

Successes and challenges of integrating comorbidities such as hypertension into the VIHeillir program in Cameroon and Senegal

El Hadji Bara DIOP^{1,2}, Kouro BOUSSO³, Modibo SAIDOU⁴ Gabrièle LABORDE-BALEN^{1,5}, Madjiguène GUEYE¹, Samuel Birama SY¹, Ndeye Fatou NGOM GUEYE⁶, Kiné NDIAYE⁶, Karim DIOP¹, Babacar FAYE⁷, Bernard TAVERNE⁵, Mamadou COUME² Laura CIAFFI⁵

1 Centre Régional de Recherche et de Formation à la Prise en Charge Clinique de Fann (CRCF), Dakar, Sénégal 2 Service gériatrie, CHU Fann, Dakar, Sénégal
 3 Division de lutte contre le Sida et les infections Sexuellement Transmissibles, Dakar, Sénégal
 4 CNLS, Yaoundé, Cameroun
 5 TransVIHMI (Univ de Montpellier, INSERM, IRD), Montpellier, France
 6 CTA du CHU de Fann, Dakar, Sénégal
 7 Hôpital Militaire de Ouakam, Dakar, Sénégal

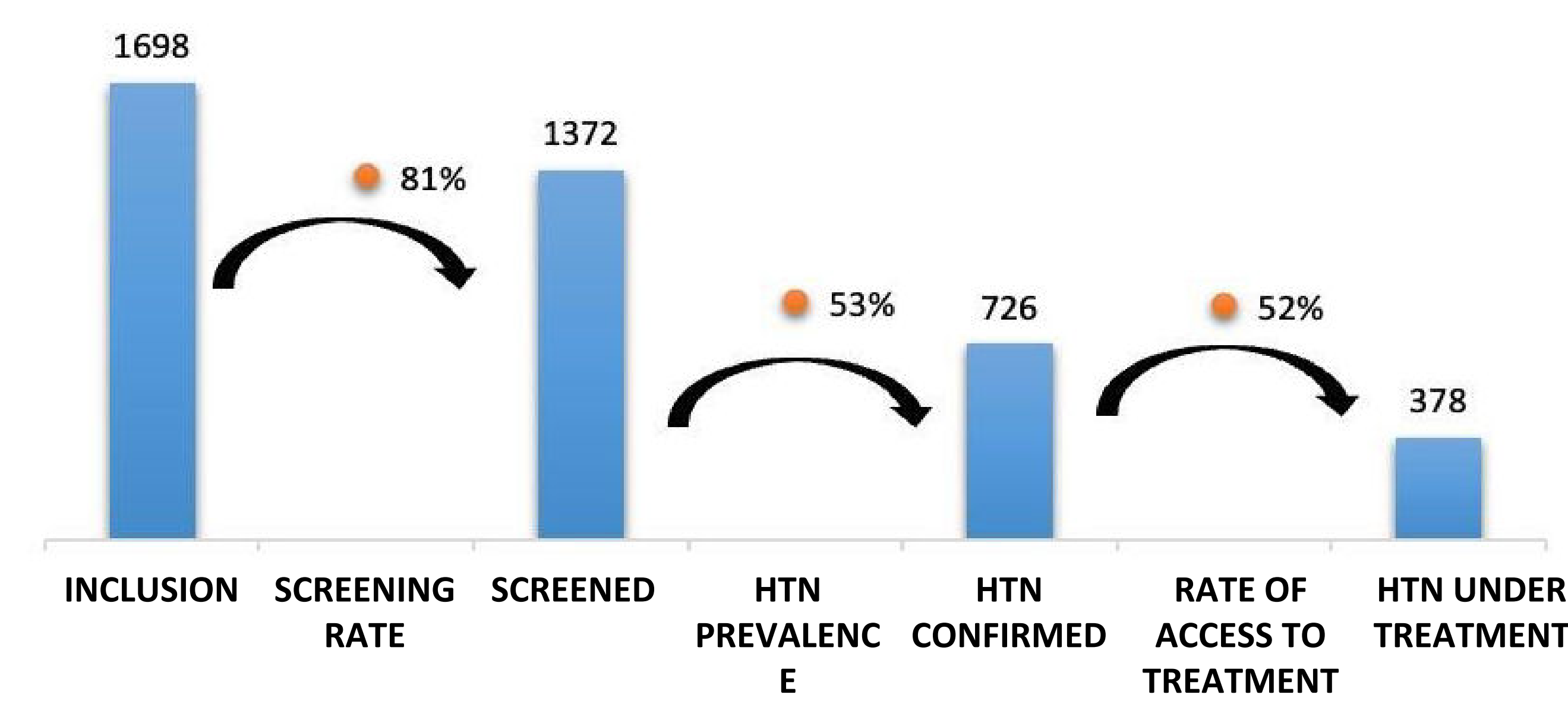
Introduction

- Increased access to antiretrovirals (ARVs) is leading to an aging population of PLWHA. As they age, other pathologies arise, complicating their care pathways. In Africa, the management of NCDs in HIV care services is limited, and PLWHA often turn to different care providers.
- Since 2020, the VIHeillir project funded by Expertise France has aimed to integrate the management of major comorbidities into HIV services in Senegal and Cameroon. We present here the results for the management of hypertension.
- The aim is to develop simplified, low-cost management protocols and algorithms for the five comorbidities, including hypertension, and to provide support for PLWHIV in both countries.

Methods

- Protocols for the management of hypertension using generic drugs and simplified biological monitoring were drawn up with the help of national experts.
- Site staff have been trained. At the same time, they are responsible for monitoring HIV+ patients, screening and managing hypertension. Staff are encouraged to prescribe generic antihypertensives, available from site pharmacies. The cost of generic Amlodipine, the standard treatment for hypertension, is around 1,000 CFA franc/month, making it affordable for patients. Data are recorded in a Redcap database.
- Supervisions are organized regularly by expert cardiologists to reinforce skills in the management of hypertension. They are spaced out as skills improve.

Results



- Of the 1698 PLWHIV in the project, 81% (1372/1698) have been screened for hypertension, 53% (726/1372) have hypertension and 52% (378/726) receive appropriate treatment. In some sites, generic antihypertensives are not always available at the pharmacy.

Sex	N	Screening Rate	Diagnosis Rate	Treatment Rate
Men	549	80%	53%	49%
Women	1149	81%	53%	53%

- There are no significant gender differences in screening, diagnosis or treatment rates.

Age group	N	Screening Rate	Diagnosis Rate	Treatment Rate
50-60 years	1052	78%	49%	47%
60-70 years	537	85%	58%	59%
≥ 70 years	109	87%	58%	60%

- Screening, diagnosis and treatment rates increase with age, can be related to caregivers' particular attention to older subjects.
- 14 support groups have been trained to screen for hypertension and teach self-screening to their members. Patients with BP ≥140/90 are referred to healthcare worker to reinforce follow-up if they are hypertensive patients, to confirm or rule out hypertension if they are new patients, and to ensure its management.

Conclusions

The prevalence of hypertension among PLWHIV is high. Screening and management of hypertension can be integrated into non-specialized clinical services and support groups. Screening is carried out routinely, but initiation of treatment is still limited and requires ongoing capacity-building among healthcare professionals.