HIV — Prevention, Comorbidities & Referral

Cancer screening, comorbidity interactions & referral

CLINICAL PATHWAY

HIV is now a chronic disease for most people on effective ART — comorbidities and cancer screening increasingly drive long-term outcomes more than HIV itself. Build preventive care into every review, not just virological control.

PREVENTIVE HEALTH SCREENING

• **Cervical:** 3-yearly HPV-based screening for women with HIV — more frequent than the general population's 5-yearly interval, per the National Cervical Screening Program.

• **Anal:** annual digital ano-rectal exam and peri-anal check for everyone with HIV from age 18. Add cytology (with or without HPV testing) and referral for high-resolution anoscopy from age 35 (gay/bisexual men and trans women) or 45 (everyone else) where this service is locally available — per the 2025 ASHM Anal Cancer Screening Guidelines.

• **Skin:** annual full skin check — increased non-melanoma skin cancer risk on ART.

• **Bone:** DEXA if on tenofovir disoproxil with risk factors, postmenopausal, or men over 50; review vitamin D and calcium.

• **Mental health:** PHQ-9/GAD-7 at each visit — depression is more prevalent in people with HIV; see the MH series for management.

• **Vaccination:** additional or altered schedules often apply for immunocompromised patients — check the Australian Immunisation Handbook's HIV-specific table; live vaccines are generally deferred if CD4 is <200.

COMORBIDITY MANAGEMENT

• **Cardiovascular:** risk is increased roughly 1.5–2-fold versus the general population — address risk factors and consider statin therapy earlier; check antiretroviral interactions before prescribing.

• **Diabetes:** higher prevalence reported with some older ART; check for a dolutegravir–metformin interaction before prescribing — see SAFETY box.

• **Renal & bone:** tenofovir disoproxil can reduce eGFR and bone mineral density — switch to tenofovir alafenamide if either is falling; monitor renal function 6-monthly while on tenofovir disoproxil.

• **Mental health:** SSRIs are commonly well tolerated alongside ART; verify specific interactions at hiv-druginteractions.org before prescribing.

■ SAFETY

• Dolutegravir raises metformin levels (via OCT2 inhibition) — many product information sources cap total metformin at 1000mg/day (max 500mg twice daily) when combined; reassess the dose whenever dolutegravir is started, switched or stopped.

• Avoid live vaccines (e.g. MMR, varicella, yellow fever) if CD4 is <200 cells/mm³ — check the Australian Immunisation Handbook before any live vaccine.

• Check antiretroviral–statin interactions before prescribing; verify at hiv-druginteractions.org rather than relying on memory.

■ RED FLAGS / REFER

• Confirmed (two consecutive) detectable viral load — needs resistance testing.

• CD4 falling on trend, or a new value <200.

• Pregnancy — confirmed or planned.

• Any new opportunistic infection or HIV-related sign or symptom.

Companion sheet: ID-06A (Routine monitoring & core investigations). See also ID-03 (STI screening), ID-04 (OI prophylaxis) and the MH series.
Verify against the NCSP, ASHM Anal Cancer Screening Guidelines (2025), hiv.guidelines.org.au and the Immunisation Handbook.