Comprehensive Primary Care for Adults With HIV

February 2021

Table 1: HIV, Medications, and General Medical Status and History for Adults With HIV
*Frequency Key: I = initial (baseline) visit; A = annual visit; E = every visit

<table>
<thead>
<tr>
<th>Assessment</th>
<th>To Include</th>
<th>Frequency*</th>
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<tbody>
<tr>
<td><strong>Current HIV-Specific Status and History</strong></td>
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</table>
| HIV | • History of HIV testing  
• Date and source of diagnosis  
• Route of exposure, if known  
• HIV type; if unknown, see the NYSDOH AI guideline *Diagnosis and Management of HIV-2 in Adults* | I |
| Antiretroviral therapy | • Date of ART initiation  
• Current ART regimen  
• Previous ART regimens and reasons for any changes in regimens  
• History of drug resistance, if known  
• Adverse effects  
• Current adherence status and challenges  
• Knowledge of Undetectable = Untransmittable, see NYSDOH AI *U=U Guidance for Implementation in Clinical Settings*  
☑ If ART has not been initiated, see the NYSDOH AI guideline *When to Initiate ART, With Protocol for Rapid Initiation* | I A |
| Viral load | • Most recent viral load  
• Peak viral load | I A |
| CD4 cell count | • Most recent CD4 cell count  
• Nadir CD4 cell count | I A |
| AIDS-defining conditions | • Previous diagnoses and treatments  
• History of malignancies and treatments  
• Investigation of symptoms such as weight loss, night sweats, or chronic cough | I |
| Opportunistic infections | • Previous OI prophylaxis  
• Previous diagnoses and treatment, including latent TB infection  
• Adverse reactions to medications for OI prophylaxis or treatment | I |
| **Current Medications** | | |
| Complete medication list | • All medications: prescribed, over-the-counter, herbal preparations; include nonpharmacologic agents  
• Potential drug-drug interactions  
• Adverse effects  
• Challenges with adherence to prescribed medications | I A E |
| **Current General Medical Status and History** | | |
| Immunizations | • History of immunizations  
• Status of HIV- and age-related preventive immunizations  
☑ See NYSDOH AI *Immunizations for Adults With HIV* | I A |
<p>| Age-related disease screening | • Results of previous age-related disease screening tests | I A |</p>
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| Cardiovascular| • History of cardiac events, stroke, and treatment  
• History of hypertension  
• History of diabetes or insulin resistance  
• Risk factors for CVD  
• Family history of CVD                                                                                                                                                                                                                                                      | I A       |
| Respiratory   | • History of COPD and treatment  
• Current tobacco/vape use and smoking history                                                                                                                                                                                                                                 | I A       |
| Cancer        | • History of prior malignancies and treatment  
• Previous age-appropriate screening and results  
• Family history of malignancies                                                                                                                                                                                                                                              | I A       |
| Renal         | • History of renal disease and treatment  
• Consider ART history  
• Consider associated comorbidities                                                                                                                                                                                                                                         | I         |
| Hepatic       | • History of and treatment for viral hepatitis (HAV, HBV, or HCV)  
• Adverse reactions to medications  
  - For more information, see the following NYSDOH AI guidelines: Prevention and Management of HAV in Adults With HIV, HBV-HIV Coinfection, and Treatment of Chronic HCV With Direct-Acting Antivirals.  
• Risk factors for nonalcoholic steatohepatitis  
• Past alcohol use  
• Current alcohol use                                                                                                                                                                                                                                                       | I         |
| Endocrine     | • Symptoms of thyroid dysfunction or hypogonadism  
• Sexual dysfunction  
• Weight loss or weight gain  
• Family history of metabolic syndrome and thyroid disease  
