Sarah Michienzi, PharmD<sup>1</sup>, Thomas Chiampas, PharmD<sup>1,2</sup>, Amy Valkovec, PharmD Candidate<sup>1</sup>, Siria Arzuaga, PharmD Candidate<sup>1</sup>, Mahesh Patel, MD<sup>3</sup>, Scott Borgetti, MD3, Melissa Badowski, PharmD, MPH1

1. University of Illinois at Chicago College of Pharmacy, Chicago IL; 2. Gilead Sciences Inc.; 3. University of Illinois at Chicago College of Medicine, Chicago IL

### Introduction

- ☐ The 2018 ACC/AHA Guideline on the Management of Blood Cholesterol included HIV as an ASCVD risk enhancer for the first time
- ☐ Providers may be delayed in incorporating new guideline recommendations into their practice

#### **Methods**

- ☐ Retrospective cohort from HIV Telemedicine Clinic
- □ Inclusion
  - Incarcerated in IDOC
  - > 1 clinic visit during study period (1/1/19 6/1/19)
  - > 18 years of age
  - HIV positive
- Exclusion
  - Existing ASCVD
- Primary Outcome
  - Appropriate statin use per 2018 ACC/AHA Guidelines

#### **Disclosures**

Dr. Chiampas is an employee of Gilead Sciences, Inc. At the time of this project, he was an employee of the University of Illinois at Chicago. The other authors have nothing to disclose in relation to this project or presentation.





AHA/ACC: American Heart Association/American College of Cardiology; ART: antiretroviral therapy (ABC: abacavir: INSTI: integrase strand transfer inhibitor: PI: protease inhibitor: TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate); ASCVD: atherosclerotic cardiovascular disease; FLP: fasting lipid panel (TC: total cholesterol; TG: triglycerides; HDL: high density lipoprotein: LDL: low density lipoprotein): HIV: human immunodeficiency disease: IDOC: Illinois Department of Corrections; SD: standard deviation; Statin: Hmg-CoA reductase inhibitor

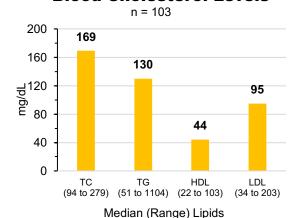
# **Statin Appropriateness**



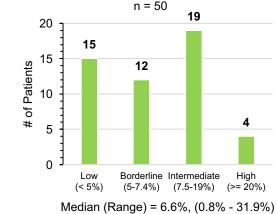
**35%** of patients did not have a FLP in the past year **46%** of patients with an FLP were not on appropriate statin therapy

Appropriate statin therapy for inmates with HIV is an area of improvement as we begin caring for an aging population.

### **Blood Cholesterol Levels**



### 10-Year ASCVD Risk



833 S. Wood St., Suite 164, Chicago IL 60612 msarah@uic.edu T: 312-996-8993 F: 312-413-1797

## **Baseline Characteristics**

-	Characteristics, n (%)*	N = 158
Age (years), mean <u>+</u> SD		42 <u>+</u> 12
Gender	<ul><li>Male</li><li>Female</li><li>Transgender Female</li></ul>	140 (89%) 10 (6%) 8 (5%)
Race	<ul><li>Black or African American</li><li>Hispanic / Latinx</li><li>White</li></ul>	116 (73%) 13 (8%) 9 (6%)
HIV Mark	<ul> <li>Kers &amp; History</li> <li>CD4 Count &gt; 200 cells/µL</li> <li>Viral Load &lt; 20 copies/mL</li> <li>Years with HIV, mean ± SD</li> </ul>	153 (97%) 134 (85%) 14 <u>+</u> 9
	chor Drug (N=152)  INSTI  Multi-Class  PI  NNRTI  kbone (N=152)^  TAF  ABC  TOF	131 (86) 10 (7) 6 (4) 5 (3) 109 (72) 33 (22) 4 (3) 2 (1)

# **BMI Categorization**



