

Are we following standard guidelines for diabetes management in patients living with HIV who attend the infectious disease practice at our institution?

Melissa Wing MS4, Shruti Varadarajan MS3, Tanzila Salim MD, Diana Finkel DO, Steven Keller PhD

Rutgers New Jersey Medical School

Background: Antiretroviral therapy has increased lifetimes for patients living with HIV, and consequently the likelihood of developing comorbidities including cardiovascular disease and diabetes. Patients with HIV on long-term antiretroviral therapy may be at greater risk of metabolic dysregulation; in fact the prevalence of diabetes mellitus is higher in individuals with HIV compared to the general population. It is critical that physicians managing these patients prevent life-threatening complications of diabetes mellitus. This QA/QI study aims to assess whether providers in the Infectious Disease Practice at University Hospital in Newark, NJ are following evidence-based guidelines in the management of diabetes in patients living with HIV.

Methods: A retrospective chart review was conducted on the Infectious Disease Clinic database. A total of 36 patients who were over 18 years old and had concomitant diagnoses of HIV and Diabetes from 2019-2021 were abstracted. The most up-to-date management guidelines from the American Diabetes Association, including assessment of glycemic status, blood pressure, urinary albumin and eGFR and external referrals to the ophthalmologist and podiatrist, were used to evaluate visits.

Results: Of the total sample of patients with HIV and Diabetes from 2019-2021:

- 49% [38%-61%] had their glycemic status assessed properly
- 100% [98%-100%] had their blood pressure measured at each visit
- 42% [32%-52%] had their annual urinary albumin checked
- 86% [78%-92%] had their annual eGFR assessed
- 36% [27%-47%] had a documented referral for annual retinal exam
- 22% [14%-31%] had a documented referral for annual foot exam

Conclusion: The results indicate that we are appropriately monitoring blood pressure and GFR in patients living with HIV and diabetes who attend the Infectious Disease practice based on the ADA guidelines for diabetes management. However improvements are still needed in assessing glycemic status, urinary albumin levels, and obtaining annual retinal and foot exam referrals, which are particularly critical in this population to reduce morbidity and mortality.