Quality of Cardiovascular Disease Prevention for People Living with HIV

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Abstract
The objective of this dissertation was to assess the quality of cardiovascular disease (CVD) prevention among people living with HIV (PLHIV) in the United States. Using semi-structured interviews, we explored infectious diseases (ID) specialists' CVD care perceptions. Using retrospective data from the Duke University Medical Center, we assessed the association between combined care provision by primary care providers (PCP) and ID specialists compared to ID specialist only and time to being prescribed primary and secondary CVD prevention therapies.

Analytical approaches included template and survival analysis.

In our first analysis, two themes emerged: (1) ID specialist attitudes and perceptions towards CVD risk factor management; and (2) healthcare system factors that influenced CVD prevention in HIV care.

The second analysis assessed differences in the rate of prescribing antihypertensive and statins for PLHIV who saw an ID specialist plus their PCP versus those who only saw an ID specialist. Hypertensive patients who saw an ID specialist and PCP were more likely to be prescribed antihypertensive compared to those who only saw an ID specialist (hazard ratio [HR] =1.404, 95% confidence interval [CI] 1.016-1.942). There were no differences in the rate of being prescribed statins (HR =1.404, 95% CI 0.715-1.523).

Third analysis assessed use of secondary CVD prevention therapies among PLHIV and whether there were differences in the rate of prescribing therapies between PLHIV who saw an ID specialist and PCP compared to those who saw an ID specialist only. Out of 340 eligible patients, 50% and 25% had been prescribed antiplatelet agents and beta blockers, respectively. Compared to those who only saw an ID specialist, those who saw an ID specialist and PCP were more likely to be prescribed beta blockers (HR =1.69, 95% CI 1.02 – 2.80) and antiplatelet agents (HR=2.28, 95% CI 1.58 – 3.27).

These findings suggest that there is room for improvement in the quality of CVD prevention among PLHIV. Future research and interventions should focus on, strategies to encourage appropriate management of CVD risks by ID specialists, reduction of barriers in HIV care settings that impede CVD prevention and interventions to improve time to prescription for CVD risk factors.

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