

Feds Aim to Bolster HIV Screening, Treatment

BY DOUG BRUNK

The federal government has taken a two-pronged approach to reinvigorating its efforts in addressing HIV/AIDS.

In June, the Centers for Disease Control and Prevention launched an initiative aimed at helping physicians make HIV testing a routine part of medical care. The initiative, known as "HIV Screening, Standard Care" aims to increase the use of opt-out screening strategies over risk-based screening, which previously has been the more common practice.

Dr. Jonathan Mermin, director of the CDC's division of HIV/AIDS prevention, Atlanta, said the goal of the new initiative is to increase implementation of the CDC's 2006 HIV screening guidelines, which recommend that all patients aged 13-64 years be tested for HIV at least once in their lives—regardless of perceived risk of infection—and that individuals at high risk be tested at least annually (MMWR 2006;55[RR-14]:1-17).

"The need for HIV screening is an ongoing issue," said Dr. Amir Qaseem, senior medical associate at the American College of Physicians, which recently published a guidance statement for HIV screening (Ann. Intern. Med. 2009;150:125-31). "It's a major public health problem worldwide, even within the United States, where almost 1 million people are living with HIV. Almost 25% of these people are unaware of their HIV infection."

"Risk-based screening has been an unsuccessful strategy and has failed to identify a substantial number of patients with HIV," Dr. Qaseem said. "Routine HIV screening is easier to implement in busy

practice settings." Yet few physicians do it. A 2009 Web-based survey from the public relations firm Porter Novelli found that only 17% of primary care physicians routinely screen their patients for HIV.

And in a study from 2007, investigators from the bureau of HIV/AIDS prevention and control in the New York City Department of Health and Mental Hygiene reviewed published and unpublished literature on HIV testing barriers.

They divided studies into three categories: prenatal, emergency department, and other medical settings (AIDS 2007;21:1617-24). Several barriers were identified in all three settings: lack of knowledge/training, lack of patient acceptance, pretest counseling requirements, competing priorities, and inadequate reimbursement.

"Some providers [feel] awkward raising issues about HIV testing or sexuali-

ty with their patients, because they think someone who's 55 years old may not be at risk," Dr. Mermin said. "But in fact, people of all ages are at risk for HIV infection. Some of that is because it's a chronic disease and people can live with HIV for many years without showing symptoms."

Laws and regulations in some states pose another challenge to adoption of routine HIV screening, as they require

Mealtime therapy can fit into cubicle #8.

HIV: Start the Conversation

Dr. Mermin suggested the following approach to starting the conversation on HIV testing with a patient: "The CDC recommends that all patients are offered an HIV test. Would you like to know your HIV status?"

That approach "is very successful," Dr. Mermin said. "Very few people will ask not to be tested under those circumstances. It takes the onus away from the provider to assess people's risk, and it takes the burden and awkwardness from the patient of having to raise the question of wanting an HIV test."

The CDC testing initiative, supported by the American College of Physicians, the National Medical Association, the Society for General Internal Medicine, the HIV Medicine Association, and the American Academy of HIV Medicine, provides free a resource kit for physicians to use in primary care settings at cdc.gov/hiv/standardcare.

Humalog® KwikPen™, part of the Humalog® approach, is designed to help fit mealtime therapy into your patient's life. It's small, doesn't need refrigeration after the first use, and can be used almost anywhere. To find out more, go to www.Humalog.com or see your Lilly sales representative.

Humalog is for use in patients with diabetes mellitus for the control of hyperglycemia. Hypoglycemia is the most common adverse effect associated with insulins, including Humalog.

For complete safety profile, please see Important Safety Information and Brief Summary of full Prescribing Information on adjacent pages.

Please see full user manual that accompanies the pen.

Humalog
KwikPen™
insulin lispro injection (rDNA origin)



separate written consent for HIV testing of nonpregnant adults.

Routine HIV screening is supported in the government's National HIV/AIDS Strategy for the United States—the other major federal HIV/AIDS effort.

Released in July, the national strategy is a 45-page blueprint with three main goals: reducing the number of people who become infected with HIV, increasing access to care and optimizing health outcomes for people living with HIV, and reducing HIV health-related disparities.

The strategy emphasizes reduction of new HIV infections by intensifying pre-

vention efforts in communities where HIV is most prevalent, expanding targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches, and educating all Americans about the threat of HIV and how to prevent it.

"This has been a long time coming," said Dr. Donna Sweet, professor of internal medicine at the University of Kansas–Wichita. "It reflects, I think, what we all think needs to be done. It really is about reducing new HIV infections, improving care for the people living with HIV/AIDS, and perhaps even

most importantly, narrowing the health disparities, because this epidemic has moved into corners of our country where there are very little resources and a lack of education.

"It's important to address the disparities in what's going on so that all Americans, regardless of color or sexual orientation, truly are considered important," Dr. Sweet continued. "We need to work to maintain their health, both by helping stop the spread of infections in our minority communities as well as making sure people in all communities have access to the best of care."

The strategy sets certain benchmarks to be reached by 2015, including lowering the annual number of new infections by 25%, reducing the HIV transmission rate by 30%, and increasing the percentage of persons living with HIV who know their serostatus from 79% to 90%.

One challenge that worries Dr. Sweet is recruiting young physicians to the field of HIV/AIDS medicine.

"We're going to have an increasing problem finding doctors to take care of HIV/AIDS, simply because the people who have been doing this for 30 years are starting to age out," she said. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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insulin lispro injection (rDNA origin)