ECHO WCHC: Weekly Summary

Week 1 - Introduction & Foundations

What is Project ECHO?

- A community of learning with experts (**the hub**) and learners (**the spokes**)
- Each week, have a presentation on one part of the care model plus a real patient case by a spoke
- People with lived experience are integral to our hub
- Overall goal: improve clinical management of women living with HIV in Canada by enhancing competency of community-based providers to provide women-centred HIV care

What is the Women-Centred HIV Care Model?

Holistic care model born out of a 10 year national cohort study with 1,422 women living with HIV in Canada

Two toolkits produced - for providers and women themselves

What is Trauma and Violence Aware Care?

- You can be trauma and violence aware without being a trauma expert!
- Strengths-based approach that acknowledges vast forms of violence and trauma (single incident, complex, developmental, intergenerational, historical, institutional, stigma and others)

Trauma-informed primary care

- Environment - trust and safety, physical space
- Screening - ask permission, explain why questions are being asked
- Response - acknowledge and validate, assess immediate health concerns
- Foundation - organizational, staff training, peer support

What is Person Centred Care?

Pillar 1: Acknowledge each woman is a unique individual

Get to know her by asking about who she is: her concerns, values, priorities and preferences

Pillar 2: Work in a participatory model of care decision making

Empower her meaningful engagement as an active partner in her healthcare

Pillar 3: Provide holistic care

Consider her culture, family and situation and how they impact her care plan

Unique Considerations

- This care involves cultural safety and humility
- Different kinds of trauma may be experienced by women with different lived experience (e.g. intergenerational trauma in Indigenous women, PTSD in women who immigrated from countries with civil conflict)

Community Perspective

Breklyn shared her experiences with trauma and violence aware care:

Sometimes interactions with healthcare providers can be traumatizing. I have experienced many interactions that [...] make it difficult for me to access care. Trauma and violence aware care requires collaboration and trust which takes time, but will allow you to offer optimal care to your patients that can and will make a difference"

Case Summary

30-40 year old woman, immigrated to Canada as an adult. Mother of 2 (post diagnosis) and in an abusive relationship. Relies on husband financially and has very limited social support. Housing is stable but she wishes to move into a bigger home so she can sleep separately from husband. Extensive internalized HIV stigma and struggles with adherence.

Case Recommendations

- Try to reframe her thinking on internal motivators for adherence - children, being present for them - focus on times when her adherence was good (strengths based perspective)
- Explore peer support opportunities that are anonymous (e.g. online), or activities for her to embrace her culture as time in her home country helped her adherence
- Engage the husband and give him resources to explore his HIV stigma
- Maintain a safety plan if she needs to exit the relationship suddenly
- Focus on how far she has come - not how far she still has to go

Scan or click for Basecamp session recordings & extra resources

Scan or click for Post-Session Evaluation Survey

Next Session

October 28 12-1:15 EST

Peer Support, Leadership & Capacity Building

Questions? Email jill.koebel@wchospital.ca

ECHO WCHC: Weekly Summary

Week 2 - Peer Support, Leadership & Capacity Building

GIPA/MEWA

- **GIPA:** Greater Involvement of People Living with HIV/AIDS - promotes self-determination & participation in decision making
- **MEWA:** Meaningful Engagement of Women Living with HIV/AIDS - foundational to women-centred care, demands organizations move beyond token efforts to support women as leaders and decision makers

Peer Support & Navigation

- Many proven benefits of peer support
  - Increased sense of community & mental health
  - Increased care retention and engagement
  - Increased viral suppression
- Peer support (personal, emotional) is distinct from peer navigation (often more informational and involves guidance), but both are very valuable
- Peers providing support also need support themselves
- What is your role as a provider in peer support?
  - Learn about local services/organizations
  - Respect choice to engage or not
  - Help educate the translators your practice uses on women-centred HIV care
- Check Basecamp for links for support groups

Leadership & Capacity Building

- Women are experts of their own lived experience and should be supported to become leaders in their communities if they are interested
- Providers can assist women in developing skills needed to participate meaningfully in decisions related to their care
- Important considerations:
  - Power dynamics and existing hierarchies
  - Safety, appropriate/healthy boundaries and self care
  - Supervision, mentorship and support
  - Fair hiring process and clear role definition

Great resource to share with women:
Positive Leadership Development Institute: training created and delivered entirely by people living with HIV. Provides an opportunity to identify and develop leadership and resilience skills in a safe environment.

