

HIV NURSING 2019



21-22 September 2019 • Rome, Italy

HOSTED BY:



IN PARTNERSHIP WITH:



Women living with HIV in Clinical Research

Christina Antoniadi, RN, Chelsea and Westminster Hospital
NHS Foundation Trust
Co-opted member of the NHIVNA Executive Committee



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Disclosures

- All views are my own.
- This presentation is based on the research of others.



What we know



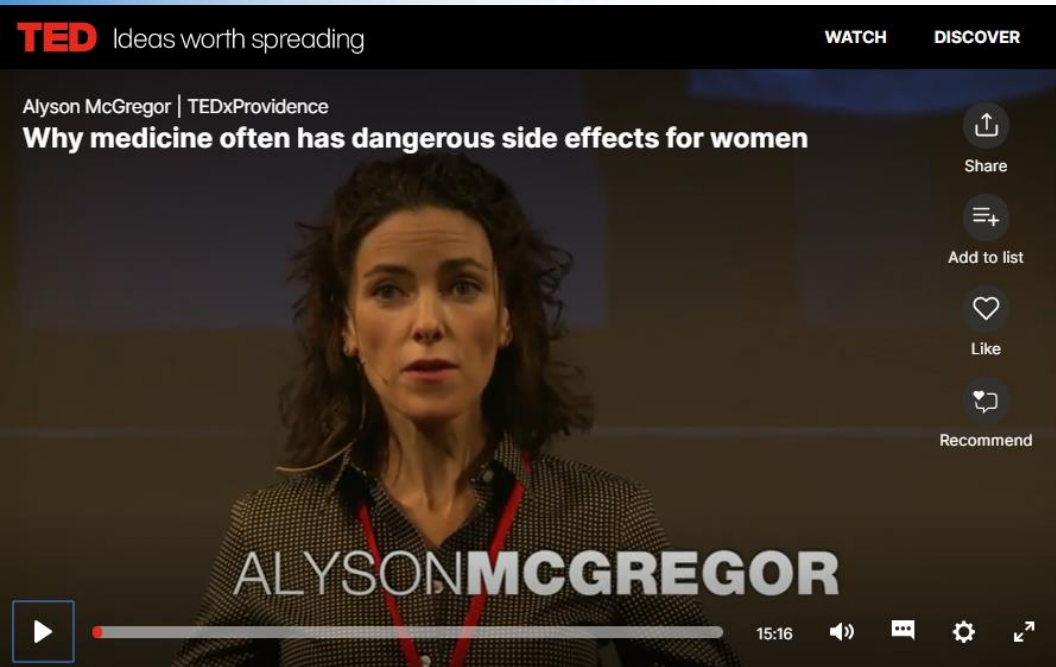
Every cell has a sex, and all bodies are influenced by gender. Integrating these factors into medical education, training and clinical practice will improve health care for all.

Sex and Gender Women's Health Collaborative <http://sgwhc.org/>



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What we know



Dr. Alyson McGregor
[Sex and Gender Women's Health Collaborative](#)



