

# Primary Care for the HIV Specialist



COMPONENT	TIMING
Complete history	Update annually
Risk Assessment- smoking, ETOH, illicit drug use, sexual activity, domestic violence, support systems	Update annually & brief risk assessment at each visit for ongoing appropriate screening & risk reduction counseling
Complete physical exam	Annually
Vision	Annually by eye care specialist, every 6 months with CD4 < 100
Dental Exam	Every 6 months
Coronary Heart Disease Screen <sup>1</sup>	If applicable
Breast/Testicular Exam	Annually with physical
Mammogram	Annually after 40 y/o
Pap Smear/Pelvic Exam <sup>2</sup>	Every 6 months (annually after 2 consecutive negative Pap smears)
Discussion regarding HRT <sup>3</sup>	Perimenopausal women
Digital Rectal Exam/ PSA <sup>4</sup>	Annually after 50 y/o, 45 y/o with risks
Anal Pap Smear	Consider annually with h/o anal receptive sex or HPV
Colon Cancer Screening <sup>5</sup>	Annually after 50 y/o
Screening for Osteoporosis <sup>6</sup>	Consider in all patients on long-term ARV especially in post-menopausal women and men with hypogonadism
STD /Hepatitis C Screen	Annually & as needed
Fasting Lipids	Annually after 35 y/o if not on ART, every 6 months on ART
PPD	Annually, every 6 months for high risk
Immunizations (Hepatitis A & B, pneumovax, Td, influenza, varicella) <sup>7</sup>	See CDC guidelines
Depression Screen	Annually & as needed
Diet & Exercise <sup>8</sup>	Every 6 months
Advanced directives	Annually



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- 1 Recommendations vary regarding screening for CHD. Many agree that screening should be considered for those with coronary risk factors (i.e. smoking, obesity, family history, men over 45, women over 55, diabetes, hypertension, and hypercholesterolemia). Screening can be performed with resting ECG, exercise ECG, and nuclear imaging and stress echocardiography depending on patient risks and needs.
- 2 Pap smears can be done using conventional slide.
  - Consider using Thin-Prep® (liquid based cytology) to follow-up ASC (atypical squamous cells) results in order to do HPV serotyping.
  - High risks HPV types should be followed more aggressively.
- 3 According to current available clinical trial data, continuous estrogen-progestin therapy does not appear to protect against cardiovascular disease and increases the risk of breast cancer. Although estrogen prevents bone loss and fracture, other drugs are available for this purpose. Short-term estrogen therapy is appropriate for the relief of menopausal symptoms except in cases with a history or high risk of breast cancer, CHD, venous thromboembolic event or stroke.
- 4 PSA should not be drawn after a digital rectal exam because it may cause a false positive result. Risk factors include age (> 50), ethnicity (African Americans are at increased risk), family history (affected 1st degree relative), and some dietary factors such as increased consumption of animal fat.
- 5 Screening for colorectal cancer is recommended with fecal occult blood testing (FOBT), or sigmoidoscopy, or both. Some groups recommend sigmoidoscopy every 3-5 years. Colonoscopy or barium enema may also be considered. False-positive FOBT results can be produced by salicylates and other anti-inflammatory agents or the ingestion of foods containing peroxidases. Ascorbic acid and other antioxidants can interfere with test reagents. High risk patients should be referred for expert evaluation.
- 6 Screen for osteoporosis with dual energy x-ray absorptiometry (DXA)
  - Insufficient evidence to recommend screening for all postmenopausal women
  - Consider the fact that long-term HIV infection and exposure to ART may increase the risk of bone disease in both men & women. Therefore, screening should be considered for those with non-traumatic fractures, bone or joint pain.
  - Hypogonadal men can be at increased risk even with testosterone supplementation
  - Use of other screening tools may be considered based on cost & convenience
  - Calcium supplementation, smoking cessation, weight-bearing exercise should be recommended

<b><sup>7</sup>Vaccine</b>	<b>Timing</b>	<b>Comments</b>
Hepatitis A	Provide series one time	If HAV antibody negative
Hepatitis B	Provide series one time	If HBV antibody negative; screening for HBV should include HBV surface antibody, HBV core antibody, & HBV surface antigen (to screen for chronic infection)
Influenza	Annually	
Pneumococcal	Every 5 years	
Tetanus	Every 10 years	Patients with CD4 counts < 200 should be considered for revaccinated when CD4 counts rise above 200.

- 8 A nutritional assessment should include questions about access to a variety of food (i.e. money to buy food and ability to cook). Ask how many meals are eaten a day. Ask about amounts of protein (should be approximately 3x/d), dairy (2x/d), breads & cereals (4x/d), and fruits and vegetables (3x/d).

## RESOURCES

### AIDSinfo

A service of U.S. Department of Health and Human Services providing information on HIV/AIDS clinical trials and treatment.

[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

1-800-HIV-0440 (1-800-448-0440)

### AIDS InfoNet

Provides fact sheets on treatments, prevention, social services, and web resources. Easy to print, appropriate for patient and clinician education, and updated on a regular basis. Available in English and Spanish.

[www.aidsinfonet.org](http://www.aidsinfonet.org)

### HIV Telephone Consultation Service for Health Care Providers

A national HIV telephone consultation service for health care providers offering up-to-date clinical information and individualized consultations from clinicians experienced in HIV care.

[www.ucsf.edu/hivcntr](http://www.ucsf.edu/hivcntr)

1-800-933-3413