

## What's your problem?

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**Doctor Louise answers readers' questions.**

### Should I have an HIV GP?

**Jasper from Adelaide writes:** I am 45 years old, have been positive for many years and am stable on treatment. I get most of my care from a large tertiary hospital in the city but recently the doctor asked me if I had a GP and that maybe I should link up with one.

I am pretty well, work full-time and wonder why she might have suggested this?

**Dr Louise replies:** It's great to hear that things have been going well for you.

Australia has a well established 'shared care' model of HIV care. Most people have the option of receiving care either in tertiary hospitals (usually through Infectious Diseases outpatient clinics) or in General Practice.

The doctors working in General Practice are usually GPs or sexual health physicians who specialise in HIV medicine and are qualified to prescribe antiretroviral medications.

Many people reading this magazine will already be engaged with a doctor like this. Some people may attend an outpatient department as well as see a GP. Others rarely go to hospital at all. (We like to keep people out of hospital where possible but when necessary, can always call on our expert colleagues who work there.)

As you would know, HIV infection is a chronic condition that can affect multiple systems within the body. And as treatment options have evolved so has the list of long-term sequelae (or consequences) of treating this infection.

So, in addition to providing people with HIV care, GPs are also keen to engage you in active preventative health measures. Therefore, a routine health maintenance check with us might include checking your blood pressure and cardiovascular risk factors, your vaccination status, weight and urinalysis, and discussing medication regimes as well as any personal mental and social health issues you might have.

Admittedly, this is a lot to get through in a standard 15-minute consultation, so you may need to make a special, double appointment. Some practices involve a nurse to facilitate some of these assessments.

These health checks are also really important for people who haven't started on treatment. We recommend that those not yet on treatment have a regular review with their GP, ideally with blood tests, every three or four months. Among other things, these regular visits will help you and your clinician to build a rapport with each other.

People who have less frequent monitoring can sometimes find there has been a significant decline in their CD4 count between visits and then we may have to look at a lot of issues at once – including preventing opportunistic infections as well as starting treatment.

National and international guidelines are starting to recommend we commence antiretroviral treatment earlier — ideally when CD4 counts are between 350 and 500 (rather than under 350).

Having regular monitoring allows us to plot your CD4 count and [viral load](#) [1]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. to detect any changes and to help prepare you for the prospect of starting ARVs.

Even if you are quite adamant that you don't want to start treatment, having a regular review with your GP is important. That way we can discuss ways of maximising your health and minimising your risk of getting sick.

### How to find an HIV- 'friendly' s100 prescriber in your area

The Australasian Society for HIV Medicine ([ASHM](#) [2]Australasian Society for HIV Medicine. The peak Australasian organisation representing the medical and health sector in HIV/AIDS and related areas. ) has a list of trained HIV s100 prescribers on their website:

[www.ashm.org.au](http://www.ashm.org.au) [3]

The following link will take you to a list of the public Sexual Health Clinics in Australia and New Zealand:

[www.racp.edu.au](http://www.racp.edu.au) [4]

## DOCTOR LOUISE

Keep your questions under 100 words and email them to: [pl@napwa.org.au](mailto:pl@napwa.org.au) [5]

Dr Louise Owen is [Clinical](#) [6]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science. Director of the Centre Clinic in St Kilda. Her advice is not meant to replace or refute any advice given by your own doctor as your individual medical circumstances are best dealt with by your own practitioner.

- [Accessing HIV care and treatment](#)

### Links:

[1] <http://napwa.org.au/glossary/term/416>

[2] <http://napwa.org.au/glossary/term/382>

[3] <http://www.ashm.org.au/images/prescriber/ashmprescribers.pdf>

[4] <http://www.racp.edu.au/page/sexual-health-publications>

[5] <mailto:pl@napwa.org.au>

[6] <http://napwa.org.au/glossary/term/475>