• History of osteoporosis and treatment, fractures, and previous screening  
• History of lipodystrophy and treatment  
• Use of hormonal therapy (including treatments obtained without prescription)  
  ☒ ART (current and previous) may contribute to metabolic syndrome, lipodystrophy, and insulin resistance.                                                                                                                                                                   | I A       |
| Gastrointestinal| • History of GI disease and treatment  
• GI-related adverse effects of medications and effect (if any) on adherence to prescribed medications  
• Family history of GI disease                                                                                                                                                                                                                                              | I A       |
| Vision        | • Changes in vision, including blurry vision, double vision, flashes of light, loss of vision, use of glasses, and blindness or legal blindness                                                                                                                                                                                                 | I A       |
| Hearing       | • Changes in hearing  
• Recent audiology testing or new hearing aid use                                                                                                                                                                                                                             | I A       |
| Neurologic    | • History of neuropsychological assessment and results  
• Assessment of current neuropsychological status, preferably using standardized tools, such as MoCA Test (requires an account), Mini-Cog, or Standardized Mini-Mental State Examination (SMMSE)  
• History of neuropathy and treatment  
  ☒ Symmetric distal polyneuropathy is common, particularly in patients exposed to earlier generations of ART.                                                                                                                                               | I A       |
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<tr>
<td>Dermatologic</td>
<td>• History of psoriasis and treatment&lt;br&gt;• History of seborrheic dermatitis and treatment&lt;br&gt;• History of atopic dermatitis and xerosis and treatment&lt;br&gt;• History of skin cancer and treatment&lt;br&gt;*Dermatitis can worsen with degree and duration of immunosuppression.</td>
<td>I A</td>
</tr>
<tr>
<td>Surgery</td>
<td>• History of surgical procedures, including adverse reactions to anesthesia&lt;br&gt;• History of or planned gender-affirming surgery&lt;br&gt;  — For more information, see UCSF Transgender Care &gt; Overview of Gender-Affirming Treatments and Procedures.</td>
<td>I A</td>
</tr>
<tr>
<td>Pain</td>
<td>• History of evaluation and treatment for chronic pain (initial visit)&lt;br&gt;• Current treatment for chronic pain (every visit)&lt;br&gt;  — For more information, see CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.</td>
<td>I E</td>
</tr>
<tr>
<td>Sleep</td>
<td>• History of chronic obstructive sleep apnea and treatment&lt;br&gt;• History of sleep disturbances and treatment</td>
<td>I</td>
</tr>
<tr>
<td>Nutrition</td>
<td>• History of wasting&lt;br&gt;• Dietary habits, appetite&lt;br&gt;• Food insecurity&lt;br&gt;  — Note: If indicated, see USDA Food Security Surveys.</td>
<td>I E</td>
</tr>
<tr>
<td>Frailty</td>
<td>• Functional status&lt;br&gt;• History of gait instability or other problems associated with frailty&lt;br&gt;• Assessment of current status using standardized tools, such as those available through the Comprehensive Geriatric Assessment Toolkit Plus</td>
<td>I A</td>
</tr>
<tr>
<td>Travel</td>
<td>• Recent travel; assess for potential exposure to infectious disease&lt;br&gt;• Frequency and location of international travel (work or leisure)&lt;br&gt;• Status of travel-related immunizations&lt;br&gt;• Lifetime travel history, if indicated</td>
<td>I A</td>
</tr>
<tr>
<td>Pets</td>
<td>• Current and past pet ownership, including exotic animals&lt;br&gt;• History of zoonotic diseases and treatment</td>
<td>I A</td>
</tr>
</tbody>
</table>

**Abbreviations:** ART, antiretroviral therapy; CDC, Centers for Disease Control and Prevention; COPD, chronic obstructive pulmonary disease; CVD, cardiovascular disease; GI, gastrointestinal; HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; NYSDOH AI, New York State Department of Health AIDS Institute; OI, opportunistic infection; TB, tuberculosis; U=U, undetectable = untransmittable; UCSF, University of California, San Francisco; USDA, United States Department of Agriculture.