



National HIV Nurses Association



NHIVNA Pre-conference Study Day
'Current Issues in HIV, Hepatitis and other
Blood-borne Viruses'
In collaboration with BASLNF

Royal Armouries International, Leeds

17 June 2015



17th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Managing complex patients
Speakers from Session 1

17 - 19 June 2015 - Royal Armouries International, Leeds

A Complex Case

Esther Pears

- 40 year old male, married with 2 small children
- Lawyer
- Previous Intra Venous Drug User
- High Alcohol intake
- First presentation to hospital with distended abdomen and confusion

- Abdominal USS reveals small shrunken liver; large spleen and abdominal free fluid
- Upper GI endoscopy shows evidence of portal hypertension and oesophageal varices
- Platelets 25, Albumin 27, Bilirubin 44
- Childs Pugh Grade C (12 points)

What is wrong with this gentleman?

- Cirrhosis
 - Ascites
 - Peripheral Oedema
 - Encephalopathy
 - Oesophageal Varices

What has caused this?

- Alcohol
- Hepatitis C
 - Genotype 1

What did we do?

- Ascites & peripheral oedema
 - Abdominal Paracentesis
 - Diuretics – spironolactone 100mg daily
- Encephalopathy
 - Lactulose 20 mls tds
 - Rifaximin 550 mg bd
- Portal Hypertension / oesophageal varices
 - Carvedilol 12.5 mg daily

Alcohol

- He stopped drinking at his first presentation to hospital with ascites
- Referred to St James's University Hospital Leeds for liver transplant assessment

Hepatitis C

- In need of treatment for hepatitis C but too decompensated for interferon and ribavirin

What did we do?

Treatment regime

- Sofosbuvir / Ledipasvir combined 400 mg/90mg film-coated tablets
- Ribavirin 400 mg oral bd
- Duration of treatment 12 weeks

On treatment

- Baseline bloods
 - HCV RNA by PCR positive Log 5.16
- Week 2 of treatment
 - HCV RNA by PCR positive Log 1.87
- Week 3 of treatment
 - Abdominal pain & swelling
 - Encephalopathic
 - Tachycardic at 100

What did we do?

- Acute admission for ascitic tap
- Spontaneous bacterial peritonitis
- Treated with IV antibiotics
- Week 4 of treatment
- HCV RNA by PCR negative Log <1.08
- Discharged from hospital at week 6 of treatment on oral ciprofloxacin

- Weeks 8 and 12 of treatment PCR negative but unfortunately 4 weeks post treatment relapsed; HCV RNA by PCR positive Log 1.68

What did we do?

Rescue therapy

- NHS England funded 24 weeks of the same treatment .
- Our gentleman is currently at week 20 of treatment and has been PCR negative since week 4
- He is being closely monitored in clinic
- He is active on the liver transplant waiting list

He has a preventable disease



- 27 year old MSM
- HIV positive 3 years
- CD4 320 last VL 63, often blips
- On Darunavir/Ritonavir/Truvada
- Misses medication frequently at the weekend
- Comes to clinic agitated/ distressed
- Regular Slammer
- Tests positive for HCV genotype 3

What do you do?

- Discuss his chem use
- Organise fibroscan/ultrasound/ baseline bloods
- Discuss HIV adherence

6 weeks on

- Fibroscan 4.5
- Ultrasound N
- HCV VL 66,000
- ALT 45
- CD4 320
- VL < 40 (taking medication now with your help)
- Only doing chems at the weekend


What do you do?

- Treat Hep C
- Defer Hep C Treatment

You decide to treat him when the drugs are available, what with?

- Simeprevir/Peg/Riba
- Sofosbuvir/Peg/Riba
- Sofosbuvir/ledipasvir
- Sofosbuvir/daclatasvir
- Ombitasvir/paritaprevir/ritonavir + dasabuvir

What can you use

- Simeprevir/Peg/Riba
- Sofosbuvir/Peg/Riba 
- Sofosbuvir/ledipasvir
- Sofosbuvir/daclatasvir
- Ombitasvir/paritaprevir/ritonavir + dasabuvir



Which combination will interact with the HIV drugs in this patient

- Sofosbuvir/Peg/Riba
- Sofosbuvir/ledipasvir
- Sofosbuvir/daclatasvir

Which combination will interact with the HIV drugs in this patient

- Sofosbuvir/Peg/Riba
- Sofosbuvir/ledipasvir
- Sofosbuvir/daclatasvir



You choose Sofosbuvir/Daclatasvir
What dose of daclatasvir

- Daclatasvir 30mg OD
- Daclatasvir 60mg OD
- Daclatasvir 90mg OD
- Don't know?

You choose Sofosbuvir/Daclatasvir
What dose of daclatasvir

- Daclatasvir 30mg OD
- Daclatasvir 60mg OD
- Daclatasvir 90mg OD
- Don't know?



He starts Treatment, what do you advise about chems and slamming

- Stop them
- Just Don't inject
- Appointment with a specialist health advisor
- Refer to a counsellor
- Don't know?

He is struggling with the tablets what do you do?

- Telephone clinics
- Phone alarms
- See weekly or more often
- Don't know



National HIV Nurses Association



NHIVNA Pre-conference Study Day
'Current Issues in HIV, Hepatitis and other
Blood-borne Viruses'
In collaboration with BASLNF

Royal Armouries International, Leeds

17 June 2015

