Conclusions. Dermatologic manifestations continue to be common in our aging HIV seropositive population. The most common diagnosis was syphilis, reflecting an ongoing epidemic of this disease in this population, followed by more common diagnoses of actinic keratosis, seborrheic dermatitis and onychomycosis. Comparison within the population of more current dermatologic diagnoses with more remote diagnoses shows fewer dermatologic manifestations of cryptococcosis, chronic herpes simplex, histoplasmosis and Kaposi Sarcoma.

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566. When Viral Suppression Is Not Enough: Clinical Characteristics of HIV Infected Patients with Poor Immune Recovery

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Background. The use of combination antiretroviral therapy (ARTV) has made it possible to halt HIV replication, achieve CD4+ recovery and immune reconstitution. Some patients with long-term viral suppression never adequately recover their CD4+ count and manifest increased mortality. Age, CD4+ nadir, Hepatitis C infection have been associated with incomplete immune recovery. By matching for age, gender, and CD4 nadir, we aim to elucidate the role of clinical factors in virally suppressed patients with suboptimal CD4 recovery.

Methods. Retrospective record review of patients with CD4 <200 (Cases) and CD4 â‰¥500 (Controls) with over 2 years of viral suppression (viral load <200) on ARVT for the same duration, was conducted. One case was matched to 2 controls by age, gender and CD4 nadir. Associations between variables were assessed using univariable exact conditional logistic regressions.

Results. Of the 1265 charts reviewed, 13 cases were identified. A unit higher BMI was significantly associated with a 13% lower odds of having low CD4 (P = 0.04). Higher hemoglobin A1c (A1c) was associated with 82% lower odds of having low CD4 (P = 0.02). Other non-significant comparisons include ethnicity; 33% cases were Hispanic vs. 16% controls. Gastrointestinal (GI) symptoms were more common in the cases (83% vs. 50%), as was lymmphadenopathy (LAD) (36.4% vs. 25%). Mean years since diagnosis was longer in cases (19.2 vs. 16.7) despite the duration of ARTV being longer in controls. Mean number of comorbidities was higher in cases (3.17 vs. 2.75). Controls had more chronic pain use (45.8% vs. 25%).

Conclusion. Incomplete CD4 recovery was significantly associated with lower BMI, suggesting that despite viral suppression, these patients are vulnerable to metabolic issues that affect uncontrolled HIV patients. We hypothesize that rapid control of HIV in this subgroup population was associated with weight gain and note that the BMI in controls was in the obesity range. Statin use may play a protective role in the controls, perhaps due to its anti-inflammatory properties. Trends in GI symptoms, LAD, number of comorbidities, albeit not statistically significant, seem to be important. Due to small sample size, this study was underpowered to fully assess the effect of these factors. Thus this study should be considered exploratory.

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567. Assessing Residents’ Perception of Their Ability to Manage Chronic Musculoskeletal Pain in HIV-Infected Patients

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Background. Chronic pain in HIV infected patients is common in the ambulatory setting, the majority of which is musculoskeletal (MSK). Addressing patient’s pain is essential but physicians often fail to adequately manage MSK pain. Additionally, HIV patients with chronic non-cancer pain (CNCP) have a 2-fold increase in the risk of opioid misuse compared with the general population. We sought to determine the extent of pain complaints and opioid prescriptions in our HIV clinic as well as assess the comfort and ability of our residents to develop a comprehensive pain management plan.

Methods. We developed a chart review of all patients seen by our Internal Medicine (IM) residents in the HIV primary care in Detroit, MI from 01/2017-05/2017 and collected demographic and pain related data. We also surveyed IM residents assigned to HIV primary care clinic on their knowledge and comfort developing management plans for CNCP. IRB waiver was obtained.

Results. A total of 249 HIV infected patients were seen from January 2017 to May 2017. Forty-one of 249 (16%) of patients were identified as having CNCP and of these patients, all were treated with opioids. MSK symptoms were present in 28/41 (68%) of the total complaints. This included back pain (n = 20), lower extremity pain (n = 10), and upper extremity pain (n = 2). Only 5/41 (17%) patients were prescribed physical therapy for their pain complaints. Fifteen of 20 (75%) of IM residents responded to a survey on their comfort and knowledge in treating CNCP. Age of the 15 (0%) felt completely comfortable developing a plan for CNCP 2/15 (13%) felt their examination skills were adequate in assessing MSK symptoms in patients with CNCP. 12/15 (80%) felt working in collaboration with a physical therapist (PT) would be beneficial in developing effective treatment plans and 10/15 (67%) thought working in collaboration with a PT would help further develop their examination skills.

Conclusion. A survey of our IM residents has found gaps in both knowledge and comfort in CNCP pain management and high levels of opioid prescriptions in our HIV primary care clinic. Here we provide evidence that IM residents require additional training in treating CNCP in HIV patients and are interested in multidisciplinary approaches to development of non-pharmacologic treatment plans for HIV infected patients with CNCP.

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568. Systematic Review of Interventions for Depression for People Living with HIV in Africa

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Background. Interventions for depression among those with HIV/AIDS in Africa are being evaluated in increasing numbers. However, feasibility, acceptability, and effectiveness have yet to be reviewed. We aimed to evaluate depression interventions performed in Africa for HIV infected adults.

Methods. Using key terms: depression, Africa, and HIV, we searched MEDLINE to identify depression interventions for adults with HIV in Africa. Women in the perinatal period were excluded. Data were extracted and the weighted relative change in depression scores for interventions and net effect over controls calculated.

Results. Data were obtained from 18 articles (n = 1956 HIV infected participants). Of those, 1358 received interventions and 558 were controls. Six of seven studies evaluating feasibility were positive vs. seven positive studies evaluating acceptability. Three studies investigated the use of psychotherapy (73% intervention decrease, 39% net decrease). Four studies investigated task-shifting of psychotherapy (47% intervention decrease, 34% net decrease). Three studies investigated antidepressants (79% intervention decrease, 39% net decrease). Three studies investigated task-shifting of antidepressant treatment (82% intervention decrease, 65% net decrease). An exercise intervention was evaluated (66% intervention decrease, 49% net decrease). One randomized trial investigated minocycline with insignificant results. Finally, three studies investigated other psychosocial interventions (44% intervention decrease, 21% net decrease).

Conclusion. Evaluation of 18 articles showed multiple interventions had high feasibility and acceptability for depression care in people with depression and HIV in Africa. Larger randomized, controlled trials are needed to prove efficacy in this population as well as implementation trials to evaluate how best to improve depression care in resource-poor settings.

Figure 1. Search Strategy for Depression Review of those with HIV in Africa.