Unique Considerations

- **Accessibility -** physical (close to public transit, built environment accessible for those with limited mobility), financial (cost of attending trainings), digital (access to computer for online programs)
- **Cultural safety -** consider norms in different cultures that could make programs inaccessible (e.g. sharing the space with men) or timing to various holidays or events
- **Childcare -** do the peer support groups you're suggesting allow children to be brought, or will trainings will cover the cost of childcare?
- **Confidentiality/anonymity -** does the woman feel comfortable attending a peer support group that advertises it is related to HIV? Online support groups can help to maintain anonymity
- **Trauma informed engagement & support -** women may have trauma from their previous involvement in HIV-related spaces, ensure the opportunities you are suggesting have trauma informed practice as a core value
- **Person-centred options for peer support -** ask the woman what type of support she needs - what is she looking for in a peer?

Case Summary

Young woman mid 20s, immigrated to Canada in the last few years from Africa. Lives alone and currently in University. Medical history of PTSD, depression, anxiety and alcohol use disorder, though she is not currently using alcohol. Has a psychiatrist and is on medication for mental health. Case presenter has only met her once and wants advice on starting the care relationship and suggesting peer support.

Case Recommendations

- Take a nurturing approach as she is likely moving from pediatric to adult HIV care
- Act as the central home base once you get notes from other providers
- Use the clinician WCHC toolkit in combination with the women's toolkit - use these as a tool to work together and set goals
- Suggest non-formal peer support (e.g. attending HIV education events) and find out what format she likes (online, in person)
- Find out what "peer" means to her - who can best support her? Doesn't even need to be another person with HIV, could be a student

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Scan or click for Post-Session Evaluation Survey

Next Session
November 4 12-1:15 EST
HIV 1: Treatment and Management

Questions? Email jill.koebel@wchospital.ca

ECHO WCHC: Weekly Summary

Week 3 - HIV 1: Treatment and Management

HIV Care Definition

"Effective, ongoing treatment for HIV, including **prevention, screening and management of concurrent conditions**, to **improve a woman's overall health**, longevity and quality of life". This week focused on treatment and management of HIV - the first half of the HIV care section in the toolkit. The next session will focus on management of concurrent conditions.

Step 1: Initial Care

- Medical history & physical exam (including screening for co-morbid conditions)
- Review of extended lab test
- General HIV counselling: HIV 101, benefits risks and side effects of cART, and disclosure
- Arrange additional appointments and assessments as needed (e.g. vaccines, pap testing, mental health)

Step 2: Start cART

- Standard of care regardless of CD4 count
- Needs to be started early as possible considering a woman's readiness
- Up to date clinical regimen guidelines available here

Step 3: Follow-Up & Ongoing Care

- Clinical appointments and lab tests every 1-2 months until clinically (undetectable viral load) and psychosocially stable - then can be reduced to every 3-6 months

Step 4: Retention

- Regularly discuss & establish a regular system to review the importance of medication and care adherence, potential barriers to adherence and equip with resources/supports
- If a woman does not have lab tests done every 6 months (or decided upon duration) – considered not retained in care
- Confirm with the woman their preferred follow up strategy (phone, email)

Linda's Model: Adherence Counselling

Adherence

- Day in the life: Walk through where they keep their pills, when they take them etc
- Comrades: Who are their supports? How can they help adherence?
- Consequences: Without using scare tactics, counsel on implications of missing meds
- Communication: Determine the best way to communicate - in person, virtual & frequency

Unique Considerations

- Travel, missing or throwing up a pill
- Switching regimens due to tolerance
- How much information women want
- Drug interactions (more on this next week)

