


AETC AIDS Education & Training Center Program
Southeast



HIV & Oral Health

Why Oral Health

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Presenter & Acknowledgements

- Mark Schweizer, DDS, MPH
- No financial relationships with commercial entities to disclose
- This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation

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Learning Objectives

By the end of this session, the learner will be able to:

- Discuss barriers to oral health for patients with HIV
- Outline HIV health outcomes in patients engaged in oral health care
- Define Comorbidity
- Describe the most common comorbidities in PLWH
- Apply Dental Recommendations for PLWH


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Oral Health Care Access

- Less than one half of the population gains access to the oral health care system
- Major Oral Health Problems include dental caries, Periodontal Disease and Oral Cancer




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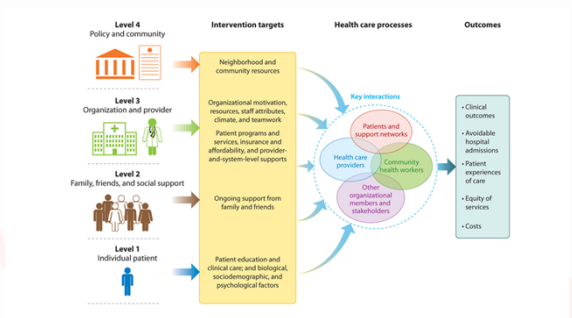
Oral Health Care Access

- Oral Manifestations of HIV Infection
- Oral Health Inequities
- Barriers to Care




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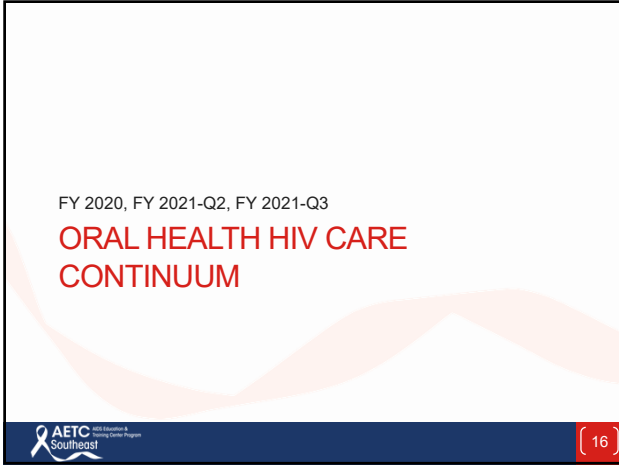


This conceptual model, factors that influence disparities in access to care and quality of health care services, by level, was created from the analysis of findings from systematic reviews of cardiovascular disease and cancer disparities (115). Figure adapted from Reference 115 with permission.

