I want to thank all HIVPA members for your support and encouragement during my 2 years as chair. And I want to say a huge big thank you to all committee members in 2005 and 2006 for all your innovation and hard work. It has been great to see new ideas and projects develop and this has been down to the enthusiasm and commitment of HIVPA members.

It will be exciting to see the results of the HIVPA members’ questionnaire tackled at the HIVPA committee strategy weekend meeting in August, in order to move HIVPA forward to greater and better things.

I have felt privileged to be part of an organization where the members aspire to high standards of professionalism and clinical practice and want to see the best for their patients living with HIV! - long may it continue.

Jen
HIVPA ANNUAL CONFERENCE

Viral Resistance

The first session of the 2007 HIVPA conference tackled a popular topic, the development of viral resistance in HIV.

Professor Clive Loveday, Consultant at Barts and the Royal London hospital and director of the ICVC Charitable Trust, opened up with an informative lecture that helped to demystify this area. He began with a review of virology and a virus’s enormous capacity for evolution, resulting in quasispecies that persist possibly indefinitely in memory cells. He went on to discuss the different methods of detecting viral resistance. The advantages and disadvantages of phenotyping and genotyping methods of detecting resistance were explained. Finally, the group learnt about specific mutations that confer resistance to particular anti-retrovirals and the impact on future treatment options.

David Ogden, the Lead HIV pharmacist at St George’s Hospital, followed with some interactive resistance case studies. The whole audience participated by keying in answers to David’s questions on electronic handsets. The results were then graphically displayed and the different answers discussed. Reassuringly, the majority answered all the questions correctly.

By the conclusion of this session the positive consensus of the group was increased confidence with recommending treatment options based on resistance. Everyone enjoyed and benefited immensely from these two knowledgeable and enthusiastic presenters, the quality of which set a great tone for the rest of the conference.

Sharon Wouda, Rotational pharmacist
St Mary’s NHS Trust
HIV and Younger People

Deepak Patel, a Paediatric HIV Pharmacist from St Mary’s began the paediatric session with an overview of paediatric HIV services in the UK & Ireland. He has kindly summarized the main discussion points from the session.

The key differences between adult and paediatric HIV services were highlighted by describing the “Family Clinic” model of specialist HIV care explaining the concept of shared-care which helps overcome barriers to HIV affected families accessing the highest quality care. The Family Clinic is essentially a HIV outpatient service for adults and children, provided in collaboration between the adult and paediatric multi-disciplinary team members in a child friendly environment. The role of the “Paediatric” HIV pharmacist including the ways in which this role contributes to the care of HIV-positive children were discussed with an emphasis on applying the transferable skills and resources of an “Adult” HIV pharmacist to achieve the best possible pharmaceutical care for children.

Paediatric Infectious Diseases Consultant, Dr Hermione Lyall went on to enthusiastically highlight the differences in treating HIV in children compared to treating HIV in adults. In a very pharmacy focused presentation, Dr Lyall went on to uncover the virological, immunological and metabolic differences that contribute to the differences in pharmacokinetics and response to antiretrovirals observed in children. The complexities which complicate dosing in children, such as the lack of PK data by age group, dosing by weight and/or surface area, and knowing when to switch to adult doses were highlighted. Practical issues around unpalatable liquids, pill swallowing and patient education were addressed and future initiatives to help with adherence such as paediatric friendly mini-pill, fixed-dose combinations, novel treatment strategies and once-daily dosing were also discussed. In conclusion the success of paediatric HIV services in the UK & Ireland were illustrated by new CHIPS (Collaborative HIV Paediatric Study) data on the increasing number of children reaching adolescence and adulthood.

The final speaker Dr Thomas Campbell, Clinical Psychologist at Newham hospital gave an insight into the complexities of growing up with HIV as a child. One of the major issues covered was the education of the child regarding their HIV diagnosis with a view to full disclosure. This was described as a gradual process as opposed to a single event. Particular emphasis was paid to discussions around sexual health in the aim of achieving good adherence to antiretrovirals and the general well being of young adults.

Deepak Patel, Paediatric HIV Pharmacist from St Mary’s

Please visit the all new website www.chiva.org
HIVPA CONFERENCE 2007, Nottingham.

On Friday evening after a long day filled with useful information, most delegates met in the Lace Market section of Nottingham for a fun evening filled with food, wine, laughter and even a live band accompanied by dancing on the tables at Bistro Live. A nice relaxed atmosphere in which old friends could catch up and new friends were made.

Upcoming Events:

**Study Days**

September & November

More details to follow by e-mail and on website [www.hivpa.org](http://www.hivpa.org)

**SEPTEMBER STUDY DAY** we will have a later start to accommodate people traveling from afar and locals who need to cover wards in the morning, 1pm-6pm Friday 28th September. Topics include: Salvage, low level viremia, PEP, PrEP and pregnancy PEP.