Community Perspective

Kath shared her experiences with taking cART back when she needed to take multiple pills 3 times a day. She outlined 5 "pearls" that learners should take away when engaging a woman living with HIV who is newly diagnosed:

1. **Support women in addressing their fears related to HIV**
2. **Educate women about living with HIV in 2022 and beyond**
3. **Empower women as leaders in their own care**
4. **Address disclosure**
5. **Work with women to find supports that help them adjust to living well with HIV**

Case Summary

35-45 year old white woman new to Ontario. Diagnosed 2010, has been on several ART regimes. Many opportunistic infections. Suffers from mental health challenges and opioid use disorder (currently not using). Historically poorly engaged in care & challenges with adherence. Barriers include limited cell phone and no car access (lives 1hr away from clinic). Case presenter goal: improve engagement in resource limited setting (no social worker or primary care in clinic).

Case Recommendations

- Explore communication strategies - engage local ASO/community groups, is there a program to provider her a phone? Possibly use social media
- Engage pharmacy closer to home to leave messages, bloodwork recs; link with OAT administration
- Explore relationship with aunt as possible social/adherence support
- Be her advocate to her provider for increased dosage of OAT
- Explore use of blister pack
- Prioritize engaging mental health referral with virtual options
- Support her in creating a plan that allows her to be more self-sufficient

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Next Session

November 18 12-1:15 EST

HIV 2: Management of Comorbidities

Questions? Email jill.koebel@wchospital.ca

ECHO WCHC: Weekly Summary

Week 4 - HIV 2: Management of Co-morbidities

HIV Care Definition

“Effective, ongoing treatment for HIV, including **prevention, screening and management of concurrent conditions**, to **improve a woman’s overall health**, longevity and quality of life”. Last session focused on treatment and management of HIV - the first half of the HIV care section in the toolkit. This session focused on management of concurrent/comorbid conditions.

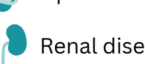
What do we know about comorbidities in women living with HIV?

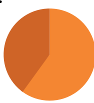
- In recent years, a variety of chronic conditions have been identified as more commonly occuring in people living with HIV - this could be due to a variety of factors including immune activation as a result of HIV, side effects of ART, among others
- Women living with HIV have been shown to be disproportionately affected by:

Cardiovascular conditions

Impaired cognitive performance

Decreased bone mineral density

 Renal disease



Women living with HIV in Canada were found to be 60% more likely to have a comorbidity than HIV-negative women, but less likely to be on treatment for it

Prevention

The toolkit provides general physical health prevention strategies, including resources for diet, exercise, sleep hygiene, smoking cessation, weight management, bone health, and oral care.

Screening & Management

- Screening steps can be shared collaboratively across all providers involved in the woman's care
- The toolkit provides screening recommendations for 15 concurrent health conditions including **links to screening tools** and **suggestions for testing intervals and appropriate referrals**

Vaccination

- Women should be offered all vaccines & the need for follow up vaccinations should be assessed at least once a year
- Live vaccines should not be given when CD4 < 200 cells/uL or if pregnant
- TIP: vaccinate during flu season!

Drug-drug Interactions

- Toolkit mentions considerations for systemic anti-cancer therapy, hormone therapy and contraceptives, hep C and TB treatment
- Consult a drug-drug interaction website (like this Liverpool resource)

Unique Considerations

- Polypharmacy and pill burden, especially for older women
- Weight gain from ARVs can be more common for Black women
- Competing priorities (women with multiple conditions can feel other conditions take precedence over HIV at times)

Community Perspective

Elizabeth shared compelling insights into the struggle Black women face in receiving timely diagnoses for conditions that present with dermatologic symptoms (e.g. HSV) due to providers learning about these conditions on white skin. She also noted the importance of validating women's symptoms and concerns and working with them using a person-centred approach.

Case Summary

25-35 year old First Nations woman from Northern Ontario. Diagnosed 2018 with current undetectable viral load. Lengthy history of multiple substance use disorder but has been sober for 4 months. History of physical abuse and trauma. Partner only social support. Comorbid conditions: Hep C, diabetes, PTSD, anxiety, malnutrition. Case presenter questions: What conditions should be addressed first? How to support continued care engagement?