September 2014



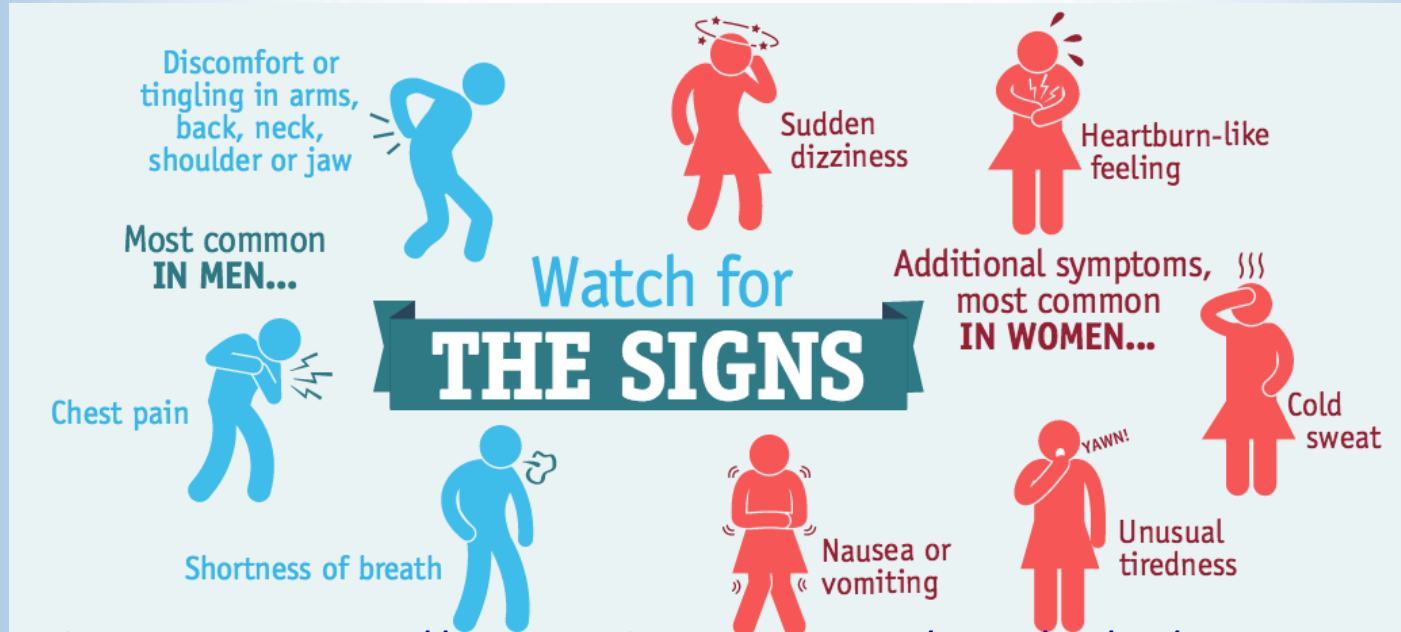
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A couple of questions:

- Are there different signs of heart attack in men and women?
- Which are they?



What we know



The Heart foundation: <https://theheartfoundation.org/2017/03/29/heart-attack-men-vs-women/>



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What we know



Format: Abstract ▾

[Menopause](#), 2019 Sep 9. doi: 10.1097/GME.0000000000001412. [Epub ahead of print]

Statin therapy: does sex matter?

[Faubion SS](#)^{1,2}, [Kapoor E](#)^{1,2,3}, [Moyer AM](#)⁴, [Hodis HN](#)⁵, [Miller VM](#)⁶.

Key points

- When it comes to CVD, a typical presentation may not be accurate for half of the population
- In CVD, sex and gender differences contribute to a lower perceived risk of morbidity in women than in men
- A typical presentation of CVD must be further defined to include the sex that it describes
- We need to reclassify typical and atypical presentations of CVD as this terminology contributes to bias that may lead to incorrect

CONCLUSIONS:

Many of the trials that have established the efficacy and safety of statins were conducted predominantly or entirely in men, with results extrapolated to women. **Additional research is needed** to guide clinical recommendations specific to women.



HealthManagement, Volume 19 - Issue 4, 2019

Sex & Gender Impacts in Cardiovascular Disease: A “Typical” Presentation of Cardiovascular Disease?

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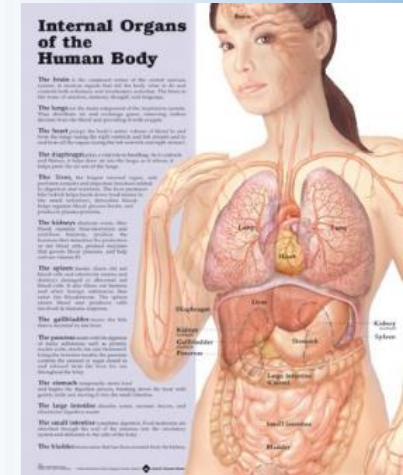
Are there differences?