HOPE TO SEE YOU ALL THERE!
HIVPA Study day 20 April

On a bright and sunny Friday in April we were treated to a lively and very topical study day. Our first speaker was Manjit Affley, Scientific Advisor from Pfizer who gave us a comprehensive overview of the mode of action and use of the new CCR5 inhibitor, Maraviroc. It is being trailed in treatment-naïve patients and may have some immunological benefit in treatment-experienced patients.

Next we had our session on Complementary and Alternative medicine. Sharon Byrne, HIV Pharmacist from Kingston Hospital de-mystified CAMs for us from the point of view of a Homeopath, Reflexologist, Yoga Teacher and someone who has studied Phytotherapy and Ayurvedic Medicine. She explained different types of CAM and their benefits. She broadly separated them into therapies that were ok with ARVs and those that need to be looked at each time (e.g. Herbs, Chinese, Western African, Asian, Ayurvedic herbs and Supplements.) Her passion for the subject was obvious and convinced us all that appropriate CAM can be used alongside conventional medicine to greatly benefit the patient.

David Ladenheim provided us with an overview of the safety and efficacy of CAMs and discussed the problems that can occur as a result of using CAMs. David has led research into this area and presented an overview of his findings that showed that 61% of patients on ARVs take herbs/supplements and 35% use physical treatments. The variety of agents used was huge. This study highlights that patients are taking CAM and may not be telling their pharmacist or treatment provider. Agents to look out for in particular are Echinacea, ST. Johns Wort, Garlic and Kava. (see table on next page)

Much debate was generated and it was acknowledged by all that it is vital to use accurate sources of information when giving advice to patients on CAM. Natural Medicines Comprehensive Database was recommended.

Rosy Weston Senior Principal HIV Pharmacist at St. Mary’s provided us with a pharmacy-specific feedback from CROI. This was very useful as it focused on topics that are relevant to us as HIV Pharmacy teams such as news of new agents and where they are with respect to development. She included some interesting data on the new tablet formulation of ritonavir and informed us that it is still a long way off from release.

Iain Davidson, principal HIV Pharmacist at Chelsea and Westminster gave us a pharmacology update on behalf of BMS. He concentrated on data from the recent CROI conference and highlighted points relevant to pharmacy.

The main afternoon session was on HIV and the Brain. The speaker was Dr. Simon Rackstraw, medical director at the Mildmay hospital, which has a large brain-impairment unit. He spoke about the direct effects of HIV on the brain and how the incidence of HIV encephalopathy/AIDS dementia complex(ADC) is not decreasing despite the widespread use of ARVs.
Lower CD4 counts and increasing age are risk factors for the development of ADC. He discussed the staging of ADC and how it can quickly develop from some subtle signs and symptoms to more marked brain impairment. He discussed the penetration of various ARVs into the CNS – Abacavir, Stavudine and Zidovudine penetrates the best out of the NRTI’s and nevirapine also penetrates well. There are studies, which suggest that Efavirenz does not penetrate the CNS but from the side-effect profiles it is obvious that Efavirenz does get into the brain. Protease inhibitors and tenofovir do not penetrate the CNS very well.

Use of ARVs is the mainstay of treatment and there is also some promising work looking at sodium valproate and lithium as adjunctive treatments. He spoke about opportunistic infections that cause brain impairment including toxoplasmosis, PML, CMAV encephalitis and also neuropsychiatric side effects of ARVs. He discussed the rehabilitation process and how this is facilitated at Mildmay. It was a very comprehensive overview and provoked a lot of audience participation and discussion.

Ciara Fennessy, Mayday Hospital

### A table summary of the study presented by David Ladenheim at the HIVPA study day:

<table>
<thead>
<tr>
<th>CAM</th>
<th>Number of patients (n)</th>
<th>ARV Drug Class</th>
<th>Interaction</th>
<th>Potential concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aloe Vera</td>
<td>5</td>
<td>All ARV’s</td>
<td>Increased gastrointestinal transit</td>
<td>Reduced drug absorption leading to therapeutic failure of ARV [36]</td>
</tr>
<tr>
<td>Cat’s Claw</td>
<td>1</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [25]</td>
</tr>
<tr>
<td>DHEA</td>
<td>2</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [26]</td>
</tr>
<tr>
<td>Ginkgo biloba</td>
<td>6</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition and/or induction</td>
<td>Risk of ARV related side effect and/or ARV therapeutic failure [27-29]</td>
</tr>
<tr>
<td>Ginseng</td>
<td>6</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [30]</td>
</tr>
<tr>
<td>Liquorice</td>
<td>2</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [31-32]</td>
</tr>
<tr>
<td>Milk Thistle</td>
<td>6</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [33]</td>
</tr>
<tr>
<td>Red Yeast</td>
<td>1</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of ARV related side effect [34]</td>
</tr>
<tr>
<td>Vitamin C &gt;1g</td>
<td>16</td>
<td>NNRTI and/or PI</td>
<td>Risk of CYP3A4 enzyme inhibition</td>
<td>Risk of sub therapeutic ARV levels [37]</td>
</tr>
</tbody>
</table>
Welcome to Iain Davidson, elected as our new Chair at the annual conference: a few known & unknown facts about Ian!