Case Recommendations

- Some suggestions to address Hep C first - has metabolic risks, eliminate with short course of treatment (Zepetir well tolerated, less GI side effects)
- For smoking cessation, many drugs covered by NIHB
- Explore what brings her joy. This can also function as a window into understanding her trauma. Build on this to introduce mental health supports (like the Elder at the clinic) to bring some aspect of her culture into her care
- Suggestion to engage her in volunteering for the mobile outreach program
- Continue to work on building her trust with other members of the care team
- Maternal vitamin to help with malnutrition & potential to become pregnant

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ECHO WCHC: Weekly Summary

Week 5 - Sexual Health Across the Lifespan

Women, HIV & Sexuality

The early days of the HIV epidemic brought shame and stigma to sexuality for people living with HIV. The U=U (undetectable=untransmittable) movement resulted in radical change, but we are still working to move beyond "safer sex" to broader aspects of sexual health, specifically for women living with HIV.

Women should be counselled that they can and deserve to have safe, healthy, fun and fulfilling sex life if they choose to.

Important Terms

SRHR: Sexual and reproductive health and rights

SOGIE: sexual orientation, gender identity and expression

Tips for talking about sexual health with women living with HIV

- Reassure that sex can be safe, healthy & fulfilling
- Include women of all ages in these discussions
- Avoid all assumptions (identity, partners etc)
- Embrace all diversities
- Screen for a history of sexual violence to better meet their needs
- Consider how sexual health is connected to other physical and mental health needs

Sex-positive resource: Life and Love with HIV Website

Unique Considerations

Consider indicators of healthy sexuality across the lifespan

Approach conversations with cultural humility and respect

Offer comprehensive sexual health screening to all women regardless of normative assumptions

Sexual Health & Sexuality

- Many of us may not be very familiar with sexual health as a stand alone focus within care
- Often understandings of sexual health are very confounded with reproductive health, particularly as it relates to women

Aspects of sexual health include:

- **Physical**: prevention, diagnosis, treatment of STIs, pain or dysfunction
- **Mental well being**: interplay of experiences of sexuality relate to mental health or vice versa
- **Emotional**: personal awareness, self-acceptance
- **Social**: relationships, respect and appreciation for individual differences and diversity, and a feeling of belonging to and involvement in one's sexual culture

Care Across the Continuum of Aging

YOUNGER WOMEN

- Transition from pediatric to adult care - think of new ways of engaging (e.g. through text)
- Management of irregular menstruation

OLDER WOMEN

- Increased risk of HIV acquisition (vaginal thinning and dryness, new sexual partners after monogamy)
- Women living with HIV may experience earlier menopause
- Screening for osteoporosis, vitamin D deficiencies

The toolkit goes more in depth about age-related considerations. specifically menopause management - check out section D here.

Community Perspective

Breklyn shared with us that navigating sexuality as a woman living with HIV has been difficult, and she often hasn't received much sexual health-specific support from her care team. She also noted the importance of taking a trauma and violence aware care approach, as many women living with HIV have experienced sexual trauma. As a middle-aged woman, she noted the importance of counselling women on early menopause, but also understanding women of her age may want to have children and counselling for both should be available.

Case Summary

25-35 year old First Nations woman from Regina, SK. Self presented to ER in Oct after sexual assault - bloodwork showed + HIV diagnosis, PH could not contact until recently when she was incarcerated on unrelated charge. Beginning ART, unsure lab values. Social history: IV drug use, female partner but transactional sex with male partners, adult children. Case presenter looking for suggestions around supporting after new diagnosis in corrections.

