

An Audit on Osteoporosis Screening, Diagnosis and Management in Ageing Patients

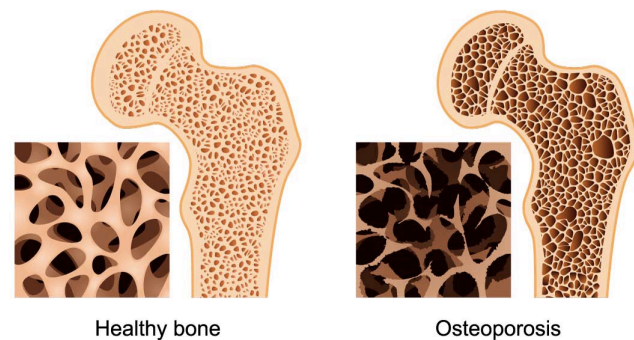


Living with HIV

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BACKGROUND

As people living with HIV (PLWHIV) live longer, chronic disease management and preventative care interventions are becoming an increasingly important aspect of their care. PLWHIV have a higher prevalence and earlier onset of osteopenia and osteoporosis [1]. Research suggests multifactorial risk factors, including direct viral effects, antiretroviral initiation, particularly with Tenofovir disoproxil (TDF) and protease inhibitors, as well as traditional risk factors including smoking and alcohol excess [2].



METHODS

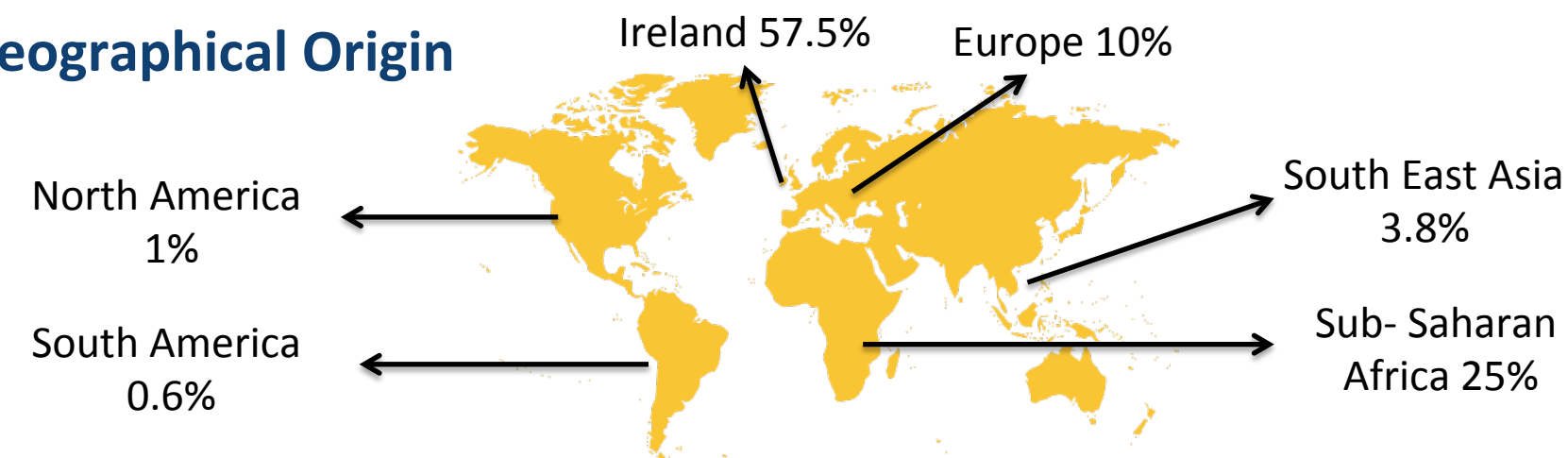
European AIDS Clinical Society guidelines recommend screening postmenopausal women and men age >50 for osteoporosis. We undertook a retrospective chart review for 343 patients aged 50 – 55 attending the HIV clinic at St James's Hospital, Dublin. This audit is part of a larger study being undertaken in the department evaluating care metrics in all HIV-positive patients over 50 years.

