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Consensus statement

Executive summary of the consensus statement on assistance to women with HIV infection in the health care sector

Panel of experts from the National AIDS Plan (PNS) and AIDS Study Group (GeSIDA)[◊]

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ABSTRACT

The aim of this paper was to develop a consensus on clinical recommendations for health care assistance for women with HIV infection. To this end, a panel of experts, appointed by the Secretariat of the National AIDS Plan and GeSIDA was assembled, that included internal medicine physicians with expertise in the field of HIV infection, gynecologists, pediatricians and psychologists, with two members of the panel acting as coordinators. Scientific information was reviewed in publications and conference reports up to October 2012. In keeping with the criteria of the Infectious Disease Society of America, two levels of evidence were applied to support the proposed recommendations: the strength of the recommendation according to expert opinion (A, B, C) and the level of empirical evidence (I, II, III), already used in previous documents from SPNS/GESIDA. Multiple recommendations are provided for the clinical management of women with HIV infection, considering both the diagnostic and possible therapeutic strategies. This document presents recommendations for the treatment of women with HIV infection. This must be multidisciplinary, taking into account the differences that can be found in the diagnosis, development of disease and treatment between men and women.

Resumen del documento de consenso sobre la asistencia en el ámbito sanitario a las mujeres con infección por el VIH

Palabras clave:
Virus de la inmunodeficiencia humana
Género
Mujer
Sexualidad
Tratamiento antirretroviral

RESUMEN

El objetivo de este documento ha sido establecer un consenso sobre recomendaciones clínicas para la asistencia en el ámbito sanitario de las mujeres con infección por el virus de la inmunodeficiencia humana (VIH). Para ello se reunió a un panel de expertos designados por la Secretaría del Plan Nacional sobre el Sida (SPNS) y GeSIDA que incluyó médicos especialistas en medicina interna con experiencia en el ámbito del VIH, ginecólogos/as, pediatras y psicólogas, actuando 2 miembros del panel como coordinadoras. Se revisó información científica hasta octubre de 2012 a partir de publicaciones y comunicaciones a congresos. Como apoyo a las recomendaciones se utilizaron 2 niveles de evidencia: la fuerza de la recomendación según opinión del experto (A, B, C) y el nivel de evidencia empírica (I, II, III), ambos niveles basados en los criterios de la Infectious Disease Society of America, ya utilizada en documentos previos de la SPNS/Gesida. Se proporcionan múltiples recomendaciones para el manejo clínico de las mujeres con infección por el VIH, considerando tanto el proceso diagnóstico como posibles estrategias terapéuticas. En este documento se presentan las recomendaciones para el abordaje de las mujeres con infección por el VIH. Este debe ser multidisciplinar, teniendo en cuenta las diferencias que se puedan encontrar en el diagnóstico, en el desarrollo de la enfermedad y en el tratamiento en los hombres y las mujeres.

Introduction

Data from the 2012 UNAIDS report show that women account for 49% of the HIV-infected population worldwide. In 2011, the UN reported 2763 new cases of HIV, of which 17% were women, with heterosexual relations as the primary transmission category. Despite these figures, the representation of women in clinical trials is only between 12% and 23%.

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◊ The members of the Expert Panel are listed in Appendix 1.

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One of the distinguishing characteristics of the infection in women compared to men is greater vulnerability of women as a result of discrimination, rape, domestic violence, and lack of recognition of fundamental rights, all of which imply a greater need for prevention, care, and support.

This document presents recommendations on the differential approach to women infected by HIV by conducting a review of the available scientific evidence for each of the aspects included in the text.[1]

Clinical practice from the perspective of gender

The incorporation of the gender perspective in health care requires the different needs of women and men to be addressed in order to avoid gender bias. Consequently, the biopsychosocial model is proposed, as it takes into account biological, psychological, and social qualities and favors a more comprehensive knowledge of the patient. As for health professionals, several factors affect incorporation of the gender perspective in clinical care, as follows:

- Training of health professionals in gender differences in order to achieve real change.
- The relationship between professionals and patients: sex and sexual orientation affect the communication style of health professionals and thereby the relationship with patients.
- Incorporation of the gender perspective in clinical practice guidelines, which should take account of possible biases in the different sections during the preparation phase. Therefore, it is necessary that the people involved in the working group accept the relevance of the gender perspective and improve their training in this area.