Case Recommendations

- Connect with ID physician who will be initiating her ART to maintain involved in circle of care
- Connect her with peer support - like "Unlocking the gates" peer health mentoring program to support when she is released
- Encourage connection with Elders at clinic
- TVAC approach re: sexual assault - HIV diagnosis will always be associated with this for her
- Counsel on contraception if she will continue to engage in transactional sex in the future

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Questions? Email jill.koebel@wchospital.ca

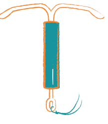
ECHO WCHC: Weekly Summary

Week 6 - Reproductive Health

The importance of options

Our philosophy is that reproductive health planning is a **comprehensive approach** that includes planning for pregnancy and parenthood as well as planning to prevent it depending on a person's desires.

Contraception Care & Counselling



Options:

- **IUD** - no known drug interactions with ART
- **IM Depoprovera** - injection every 3 months, no known negative drug interactions. Associated with bone loss but reversible (replacement, Vit D/Ca)
- **Other options** - oral or patch hormonal contraception
- **Condoms**
- **Recommendation = condoms (to prevent STIs too) + hormonal**

Reproductive Health Planning

- 60% of pregnancies in women living with HIV are unplanned (CHIWOS Findings)
- An inclusive multicisciplinary approach to discussing reproductive health wishes & planning is necessary
- It is important to provide up to date medical information - most importantly to emphasize to your patient that they **can have a healthy, HIV negative baby**
- Avoid selection bias- planning should be offered to all women aged 15-45 at least yearly

Resource: HIV Pregnancy Planning Clinical Counselling Algorithm - Figure 1 here

- Methods of conception detailed in **toolkit** (click here)
- Check out the **DHHS HIV Pregnancy Guidelines** (click here) for prenatal & antiretroviral recommendations

HIV Diagnosis in Pregnancy

- Management by a clinician familiar with HIV and pregnancy
- Non-judgmental, preferably in person counselling
- Assessment of risk of transmission to baby and parter(s) - test older children
- Address need for social/economic support early & systematically - assess risk of violence if status disclosed
- Start ART asap after bloodwork, when woman is ready
- Frequent visits & ongoing education

Postpartum Care

- Continue cART - adherence counselling
- Baby needs prophylaxis with ART-4w (if maternal VL suppressed at delivery)
- Infant feeding - exclusive formula feeding recommended in Canada
- Screen for post partum depression

Unique Considerations

- Consider where they are in their HIV journey
- Safety and violence should be assessed: pregnancy increases IPV risk
- Care should be culturally safe
- Reproductive health planning for all women regardless of sexual/gender identity

Community Perspective

Breklyn shared her pregnancy experience - from being told her physician "wouldn't recommend" getting pregnant, to later being told she could have a healthy baby. Despite challenges with conception, she eventually became pregnant! Her pregnancy journey was difficult - despite knowing U=U, she still had a lot of anxiety around transmission and recommends providers support women through these feelings. She reminded everyone that although there is a large focus on the baby's health, the mother's physical and mental health should be prioritized too.
Breklyn now has a beautiful daughter who was born HIV negative.

Case Summary

30-35 year old First Nations woman from Northern Alberta. Currently 23 weeks pregnant with 8th child (diagnosed in 7th pregnancy). Lives in remote community, no access to running water, limited English comprehension (Cree first language) and she has FASD. Co-infection with syphillis during this pregnancy (treated Aug 2022). Social history: alcohol use (present). Not currently virally suppressed. Case presenter looking for suggestions around preparing for high risk birth in multiple locations (Edmonton, her community, another town) and how to increase engagement in care.

Case Recommendations

- Take a culturally and cognitively sensitive approach due to FASD - concrete, small chunks of information
- Connect with Cree interpreter from local Indigenous community organization
- Create care/birth plan & fax to each of the locations she may deliver in
- High rates of HIV in her community - potential for peer support
- Can her band sponsor her to come to Edmonton ASAP? Engage maternal fetal medicine, OB, pediatric ID if haven't already
- Counsel on contraception and carry out repeated syphilis testing
- Ready made formula (no water)

Scan or click for Basecamp session recordings & extra resources

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Next Session

December 9 12-1:15 EST

Mental Health & Substance Use Health

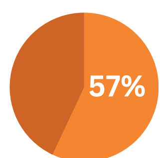
Questions? Email jill.koebel@wchospital.ca

