

# Changes in the clinical care of people living with HIV

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## The acquired immunodeficiency syndrome in Auckland in 1985.

(RB Ellis-Pegler et al. NZMJ 1986;99:485-8.)

11 homosexual men admitted to Auckland Hospital during 1985.

- Kaposi's Sarcoma 5
- Pneumocystis pneumonia 3
- Lymphoma, cryptococcal meningitis, oesophageal candidiasis, plus various other conditions

6 died within 13 months of diagnosis of AIDS

### The kindness of family, HCWs and others has (mostly) been a constant

We have been struck by the universal acceptance by parents and friends of this diagnosis, often complicated by the first recognition of the homosexual preference of these young men, with all that this might have meant in New Zealand in 1985. After very reasonable initial anxieties from some medical, nursing and other hospital groups, the management of these patients has generally been quickly accepted by all on the two wards involved. Minor staff anxieties have been resolved by discussion of factual medical information. Members of the New Zealand AIDS Foundation have also contributed importantly to various social and supportive aspects of patient management and staff understanding.

## Profound changes - technology rescued us!

The horrors of the AIDS epidemic faded

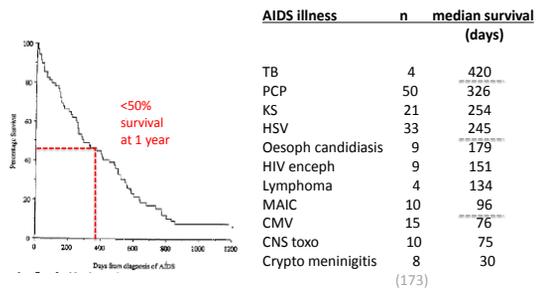
because

the pharmaceutical companies came up with plenty of effective drugs

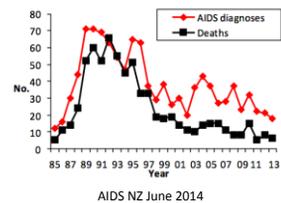
and

laboratory testing became more sophisticated and made management simple

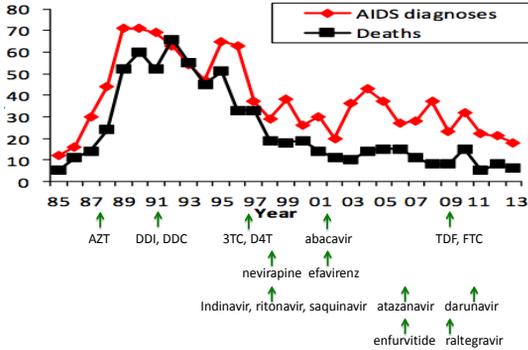
Outcome of 69 adults with AIDS in Auckland 1983-9.  
(NP Dickson et al NZMJ 1993;106:93-6.)



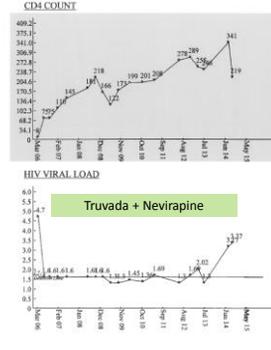
## AIDS diagnoses and death increased further and then declined



due to an eventual abundance of antiretroviral agents



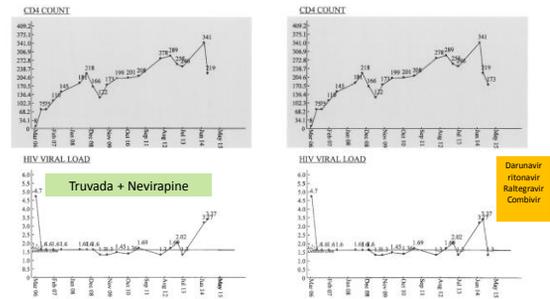
HIV viral load measurements allowed us to monitor response to treatment – BRILLIANT!



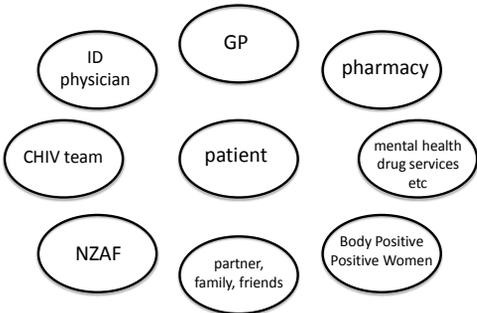
HIV drug resistance testing allows selection of effective ART combinations – also great

Protease Inhibitors		
ATV	Atazanavir	S
DRV	Darunavir	S
EAPV/FPV	Fosamprenavir	S
IDV	Indinavir	S
LPV	Lopinavir	S
FPV	Nelfinavir	S
SQV	Saquinavir	S
TPV	Tipranavir	S
Reverse Transcriptase Inhibitors (Nucleoside RTI)		
ABC	Abacavir	R
DDI	Didanosine	R
FTC	Emtricitabine	R
3TC	Lamivudine	R
DDP	Stavudine	I
TFV/TDF	Tenofovir	R
AZT	Zidovudine	S
Reverse Transcriptase Inhibitors (Non-Nucleoside RTI)		
RPV	Rilpivirine	I
ETR	Etravirine	I
RPV	Nevirapine	R
RPV	Rilpivirine	I
Integrase Inhibitors		
RAL	Raltegravir	S
EVG	Elvitegravir	S

Rapid laboratory feedback guides treatment and provides certainty – wonderful



Team work – from the beginning!



Increasing inequality - the challenge of the current era

Large majority (~95%) of people with HIV infection have adequate resources – psychological, social, intellectual, financial - to take advantage of current complex healthcare and remain in good health.

Significant minority (~5%) of patients lack these resources, and struggle to cope with the complexities of lifelong HIV care.