- **Biological Differences:**

- Hormonal profile: affects the absorption, binding and distribution of medication
- Smaller organs: affects the metabolism and elimination
- More % fat: affects distribution
- Varying plasma volume: affects distribution

- **Socio-economic differences:**

- Costs (time off work, child care, travel expenses)
- Knowledge + Referral
- Recruitment from appropriate sites
- Child bearing potential
- Carer duties



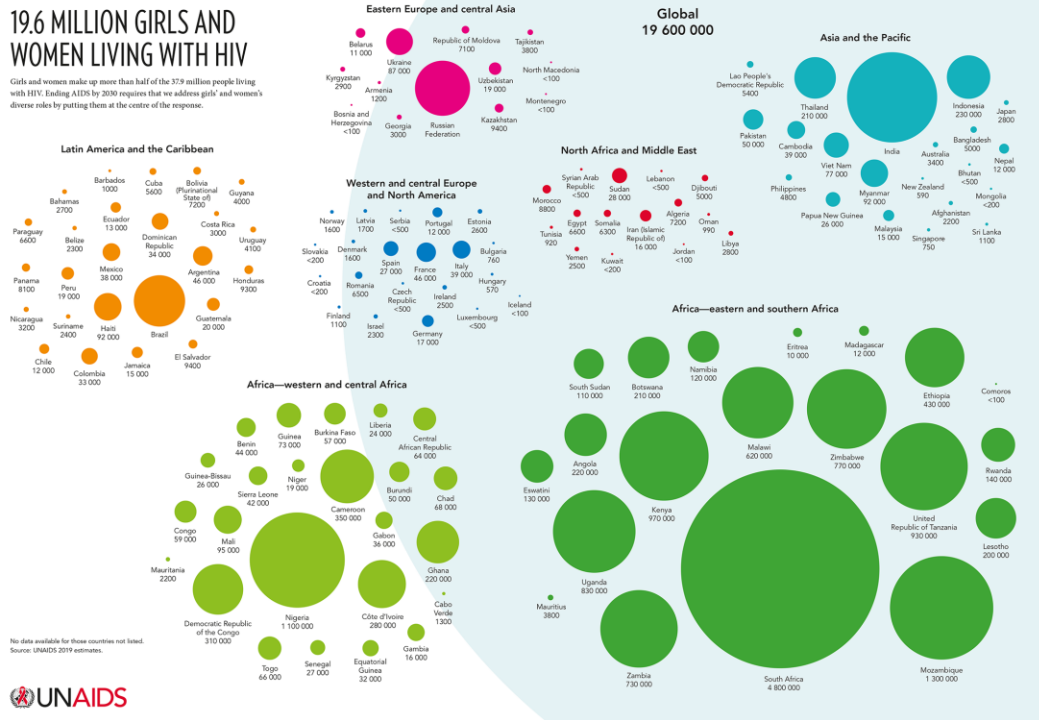
Anatomical Chart Company



Women living with HIV worldwide

19.6 MILLION GIRLS AND WOMEN LIVING WITH HIV

Girls and women make up more than half of the 37.9 million people living with HIV. Ending AIDS by 2030 requires that we address girls' and women's diverse roles by putting them at the centre of the response.



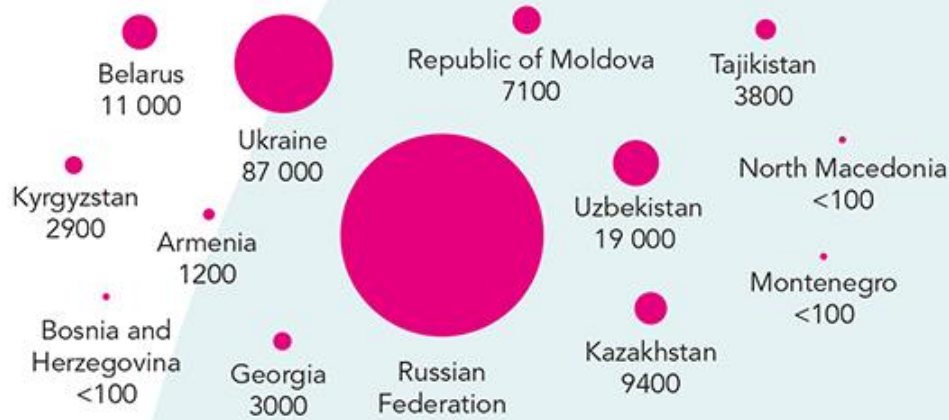
UNAIDS: 37.9 million [32.7 million–44.0 million] people globally were living with HIV in 2018