References: [1] McComsey GA, Tebas P, Shane E, et al. Bone disease in HIV infection: a practical review and recommendations for HIV care providers. *Clin Infect Dis.* 2010;51(8):937-946
[2] Compston J. HIV infection and osteoporosis. *Bonekey Rep.* 2015;4:636. Published 2015 Feb 11

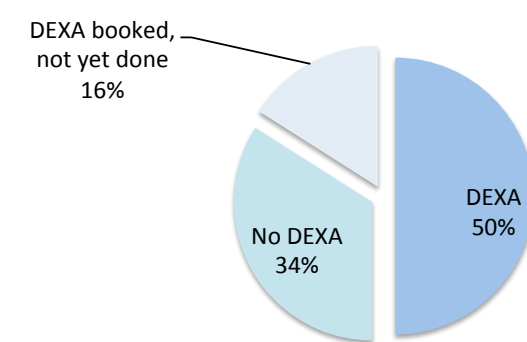
RESULTS

- 74% of patients were male
- Mean CD4 count was 687cells/mm³ (range 49 – 1663), 3.5% CD4 <200cells/mm³, 12.5% <350 cells/mm³
- 96% of patients had an undetectable viral load, or viral load <40 nmol/L
- Routes of acquisition: 37% MSM, 43% Heterosexual transmission, 18% IVDU

Geographical Origin



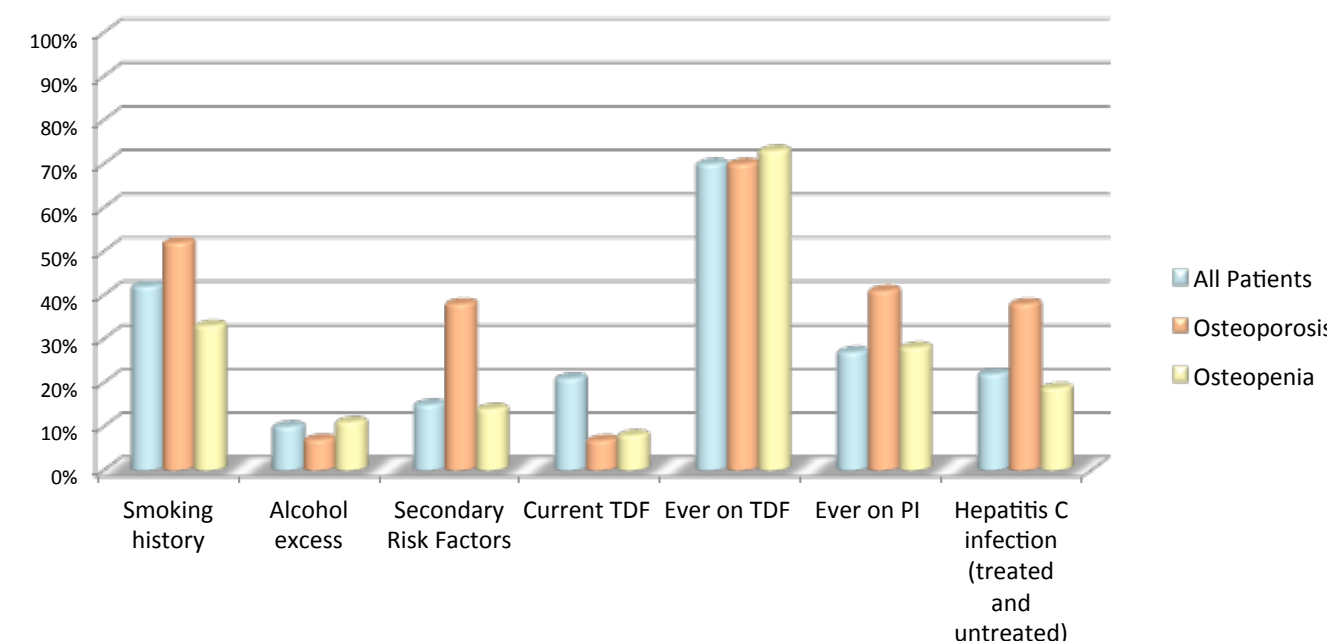
DEXA scanning in PLWHIV aged 50 - 55



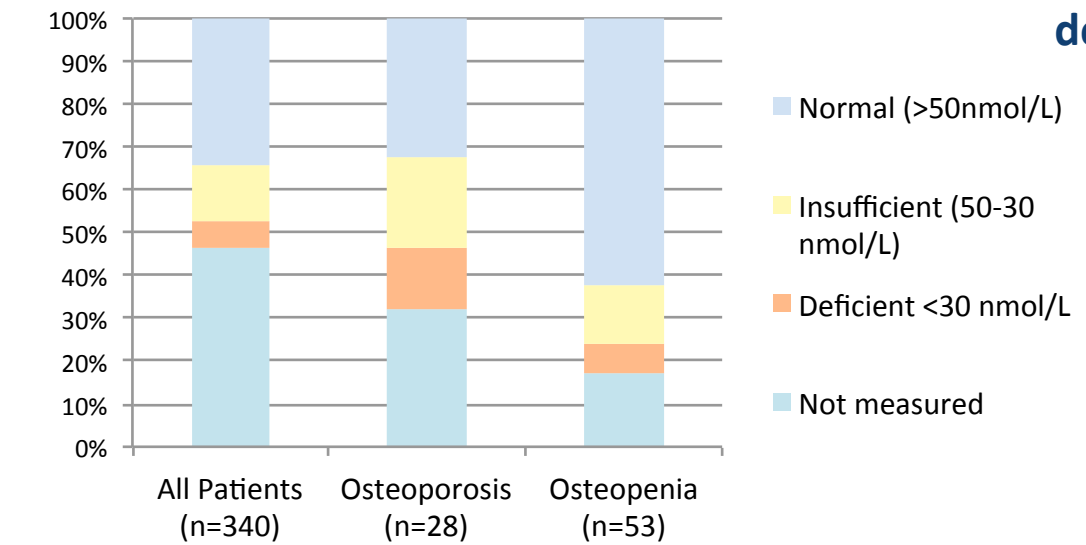
DEXA results (n=172)



