Clinician perspective on the collaboration with community

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Ending HIV pandemics – in stable times preventive and treatment spaces communicate.

Prevention

- PreP
- PeP
- OST/Harm reduction

Antiretroviral treatment

- Timely diagnosis
- TasP U=U

- Three 95%
- Switch in supressed
- HTE/Resistance

Fighting stigma
Example quality statements we are working on

- To improve ease and equity of access PrEP users should be offered wide choice of PrEP delivery locations and integrated services including primary healthcare, community-based associations and other options.
- PrEP awareness and promotion should be available both at a clinical level and via community organizations. Community-clinic linkages and organizational collaborative networks for PrEP client referrals should be developed.
- PrEP understanding, need and adherence should be assessed routinely (in clinical care) in order to make sure that PrEP users are protected effectively.
We should re-focus the diagnostics and PreP to collaborate closer with the community setting.

Living well with HIV

Patient centered approach, balancing comorbidities, DDI/polypharmacy, patient life satisfaction, joint decisions
Future challenges for clinical care of an ageing population infected with HIV
Neuropsychiatric disorders and frailty

Rates of psychiatric illness and sleep disturbance are substantially higher amongst PLWH in the general population.

The ECDC European standards of HIV prevention and care project

Please participate on Saturday 21.10.2023