ECHO WCHC: Weekly Summary

Week 7 - Mental Health & Substance Use Health

Mental Health (MH) in Women Living with HIV

Women living with HIV experience a disproportionate burden of mental health issues.



of a cohort of over 1000 women living with HIV in Canada reported a current metal health diagnosis
Most common were: depression (32%), anxiety (30%), sleep disorder (22%), substance use (22%) and PTSD (14%)

in a global study, women living with HIV reported experiencing 3.5x as many mental health issues after HIV diagnosis

Understanding mental & physical wellness

It is impossible to work in a framework of holistic care without an **intersectional approach** that sees the **connection between mental health and physical wellness.**

The complexities lie in walking alongside a woman who is navigating all these different intersecting identities and how they create unique circumstances, which involves physical and mental wellness together.

MH Promotion Strategies

- Stabilize physical and social priorities
- Exercise
- Sleep hygiene
- Mindfulness meditation
- Community involvement
- Self-care
- Peer support

A table with these strategies and extra resources is available in the toolkit and can be shared with your patient/client.

3-Step Approach to Screening & Management

1. Proactively screen using validated assessment tool
2. Offer women identified as having a potential MH condition brief counselling & treatment, recommend general prevention strategies & connect to low-intensity treatment
3. Refer women to higher-intensity therapies if symptoms do not respond

This stepped care approach is outlined in the toolkit for several common MH disorders with links to assessment tools.

Substance Use Management

What can you do right then and there?

- Be aware of stigmatizing verbal & nonverbal language - avoid "victim", "dirty"
- Practice empathy, affirm and validate, focus on strengths and express concern for safety
- Create a safe space - staff training, physical cues in space, trauma awareness in policies
- Don't forget the system you work in: you are part of a system that needs to change - start with you

Unique Considerations

Remember that women's cultural beliefs, age, feelings of shame, ability, gender identity or the presence of children may impact their willingness to share their experiences of mental health conditions.
Practice proactive harm reduction.

Community Perspective

Val shared her experiences accessing mental health supports and emphasized the importance of being aware of the language you are using with patients/clients. One example is reframing "interventions" as "positive actions" that can be taken to manage one's health. She shared that her previous physician's approach to discussing health concerns was not encouraging and caused her to avoid managing her diabetes for years. On the other hand, her current provider ensures open communication and engages Val as a decision maker in her own care. She ended off by sharing a piece of wisdom: **"your words can change someone's health journey"**.

Case Summary

25-35 year old First Nations woman from Northern Ontario. Challenging life related to polysubstance use - currently 6 months sober. Multiple medical challenges (Hep C, GI and kidney issues). History of trauma and violence. Extremely resourceful, hard working and determined to stay sober. Case presenter looking for suggestions around supporting her to remain sober and rebuild her limited support network.

Case Recommendations

- Ultrasound for cirrhosis
- Proper drug and alcohol treatment program so she has the concrete tools needed to stay sober
- Substance use tracking apps: Reframe, Insight timer (has other resources like meditations)
- Full mental health assessment to understand any underlying diagnoses that may make her more susceptible to substance use and impulsivity \
- Long term counselling to get to the root of her desire to use substances and existing trauma, self stigma and feelings of shame
- Grief counselling for partners who have passed away
- Strengths based approach - how far she has already come in her substance use, HIV and Hep C
- Community engagement (e.g. volunteering, drum circles) - help her explore who she is outside of her substance use and health, what things does she enjoy?
- Positive leadership development institute (PLDI) training courses

Scan or click for Basecamp session recordings & extra resources

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Last Session

December 16 12-1:15 EST

Providing Gender-affirming Support to Trans Women Living with HIV

Questions? Email jill.koebel@wchospital.ca

ECHO WCHC: Weekly Summary

Week 8 - Providing Gender Affirming Support to Trans Women Living with HIV

Caring for women living with HIV: what we know, barriers & recommendations

In CHIWOS, trans women living with HIV were more likely than cis women to:

Report sex work as a source of income
Have never taken ARVs
Report unstable housing

