HIV as a chronic disease: assessment of a model for first line HIV care by general practitioners and HIV positive patients

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Context: Raising evidence shows the key role of the general practitioner (GP) in the management of effective chronic HIV care. Clear task division and effective communication between GP and aids reference centre (ARC) are lacking.

Onderzoeksvraag: In this study, a first line HIV care pathway was developed. An exploratory study was set-up to measure tendencies in opinions of GPs and HIV patients concerning this pathway.

Methode: The pathway was developed based on international clinical guidelines for HIV care. It was presented to Antwerp GPs and patients, to evaluate the proposed care tasks.

Resultaten: Twenty-nine HIV positive patients were interviewed, 27 received antiretroviral therapy. All patients had a GP, from whom half received their HIV diagnosis. At time of diagnosis 22 % supported their GP being in charge of CD4 and viral load determination. They had a significantly higher tendency to also visit the GP during follow-up. In follow-up 92 % would visit their GP for HIV unrelated problems. The questionnaire was completed by 121 GPs. The mean number of HIV positive patients per GP was 10.80. At time of diagnosis 71.1 % would perform CD4 and viral load determination. In follow-up this dropped to 62.9 %. GPs engaging themselves at time of diagnosis, had a significantly higher tendency to do so during follow-up.

Conclusie: The tendency of Antwerp GPs toward delivery of HIV care is significantly higher than patients? appeal for first line HIV care. More accurate qualitative research to deepen out all stakeholder opinions is required. Detection of different needs for low and high prevalence areas, and implementation of elaborate digital communication modes are imperative. Education of GPs and instruction of GPs, ARCs and patients is required for effective task division.