



The Royal Liverpool and  
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NHS Trust

# LONG ACTING ARVS – WHICH PATIENTS AND HOW? CASE STUDY

Darran McAteer

HIV Community Nurse Specialist  
Royal Liverpool University Hospital  
[darran.mcateer@rlbuht.nhs.uk](mailto:darran.mcateer@rlbuht.nhs.uk)

# CONFLICTS OF INTEREST



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I have no potential conflict of interest to report

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# CONFIDENTIALITY



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Name of patient has been changed for confidentiality reasons

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# LEARNING OBJECTIVES

- Background
- Diagnosis
- Referral
- Case Study
- Outcome

# BACKGROUND

- 'Sam' – 24 year old female
- Diagnosed with HIV July 2015
- 19 at time of diagnosis



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# BACKGROUND

- Brought up by father - mother left when Sam was a baby
- Looked after child – under care of social services
- Poor standard of housing
- History of alleged sexual abuse



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# BACKGROUND

- Severe ADHD – on Ritalin since age of 4
- Poor adherence with meds / clinic attendance
- Sister previously in prison
- Brother sectioned for severe mental health issues



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# DIAGNOSIS



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- Diagnosed July 2015 - CD4 615 **Viral Load 33,322**
- Keen to start treatment
- Poor clinic attendance
- Lack of contact
- Multiple difficulties encountered in clinic



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# DIAGNOSIS



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- “Emotional, highly strung and impulsive”
- Incredibly impatient, unable to concentrate for long
- Disruptive and verbally abusive to staff
- Would only see certain staff
- Often refused to have bloods taken



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# REFERRAL

- Referred to HIV Community Team September 2015
- November 2015 – admits to having unprotected sex with multiple partners
- December 2015 – commenced on Truvada, Darunavir and Ritonavir with community support



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# REFERRAL



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- Refuses to discuss partner notification / contact tracing
- HIV Community Team asked to visit for secondary dispensing
- Stopped taking ARVs after 4 days due to side effects



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## CASE STUDY

- Nil engagement 2016
- Took 1 Triumeq in April 2017!
- Commenced on Rezolsta in May 2017
- June 2017 – **Viral Load 128** (33,322)
- Father dies June 2017



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## CASE STUDY

- June 2017 - threatening behaviour from brother
- August 2017 – **Viral Load 6,083** (128)
- November 2017 moves into hostel – contact lost
- Feb 2018 – Sam phones with new number
- Housing incredibly poor / undesirable private landlord



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# CASE STUDY



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- Non-adherence / behaviour likely due to ADHD
- ADHD linked to impulsiveness
- Sam incredibly forgetful / easily distracted
- Often asleep when visiting
- Insomnia common symptom of ADHD



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# CASE STUDY



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## CASE STUDY

- Switched to Genvoya in June 2018
- June 2018 – **Viral Load 4,015** (6,083)
- July 2018 sexual health screen performed at home
- Tested positive for chlamydia and gonorrhoea
- Treated at home with IM and oral antibiotics



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## CASE STUDY

- August 2018 – **Viral Load 96** (4,015)
- Individual discloses he paid for unprotected sex with Sam
- Rapid test performed at base
- Referred to sexual health clinic to commence PEP



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# CASE STUDY

- Sam then informs us someone else has accused her of transmitting HIV and considering legal action
- Later found to be false allegation
- Decision made to suspend home visits
- Issues with other people on the premises



# CASE STUDY

- August 2018 - MDT discussion - consultant consults trust lawyers, GMC and BHIVA ethics board
- Referral made to Safeguarding Team
- Referred to social worker who felt Sam did not have capacity and wanted to involve the police



# CASE STUDY



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- Deemed to have capacity by consultant
- August 2018 - MDT discussion - decision to apply for use of long acting intramuscular injection
- September 2018 – **Viral Load 1996** (96)
- Initiated onto Symtuza – took intermittently



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# CASE STUDY

- Sam has no resistance to ART
- Application rejected due to concerns around lack of engagement and potential risk of resistance
- Decision appealed under compassionate use



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## CASE STUDY

- Letters of support written by our team and psychiatrist to board for approval
- Psychiatrist states worse case of ADHD he has ever seen
- November 2018 – **Viral Load 21,495** (1996)