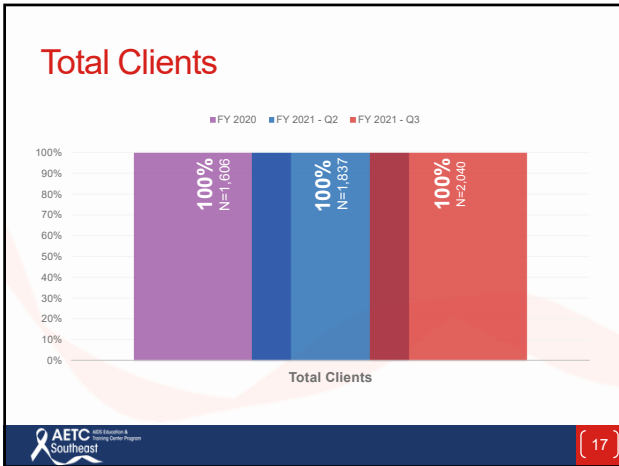


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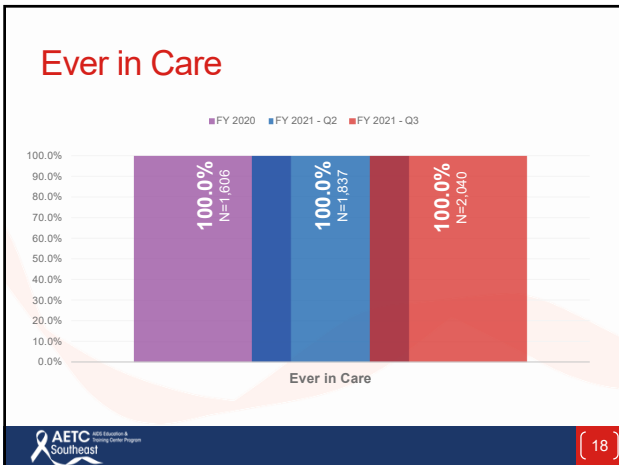
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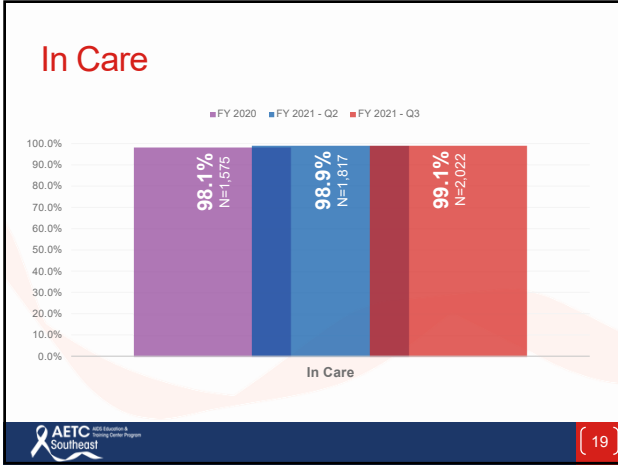
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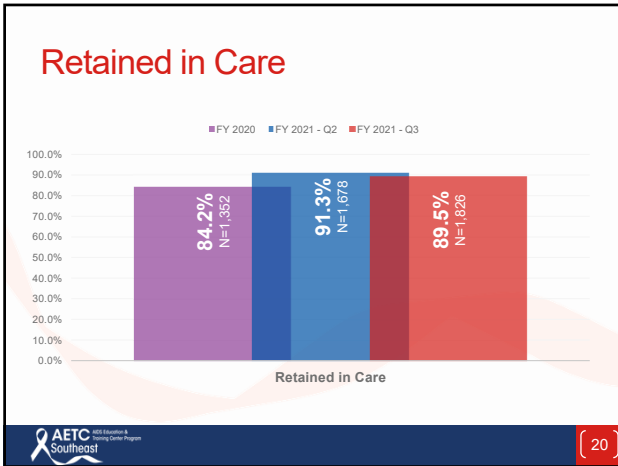
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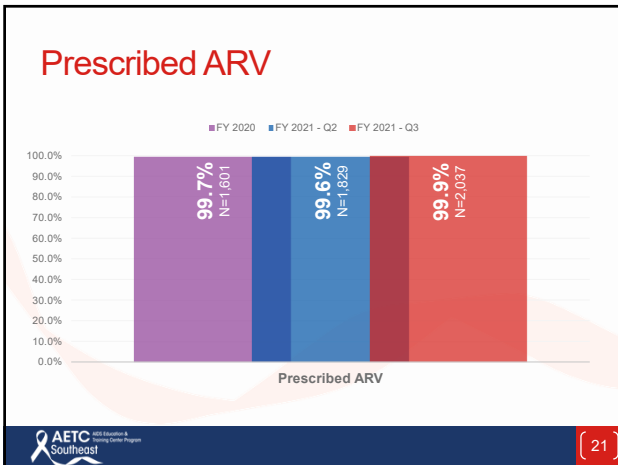
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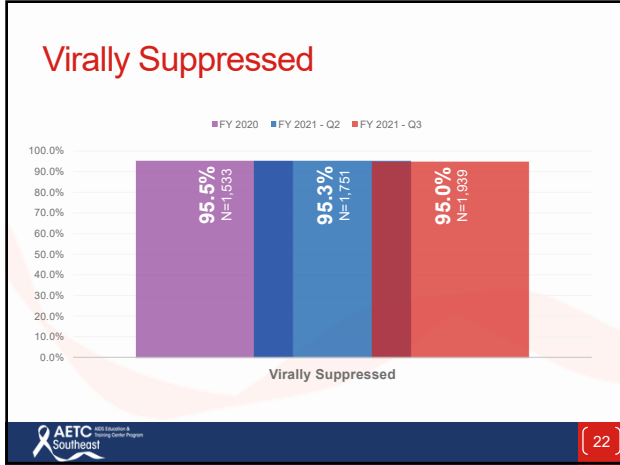
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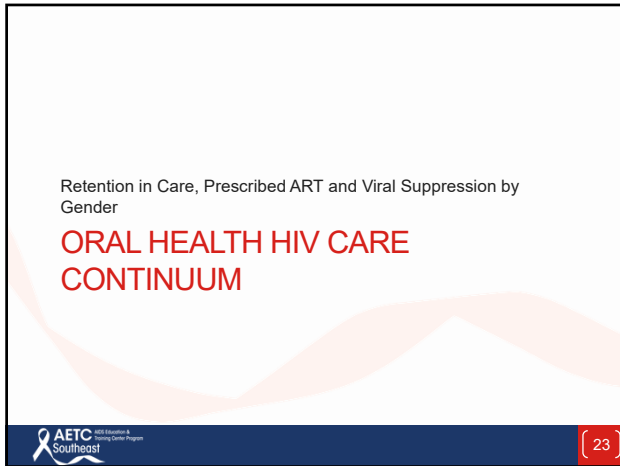


