



Evaluation of HIV Testing Recommendations in Specialty Guidelines for the Management of HIV Indicator Conditions

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OBJECTIVES

European guidelines recommend HIV testing for individuals presenting with certain indicator conditions (IC) in addition to AIDS defining conditions (ADC). The extent to which similar recommendations occur in relevant Specialty guidelines is unknown. Our aim was to develop a methodology to review National and European Specialty guidelines for HIV recommendations and pilot it in the UK, with a view to applying it in other European settings as part of the OptTEST project. Additionally we aimed to develop methods to influence future guideline iterations where such HIV testing recommendations are lacking.

METHODS

The HIV in Europe Guidelines on HIV testing in ICs (2012) and the UK National guidelines (2008) were cross-referenced producing a list of 25 ADCs and 48 other ICs. The relevant UK IC Specialty guidelines were reviewed using Specialty Society, Association or College websites, the National Institute of Clinical Excellence (NICE), NICE Clinical Knowledge Summaries (CKS), the Scottish Intercollegiate Guidance Network (SIGN), the British Medical Journal Best Practice database and Google. HIV-specific guidelines were excluded.

RESULTS

We identified at least one guideline for 12 of the 25 ADCs (48%) and 36 of the 48 (75%) ICs. In total 79 guidelines were reviewed (range 1-13 per condition) (Table). HIV testing was recommended in 32/79 (41%) guidelines (Figure 1). At least one guideline recommended HIV testing for 6/25 (24%) ADCs, 50% of those with an identified guideline; and 17/48 ICs (35%), 47% of those with a guideline. Of the 79 guidelines 15 (19%) were published before 2008 (publication of UK HIV testing guidelines) and 25 (32%) after 2012 (European IC guidelines). No association was observed between recommendation to test and publication year, P=0.94 (Mann-Whitney test) (Figure 2).

CONCLUSIONS

The majority of guidelines for ICs do not recommend HIV testing. Specialists managing ICs may be unaware of National recommendations produced by HIV Specialty Societies or of the HIV prevalence in ICs. Methods of engaging with Societies to ensure guidelines recommend HIV testing are being piloted and invitations extended to other countries to collaborate on local reviews.

INVITATION

If you would like to be involved in this work and assist in the review of your country's guidelines email: hie.rigshospitalet@regionh.dk

TABLE: NUMBER OF IDENTIFIED GUIDELINES AND PROPORTION DISCUSSING OR RECOMMENDING HIV TESTING

	NUMBER (%)	HIV DISCUSSED (%)	TESTING RECOMMENDED (%)
TOTAL NO. OF GUIDELINES	79	44 (56)	32 (41)
ADCS GUIDELINES (AVAILABLE FOR 12/25 ADCS)	16	8 (50)	6 (38)
IC GUIDELINES (AVAILABLE FOR 36/48 ICS)	63	35 (56)	26 (41)
GUIDELINE CATEGORY			
NICE GUIDELINES	13 (16)	8 (62)	4 (31)
NICE CKS	29 (37)	18 (62)	12 (41)
SIGN GUIDELINES	8 (10)	0 (0)	0 (0)
SPECIALTY SOCIETY GUIDELINES	29 (37)	17 (59)	16 (55)

FIGURE 1: PROPORTION OF GUIDELINES WHERE HIV DISCUSSED &/ OR TESTING RECOMMENDED

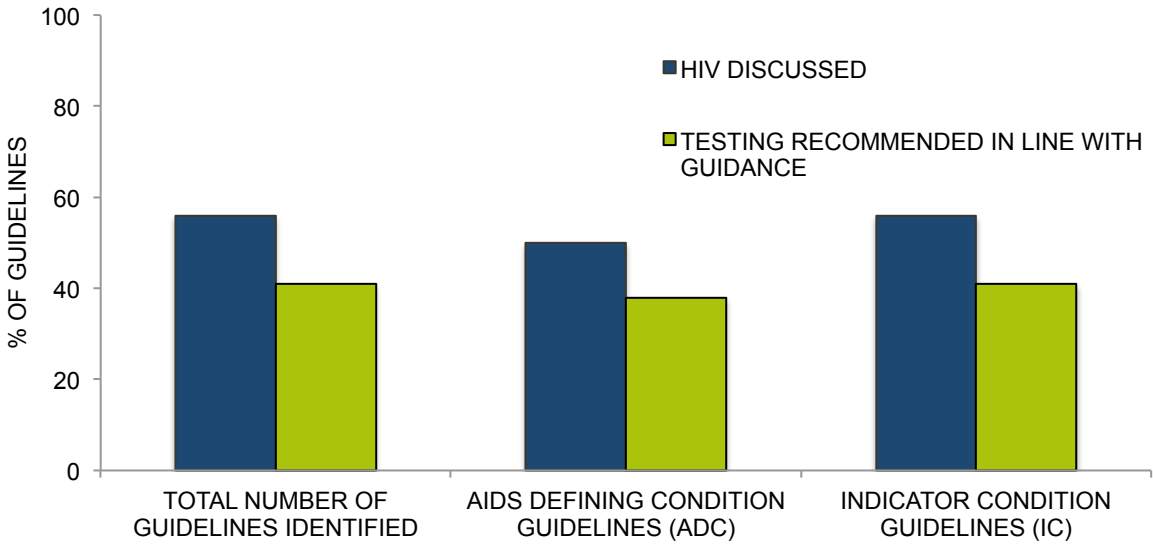
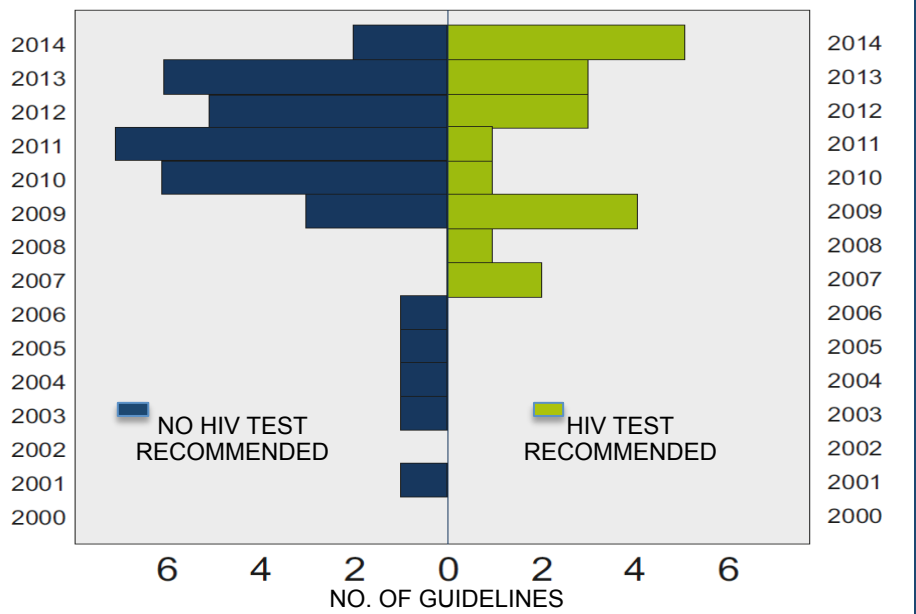


FIGURE 2: RECOMMENDATION FOR HIV TESTING IN CLINICAL INDICATOR DISEASES, STRATIFIED BY YEAR OF GUIDELINE PUBLICATION



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