Perception of Spanish HIV Physicians’ towards diagnosis and management of neuropsychiatric comorbidities in people with HIV

Perez Valero, I.1; Blanch Andreu, J.2; Martinez Chamorro, E.2
1Hospital Universitario La Paz, Madrid, Spain; 2 Hospital Clínico, Barcelona Spain;

Background
The degree of compliance of clinical guidelines recommendations for diagnosing and managing neuropsychiatric comorbidities (NPC) in people with HIV (PWH) is unknown in our setting.

Objective
- Examine the opinion, knowledge, and attitudes of non-psychiatrists who care for HIV+ patients concerning the management of psychiatric pathology.
- Evaluate possible differences between physicians in the management of psychiatric pathology in relation to their sex, age, years of care activity, healthcare environment.

Methods
We designed and validated a structured 20 minutes interview for HIV physicians to evaluate compliance of clinical recommendations for diagnosing and managing NPC in PWH and identify gaps for improvement. This interview was completed by March 2020 by a geographically representative sample of Spanish HIV physicians. Through closed questions, physicians were asked about:
- how they perceive the impact of NPC on their ability to identify NPC on their thoughts on initial management should be NPC
- knowledge of neuropsychiatric disorders
Physicians included in the study must have:
- have more than four years of experience
- be responsible of the treatment and follow-up of the patient
- have more than 50 HIV+ patients per month.

Results
Health professionals characteristics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of beds of the center</th>
<th>Do you only/mostly care for PWH?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal medicine</td>
<td>Up to 500</td>
<td>Yes</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>More than 500</td>
<td>No</td>
</tr>
</tbody>
</table>

Sex and age (mean)

<table>
<thead>
<tr>
<th>Sex and age (mean)</th>
<th>Number of HIV patients per month (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>125 patients</td>
</tr>
</tbody>
</table>

Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Mean years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 years old</td>
<td>40</td>
</tr>
</tbody>
</table>

NPC are underdiagnosed in PWH

- Health professionals who had a psychiatry and psychology professional dedicated to HIV reported to be totally agree with the underdiagnosis of NPC (27% vs. 11%, significant difference between health professionals with or without psychiatry and psychology service, respectively).

Antiretroviral drugs associated with the appearance of NPC

- Most of the physicians reported Dolutegravir and Efavirenz as the treatments most frequently associated with NPC.

The choice of treatment is conditioned by the toxicity profile of antiretroviral drugs

- Efavirenz (EFV) 89
- Darunavir (DRV) 5
- A lot** 36
- A little 27
- Quite 3
- No 1

Identification of NPC in PWH

- Are NPC easy to identify?
  - Yes 44
  - No 52

- Do physicians have appropriate tools to identify NPC?
  - Yes 46
  - No 53

- Should the detection improve?
  - Yes 92
  - No 2

Discussion

- According to the health professionals consulted:
  - NPC are underdiagnosed in PWH
  - Emotional and sleep disorders are the most frequent NPC
  - Even though without proper training, health professionals have the sensitivity to detect NPC in PWH.
  - Dolutegravir and Efavirenz are the treatments most frequently associated with NPC.
  - The toxicity profile of the antiretroviral drugs condition the choice of the treatment.
  - The detection of NPC in PWH is not easy.
  - Health professionals do not have appropriate tools to identify NPC in PWH.
  - The detection of NPC in PWH must improve.

Acknowledgments

We extend our thanks to all the health professionals consulted for their implication and good willingness to contribute to this study.

Disclosures

This work was supported by Gilead Sciences.