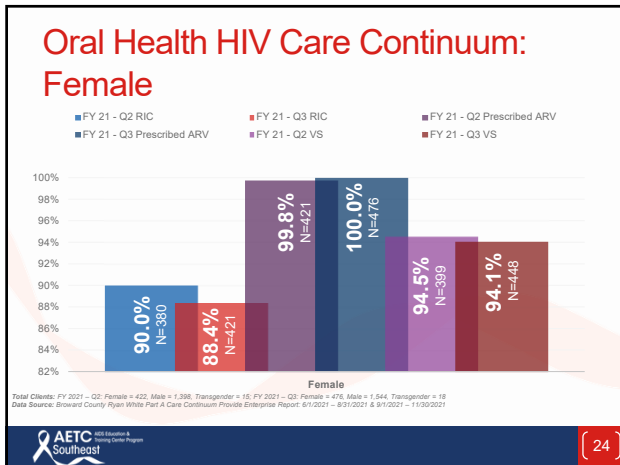
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Key Take Aways

Viral Load Suppression Rates

- **Retention in care** among oral health clients is 30% higher than the national percentage of 68.7%.
- **Viral Suppression** among oral Health clients is 35% higher than the national average

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Comorbidity

- co-mor-bid-i-ty

noun

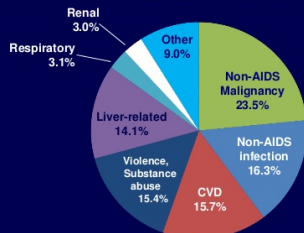
the simultaneous presence of two chronic diseases or conditions in a patient.

- Comorbidity is associated with worse health outcomes, more complex clinical management, increased health care costs.

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Non-AIDS Diseases Now Account for Majority of Deaths in HIV

- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%

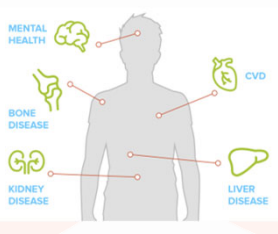


Antiretroviral Therapy Cohort Collaboration (ART-CO), *Clin Infect Dis.* 2010;50:1387-1396.

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Common Comorbidities in Patients with HIV

- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes

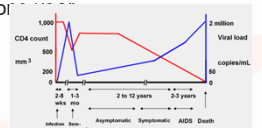


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Dental Recommendations for Treating PLWH

- The magnitude of the viral load is not an indicator to withhold dental treatment for the patient.
- All health professionals can play an important part in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that the CD4 and viral load determinants be done every six months to o




<http://www.hivbase.info/hta/section/2/14-how-cd4-and-viral-load-are-related/>

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Antibiotic Prophylaxis

- There are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures
- Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well controlled



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Antibiotic Prophylaxis is Indicated:

- If a patient with a neutrophil count below 500 cells/mm³ requires procedures likely to cause bleeding and bacteremia and is not already taking antibiotics for prophylaxis against opportunistic infections
- Consult Pt's physician regarding the need for antibiotic prophylaxis for dental procedures



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National Coordinating Resource Center

The AETC NCRC website aidsetc.org includes:

- Free virtual library with training and technical assistance materials
- Program directory for AETC Program
- Calendar of AETC trainings and other events
- Online learning and training tools



The AETC NCRC Social Media Channels:

- Free [Facebook](#), [Twitter](#), [YouTube](#), [LinkedIn](#), and [Pinterest](#)
- *HIV Care Tools mobile app coming soon!*



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THANK YOU FOR YOUR ATTENDING!



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