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## CASE STUDY

- December 2018 - appeal upheld and approved on the proviso that we obtain a further CD4 / viral load and another integrase resistance screen
- Contraceptive injection administered
- January 2019 – **Viral Load 14,921** (21,495)



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## CASE STUDY

- Cabotegravir 600mg / Rilpivirine 900mg long acting injection arrives from USA and administered 14th February 2019 in acute setting
- Difficulties drawing up / giving injection
- Baseline viral load **27,296** (21,249)



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# CASE STUDY

- Sam contacted the team 18th February 2019  
complaining of pain in injection site used for  
Cabotegravir
- Oral antibiotics for localised infection –  
resolves quickly



# CASE STUDY



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- Rescue bloods done 23rd February 2019

**Viral Load 66** (27,296)

- Repeated 27th February

**Viral Load 41** (66)



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## CASE STUDY

- Second injection administered 11th March 2019 in acute setting. Contraceptive implant fitted in GUM
- Sam complained of pain in both injection sites
- Sam expresses reluctance to continue
- Pain soon resolves



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# OUTCOME

Viral load repeated 20th March  
2019

**UNDETECTABLE!**

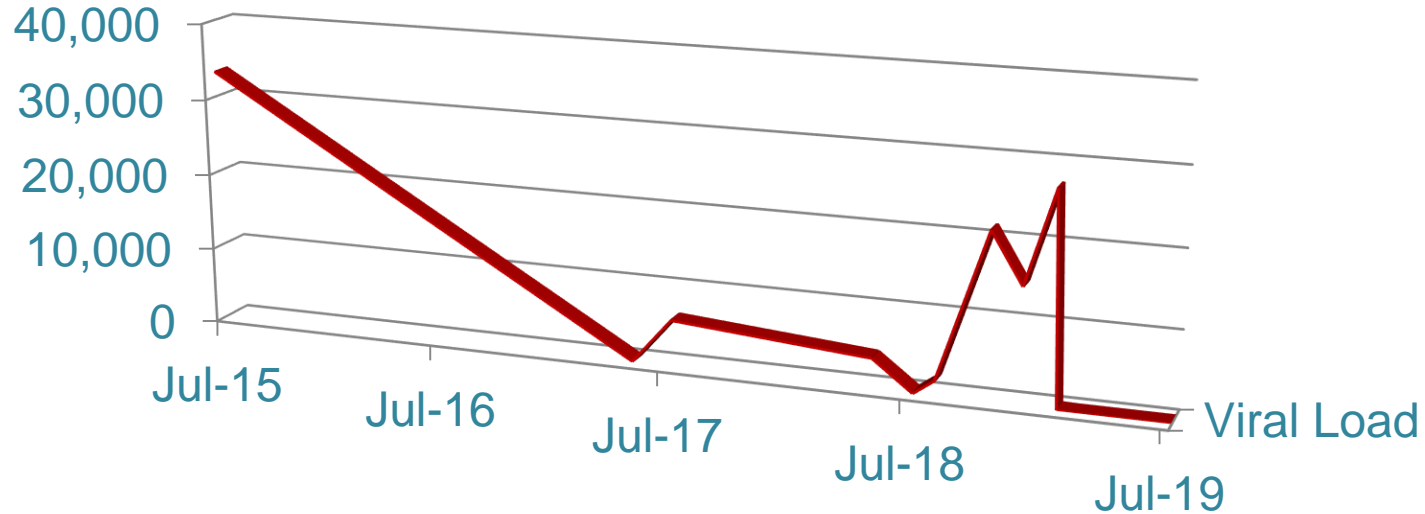


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# VIRAL LOAD OVER TIME



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# OUTCOME

- Has had 6 further injections administered at home
- Viral load remains undetectable – monitoring now 3 monthly
- Has since moved into better (council) accommodation and is receiving correct benefits



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# OUTCOME

- Engagement dramatically improved
- Improvement in mental health and self esteem / self care
- Risk of onward transmission eliminated
- Implications for use in other patients



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# MAIN MESSAGES

- Injectable ARVs are clearly appropriate for use in complex patients with adherence issues
- Benefits include reduction in HIV transmission and better health outcomes for patients





# ACKNOWLEDGEMENTS

- Sam
- Virology Education
- My colleagues in HIV Community Team
- Doctors and staff at the Royal Liverpool Hospital
- Voluntary sector (Sahir House)



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# ANY QUESTIONS?



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