Next issue:
FOCUS ON John Beale

FOCUS ON Iain Davidson

- Place he grew up: Liverpool
- Where did you study: Nottingham
- What is your dream mode of transport: A Yacht
- Your favorite holiday destination: Anywhere with mountains or sea (preferably both)
- Favorite TV programme/series: Phoenix nights
- Hobbies: Golf, diving, squash etc

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Position</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iain Davidson (Chair)</td>
<td></td>
<td>Chelsea &amp; Westminster Hospital</td>
</tr>
<tr>
<td>Clara Fennessey (Treasurer)</td>
<td></td>
<td>Mayday Hospital</td>
</tr>
<tr>
<td>Brett Marett (PR Liaison)</td>
<td></td>
<td>St Mary’s Hospital</td>
</tr>
<tr>
<td>Shema Doshi (HIVPA on-line training lead – clinical)</td>
<td></td>
<td>Kings College Hospital</td>
</tr>
<tr>
<td>Neal Marshall (IT Co-coordinator and HIVPA on-line training lead)</td>
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<td>Royal Free Hospital</td>
</tr>
<tr>
<td>June Minton (Audit lead)</td>
<td></td>
<td>University College London Hospital</td>
</tr>
<tr>
<td>Chinyere Okoli (Mentorship programme lead)</td>
<td></td>
<td>Barts and the London Hospital</td>
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<tr>
<td>Sonali Sonecha</td>
<td></td>
<td>North Middlesex Hospital</td>
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<tr>
<td>John Beale (Regional rep co-coordinator)</td>
<td></td>
<td>Oxford Radcliffe Hospitals</td>
</tr>
<tr>
<td>Celeste Naude, Newsletter Editor</td>
<td></td>
<td>St Mary’s Hospital</td>
</tr>
</tbody>
</table>

Email ALERT!
Most communications to members will be by email; so have we got your current and correct work and personal email addresses? All members are encouraged to send an email to hivpa@conass.co.uk giving your name, preferred address for written communications and best contact number to update the membership database.
The AAP Increasing Antiretroviral Drug Access for Children with HIV Infection policy statement.

American Academy of Pediatrics (AAP).

Increasing Antiretroviral Drug Access for Children With HIV Infection
Committee on Pediatric AIDS, Section on International Child Health

ABSTRACT

Although there have been great gains in the prevention of pediatric HIV infection and provision of antiretroviral therapy for children with HIV infection in resource rich countries, many barriers remain to scaling up HIV prevention and treatment for children in resource-limited areas of the world. Appropriate testing technologies need to be made more widely available to identify HIV infection in infants. Training of practitioners in the skills required to care for children with HIV infection is required to increase the number of children receiving antiretroviral therapy. Lack of availability of appropriate antiretroviral drug formulations that are easily usable and inexpensive is a major impediment to optimal care for children with HIV. The time and energy spent trying to develop liquid antiretroviral formulations might be better used in the manufacture of smaller pill sizes or crushable tablets, which are easier to dispense, transport, store, and administer to children.

The statement appeared in the April issue of Pediatrics, the peer-reviewed, scientific journal of the American Academy of Pediatrics (AAP) and was endorsed by HIVPA. For full statement follow the following link

http://www.pediatrics.org/cgi/doi/10.1542/peds.2007-0273

What to look for in a Multivitamin

Do you have patients who are eager to use vitamin and mineral supplements? Senior dietician, Karen Klassen from St Mary’s NHS Trust has produced a patient information leaflet which can be viewed on the HIVPA website under “Documents”
HIV Study day
16th November 2007.
Cost per Delegate £70
HOEFT employees £20
(Limited places)

A Range of Topics Covered including HIV testing, Maternity issues, Antiretrovirals Case Studies, Asylum Issues
Who is it aimed at? Nurses, Midwives, Health care assistants and other Allied Healthcare Professionals.

For more information and to reserve a place:
0121 424 0361 or 0121 424 2309
Lorraine.lewis@heartofengland.nhs.uk