UNAIDS: Infographics, 09/2019



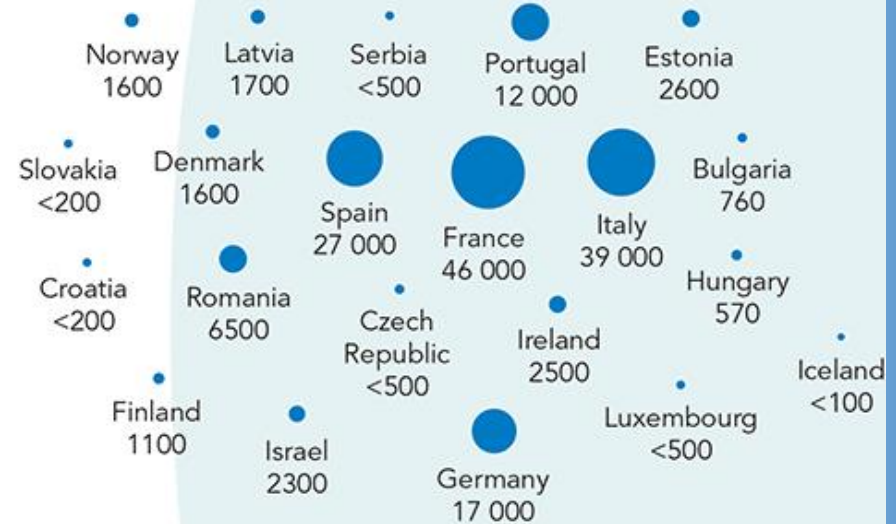
UNAIDS

Eastern Europe and central Asia



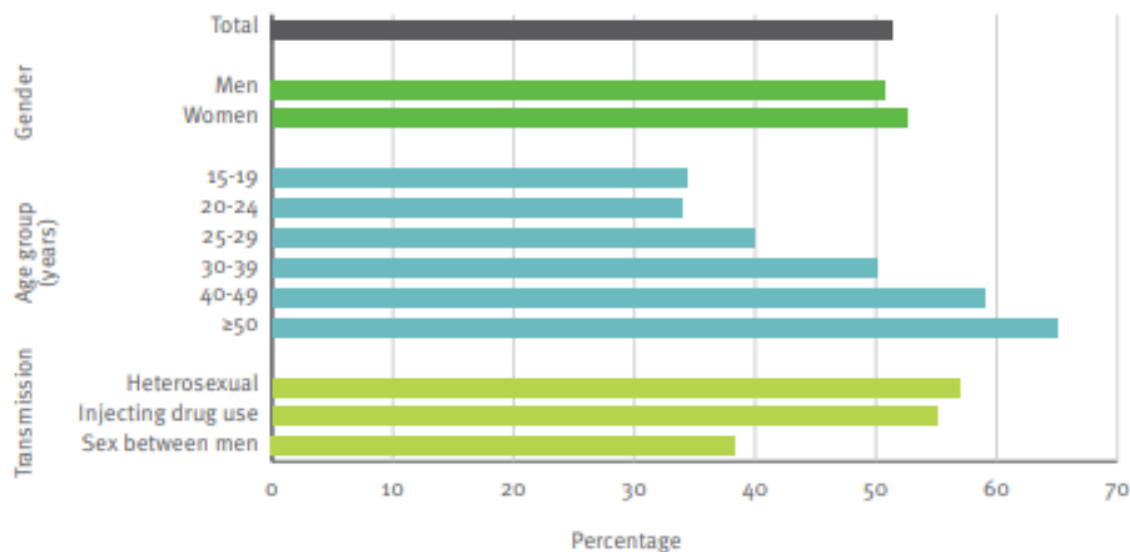
UNAIDS: Infographics, 09/2019

Western and central Europe and North America



Late presenters

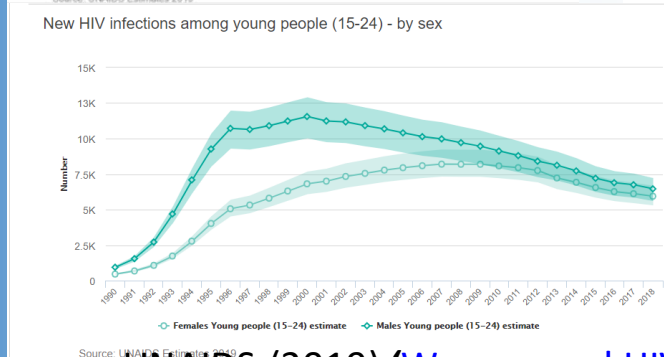
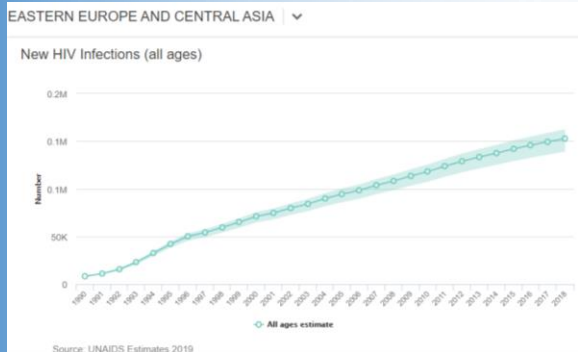
Figure C: Proportion of persons diagnosed late (CD4 cell count < 350 per mm³) by gender, age and transmission, WHO European Region, 2016



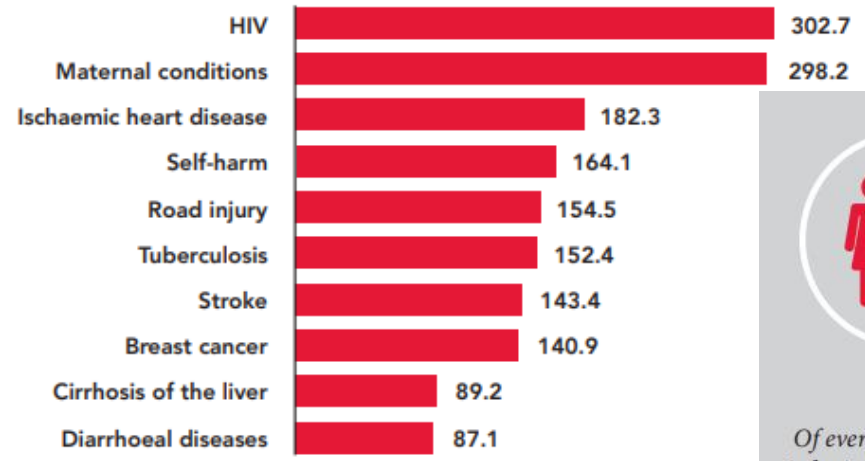
**ECDC – WHO
HIV/AIDS
surveillance in
Europe 2018 -
2017 data**



HIV : leading cause of death in women



AIDS-related illnesses are the leading cause of death among 15-49-year-old females globally (hundred thousands)



Source: Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000-2016. Geneva, World Health Organization; 2018.

Of every five new HIV infections among young people (15-24 years), three are among young women.

Source: UNAIDS 2018 estimates.

UNAIDS (2019) [‘Women and HIV — A spotlight on adolescent girls and young women](#)



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HIV Specific research

EA
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OPEN ACCESS [Freely available online](#) PLOS ONE

Representation of Women and Pregnant Women in HIV Research: A Limited Systematic Review

Daniel Westreich^{1,2*}, Molly Rosenberg¹, Sheree Schwartz¹, Geeta Swamy³

1 Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States of America, 2 Department of Obstetrics and Gynecology, Duke University, Durham, North Carolina, United States of America, 3 Duke Global Health Institute, Duke University, Durham, North Carolina, United States of America

2011

- 38% of study participants were women
- 81% of studies did not mention pregnancy
- 4% of participants were pregnant