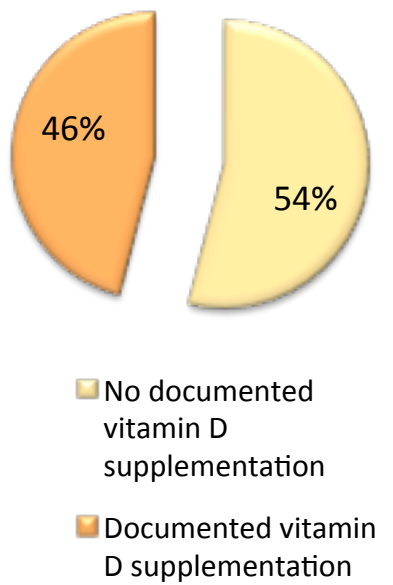
Risk Factors



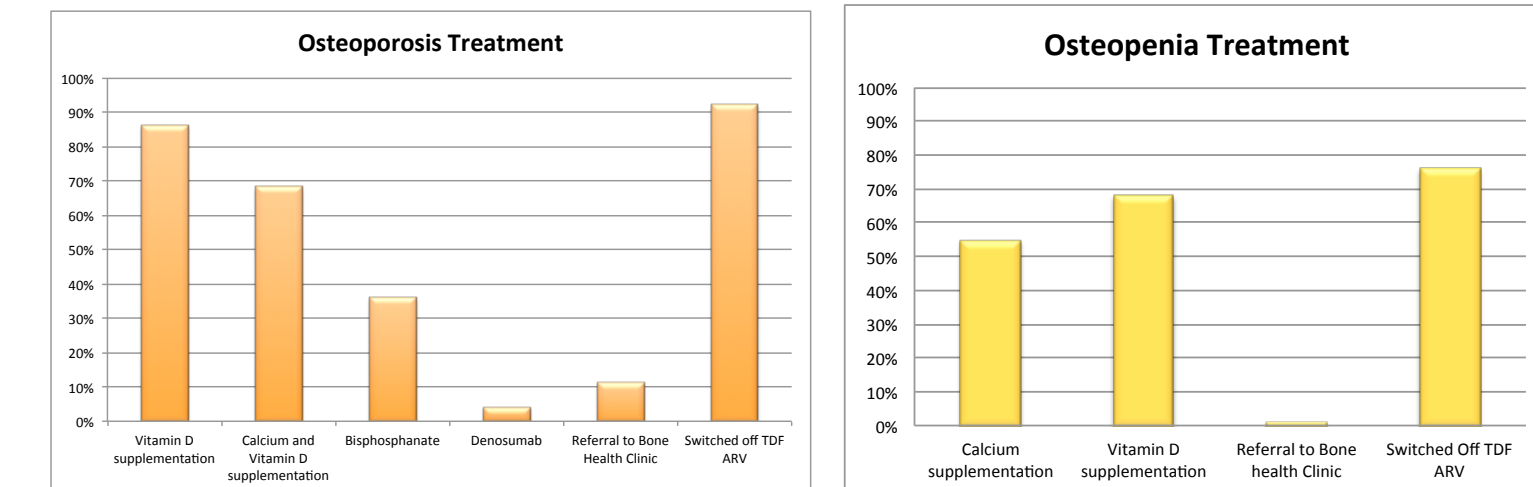
Vitamin D level



Vitamin D supplementation for patients (%) with deficiency or insufficiency



Treatment



DISCUSSION

This audit demonstrated moderate adherence to EACS guideline recommendations for osteoporosis screening (66% referred). We observed a significant prevalence of osteoporosis and osteopenia. The interpretation of rate of bisphosphonate treatment may be impacted by prescribing through GP, a limitation of this study at this time is that we did not have access to these records. This audit highlights the need for bone health assessment and management in HIV-positive patients, including documentation of osteoporosis management.