascular disease	C	A	C	C
Renal disease	C	A	C	C
Hepatitis B virus	A	A	A	C
Hepatitis C virus	A	A	A	C
Liver diseases other than chronic viral hepatitis	A	B	C	C
Neurocognitive disorders	C	B ²	C	C
Depression	B	B	B	C
Drug dependence	C	B ²	B	B ³

¹ Vaccination or screening only. ² Treatment only (i.e. not prevention). ³ Burden of HIV disease monitored in people who inject drugs.

CONCLUSIONS

When revising WHO/European and EACS HIV clinical guidelines, greater attention to non-AIDS-related comorbidities will help to inform healthcare officials and providers about the full range of PLHIV health needs. Likewise, ECDC might consider consulting countries on the need to monitor the burden of specific comorbidities and to expand its list of specific types of care and services to which access is being monitored.