74.1% report ever having experienced domestic violence

Trans women have reported these barriers to HIV prevention, testing and treatment

- Anticipated and enacted stigma and discrimination
- Lack of provider knowledge about HIV and trans care
- Lack of trans-specific organizations

Recommendations

- Provide staff with trans inclusion training
- Include trans people in developing materials, programming and policies
- Engage local community services to refer for peer support
- Practice from trauma and violence aware care lens

Types of gender affirming care

Gender affirmation from HIV care providers and access to medical transition may promote engagement in HIV care

e.g. using preferred pronouns and name, supporting legal gender marker change, advocating for patient needs (workplace, within healthcare system, housing)

not required but may be desired by some trans people.
e.g. hormone therapy, surgical procedures, hair removal, voice coaching

Putting it into practice

Taking an affirming medical history

- Base screening on presence of absence of body parts - some women have prostates & some men need paps - ask "what do you call your body parts?"
- If necessary, respectfully ask about past surgeries and educate yourself about what these surgeries entail
- Ask about past and present hormone use - prescribed and not prescribed
- **Explain WHY you need the information you do**

Taking an affirming sexual history

8 Ps **preferences, partners, practices, protection from STIs, past history of STIs, pregnancy, pleasure, partner abuse**

click here for the full document with example questions

Unique Considerations

Age related

Younger: potential need for contraception
Older: risk factors that develop with age - informed consent model of prescribing hormones or discussing surgeries

Cultural considerations

Intersectionality: minority stress, feelings of comfort in spaces (e.g. Black trans women may not feel comfortable in a space occupied by Black cis women, but also not comfortable in a space occupied by white trans women
Diversity in your own clinic staff

SOGIE

Gender identity ≠ sexual orientation- like cis people, trans folks can be straight, bisexual, gay, pansexual.. etc!

Feminizing hormones & ARV Interactions

Drug-drug interactions between hormone therapy and antiretroviral medication is something scientists are still investigating across Canada.

Some notable findings so far:

- A study found 40% of trans women living with HIV did not take ARVs as directed due to concerns about drug interactions - less than half discussed this concern with providers
- **We know that newer ARVs are unlikely to affect feminizing hormones**
  - In studies that have shown estradiol mildly decreased effects of some ARVs (efavirenz, tenofovir DF) there are still high rates of VL suppression
  - Older NNRTis (efavirenz, etravirine, and nevirapine) may decrease efficacy of estradiol, cyproterone, progestogens

Community Perspective

Evana shared her experience as an older trans woman who has been fighting for trans rights for over 20 years. As a trans program facilitator, she noted the importance of providing trans women in your care with opportunities for peer support. As someone who has previously used substances, Evana emphasized the need for trauma aware harm reduction and mental health care for trans women. Her message was simple: trans folks deserve equitable care and affirmation.

Case Summary

25-35 year old white trans women from Edmonton. Is just beginning her transition and has some fears with the process (cancelled appointments with psychologist). Intermittently adherence with ARVs, has improved since she began identifying as female. Limited social supports. Case presenter looking for suggestions around supporting her ongoing gender transition and building her support circle.

Case Recommendations

- Injectable ARVs - weigh pros/cons since she has a good relationship with community pharmacist
- Explore list of trans services outside pride center as she has not resonated with the center - trans specific rather than general 2SLGBTQIA+ resources
  - Peer support!
  - Explore possibilities of paid peer work (e.g. trans advisory board)
- Explore her interest or disinterest in hormones or surgeries when it feels like the right time
  - Consider smoking habits - important for estradiol use
- Connect with family doctor - re: hormones if interested, send them the Rainbow Health Ontario guidelines
- Counselling to improve social engagement and work through family trauma - look for ones who specifically work with trans folks
- Connect with psychologist - work on a way to get her to come to the appointments. This person likely has an understanding of what is covered with insurance (ARVs and surgeries)

Scan or click for Basecamp session recordings & extra resources

Scan or click for Post-Program Evaluation Survey

Thank you for your participation!

We will be in touch about accreditation

Questions? Email jill.koebel@wchospital.ca