EA
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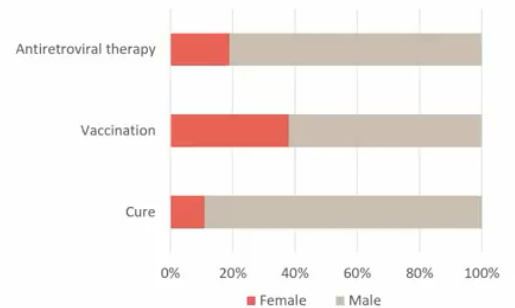
A Systematic Review of the Inclusion (or Exclusion) of Women in HIV Research: From Clinical Studies of Antiretrovirals and Vaccines to Cure Strategies

Mirjam J. Curno, PhD,*†, Samuela Rossi, MSc,*‡, Ioannis Hodges-Mameletzis, DPhil,*§, Rovenu Johnston, PhD,||, Matt A. Price, PhD,*¶ and Shirin Heidari, PhD***

Women represented 23% of participants in 544 studies

EA
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WOMEN'S PARTICIPATION BY TYPE OF HIV RESEARCH



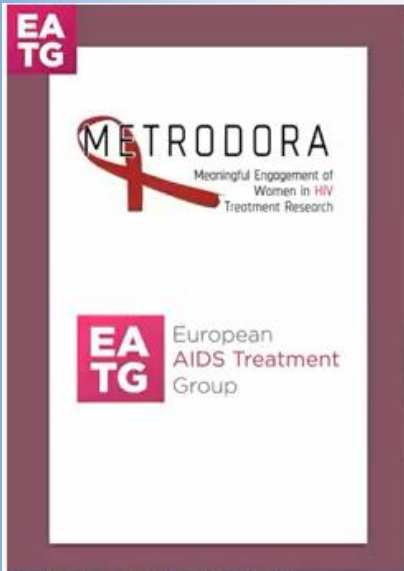
2016

Dr. Shema Tariq, 2018



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Barriers and opportunities



Conclusions

- The number of women in trials is still disproportionate to that of men.
- Higher incidence of women participating in observational rather than interventional trials.
- Lack of information available
 - Recruited v Enrolled

Recommendations

- Women's needs can no longer be ignored.
- Hard Paternalism / Over protectionism is no longer a tenable position.
- Need for legislative changes which push for greater inclusion of women.
- Further research on additional barriers

M.J.Rapa et al., The participation of women living with HIV EATG 2018



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Where are we now?

- **GRACE Study:** A Study to Compare the Effectiveness, Safety and Tolerability of PREZISTA (Darunavir)/Ritonavir by Gender and Race When Administered With Other Antiretroviral Medications in Human Immunodeficiency Virus (HIV) Positive Women and Men. (First results 2010) **67% women participants**
- **PRIME Study** - Positive transitions into the menopause : To explore the impact of the menopause on health and wellbeing of women living with HIV. (First results 2018)
- **ECHO Study:** Evidence for Contraceptive options and HIV Outcomes (first results 2019)



Is it a movement?

- **HIV activism:** research led by the needs of PLWHIV, Patient experts participating in research boards and as protocol reviewers
 - **How many women among them?**
 - **Is research relevant to women? Is it guided by their needs?**
 - **Are protocols being developed to include women?**
- **Women's groups:** Sophia Forum, Women's Action Group (Gilead), SWIFT, WAVE, International Community of Women living with HIV, Salamander Trust



Next steps

Women's Involvement In Research

WiiR

Patients Advocacy Alliance



Patient Advocacy Alliance

A training program open to activists who want to develop their knowledge about participation in clinical trials. Priority will be given to women (cis and trans) with an aim of 75% participation to the training.



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- **Dr. Shema Tariq**, postdoctoral clinical research fellow and honorary consultant HIV physician, Institute for Global Health, University College London
- **Mark Josef Rapa**, LL. D LL.M Healthcare Ethics and Law, University of Manchester
- **Damian Kelly**, Patients Advocacy Alliance



Thank you

Christina Antoniadi, RN

Chelsea and Westminster Hospital NHS Foundation Trust

Co-opted member of the NHIVNA Executive Committee

Contacts Details: Christina.Antoniadi@nhs.net



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