The most significant barriers to a gender perspective are poor sensitivity and awareness of diversity by the professional, communication problems between patient and professional, and organizational difficulties related to the lack of time or the patient's right to choose the sex of the attending professional.

Recommendations

1. It is necessary to promote training of health professionals in order to avoid gender bias (**A-III**).
2. The needs of men and women should include differences in morbidity, i.e., differences in disease development, diagnosis, and treatment (**A-II**).
3. We must develop and/or enhance communication and professional skills in order to facilitate identification of psychosocial needs, vulnerability, and social determinants and improve communication between professionals and patients (**B-III**).
4. Clinical trials/studies should include more women to enable conclusions to be drawn and to make an analysis of the different social roles and positions of men and women in order to achieve optimal scientific output from this type of analysis (**B-III**).
5. Gender biases in information, research, and health care should be taken into consideration when developing clinical practice guidelines and recommendations in this area (**B-III**).

The life cycle of women and HIV

Adolescence

One of the most important aspects at this stage is the detection of the disease. It is therefore essential that HIV infection be detected on an individual basis. The detection process should always be adapted to the psychological, social, and maturational level of the adolescent and involve psychological support whenever possible.

As for initiation of antiretroviral therapy, adolescents infected at this time should start therapy according to established criteria for the adult population. However, in perinatally infected individuals, adolescence is the time for simplification strategies favoring once-daily dosing or coformulations, according to guidelines on antiretroviral drugs. Adult doses are used from Tanner stage V onward. Metabolic toxicity is common, especially that affecting lipid metabolism. Interventions for the control of lipid abnormalities include lifestyle modifications, modification of antiretroviral drugs, and timely use of lipid-lowering agents.

Changes in body fat distribution have negative consequences that can affect psychological well-being and lead to social stigmatization, and adherence problems. Interventions affecting female adolescent nutritional status have the greatest impact on achieving peak bone mass.

The frequency of neurocognitive impairment will depend not only on the course of the disease itself or the treatment received but also on environmental and socioeconomic factors affecting the families of adolescents.

- Sex should be addressed early, by providing appropriate information and involving caregivers. In addition, the infected sexually active teenager should undergo gynecologic evaluations, including human papillomavirus screening and cytology. HIV-infected adolescents should be vaccinated against human papillomavirus.

Recommendations

1. Adolescents should be informed about the diagnosis of HIV infection on an individual basis, with the participation of a multidisciplinary team. Information should be adapted to their maturational and social characteristics (**C-III**).
2. Therapeutic regimens should be simple, effective, and of low toxicity in order to improve adolescent quality of life (**B-II**).
3. Dietary measures and exercise are advisable in the treatment of abnormal distribution of body fat (**B-II**). Reconstructive surgery should be reserved for adolescents with severe facial lipoatrophy with a marked physical and/or psychological impact and if they have completed growth (**C-III**).
4. DXA to assess bone mineral density should be performed based on age, height and weight, and Tanner stage (**B-II**).
5. HIV-infected adolescents should be vaccinated against human papillomavirus (**A-II**).
6. Barrier methods should be used. Occasionally, combination with oral contraception can prevent unwanted pregnancy (**B-III**). The postcoital contraceptive pill is not contraindicated (**C-III**).
7. We recommend follow-up counseling at multidisciplinary units to ensure that the patient takes her antiretroviral therapy and attends medical check-ups (**C-III**).

Reproductive health. Pregnancy and contraception

Before applying measures to prevent vertical transmission, it is essential to know if the mother is infected with HIV; therefore, screening for HIV infection is generally recommended for all pregnant women. This screening should always be offered, unless the woman refuses consent (strategy known as opt-out). Ideally, every woman should know her HIV status before attempting to become pregnant. In addition, all pregnant women whose serostatus is unknown at the time of delivery, in the immediate postpartum, or when admitted during the third trimester of pregnancy should undergo a rapid serological test, which facilitates implementation of specific preventive measures. Moreover,