

HIV as a Long-Term Condition: Diagnosis, Management and Person-Centred Care in the UK

Student Name: Priti Ramoliya **Student ID:**
2506176 **Module:** Community
care and management of long-term
conditions

Lecturer: Muhammed Khan **Date:**
16/04/2026 **Level 7**
Academic Presentation



Agenda

A structured critical examination of HIV as a long-term condition within the UK healthcare landscape, integrating clinical, psychological, social, and policy perspectives.

01

Introduction to HIV

From epidemic to manageable chronic condition

02

Epidemiology

UK & global burden, disparities, and trends

03

Diagnosis & Assessment

Testing, clinical indicators, holistic evaluation

04

Impacts

Physical, psychological, and social dimensions

05

Treatment & Management

ART, UK guidelines, MDT approach

06

Personalised Care & Prevention

Shared decision-making, PrEP, public health

07

Critical Evaluation

Inequalities, gaps, and recommendations

Introduction

The clinical narrative surrounding HIV has been fundamentally transformed. The advent of antiretroviral therapy (ART) has repositioned HIV from an acute, life-limiting diagnosis to a manageable long-term condition — a shift endorsed by the World Health Organization (WHO, 2023). Life expectancy for people living with HIV (PLWH) on sustained ART now approaches that of the general population (Trickey et al., 2021).

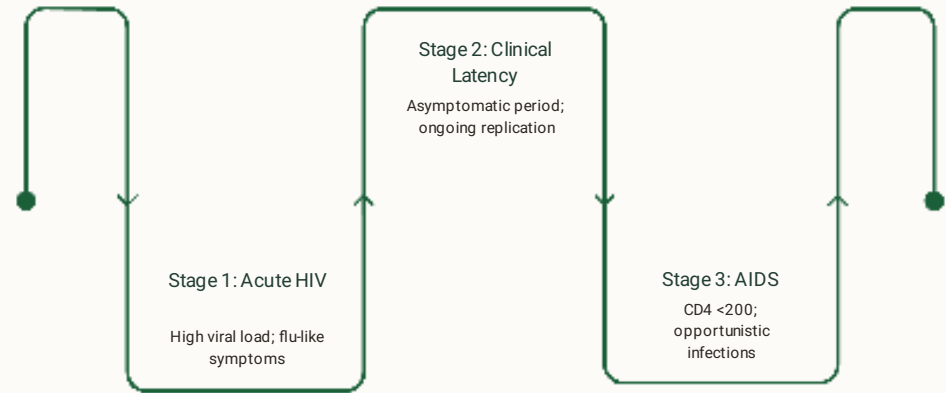
Despite this progress, HIV remains a significant public health challenge in the UK. NHS England (2022) highlights persistent service gaps, late diagnoses, and structural inequalities that undermine equitable care delivery. This presentation critically evaluates the evidence base underpinning HIV diagnosis, management, and person-centred care within the UK context.

 **Aim:** To critically evaluate current approaches to HIV care and management, examining the interplay between clinical practice, policy, and social determinants of health (UNAIDS, 2023).

Overview of HIV: Mechanism & Progression

Human Immunodeficiency Virus (HIV) is a retrovirus that selectively targets CD4⁺ T-lymphocytes — the cornerstone of adaptive immunity. Progressive depletion of these cells renders the host increasingly susceptible to opportunistic infections and malignancies (WHO, 2023). Transmission occurs via three primary routes: sexual contact, parenteral exposure to infected blood or blood products, and vertical (mother-to-child) transmission during pregnancy, labour, or breastfeeding (NICE, 2021).

Without intervention, HIV progresses through defined stages — acute infection, clinical latency, and ultimately Acquired Immunodeficiency Syndrome (AIDS) — characterised by a CD4 count below 200 cells/mm³ (UNAIDS, 2023). Critically, early initiation of ART interrupts this trajectory and prevents AIDS-defining illness, reinforcing the imperative for timely diagnosis.





CLINICAL FEATURES

Signs, Symptoms & the Diagnostic Challenge

● Acute Infection (2–4 Weeks)

Flu-like seroconversion illness: fever, lymphadenopathy, pharyngitis, myalgia, and rash. Symptoms are non-specific and frequently misattributed (WHO, 2023).

● Clinical Latency (Years)

Prolonged asymptomatic period during which viral replication continues subclinically. This phase critically delays help-seeking and diagnosis (Brown et al., 2021).

● Advanced Disease / AIDS

Emergence of opportunistic infections (e.g., *Pneumocystis pneumonia*, toxoplasmosis, CMV retinitis) and AIDS-defining malignancies (UNAIDS, 2023).

📌 **Critical Issue:** Late diagnosis remains endemic in the UK. A significant proportion of new HIV diagnoses occur at a CD4 count below 350 cells/mm³, indicating advanced immune compromise at presentation (PHE, 2020; Brown et al., 2021).

HIV Epidemiology: UK & Global Context

Key Statistics

100K

Living with HIV

People in the UK (UKHSA, 2023)

39M

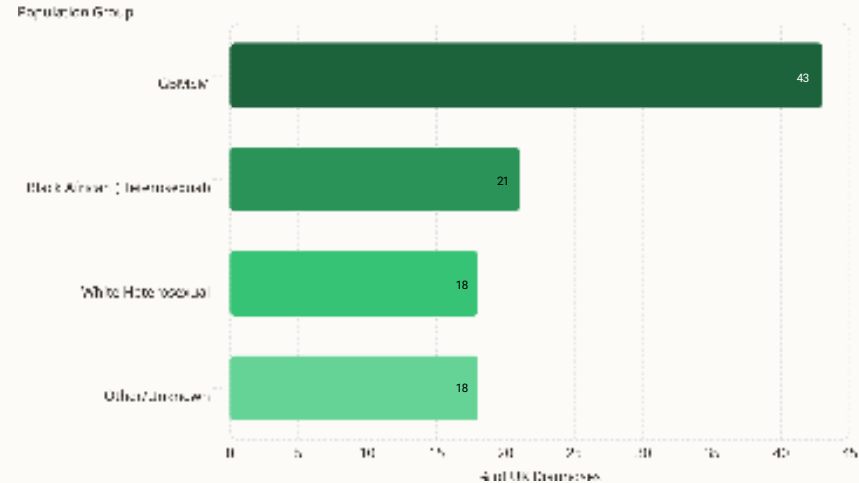
Global Burden

People living with HIV worldwide (UNAIDS, 2023)

5K

New UK Diagnoses

Annually, though declining (Brown et al., 2021)



Source: UKHSA (2023). Proportional distribution of new HIV diagnoses by population group, UK.

Whilst new diagnoses in the UK have declined, marked disparities persist. Prevalence remains disproportionately high among gay, bisexual and other men who have sex with men (GBMSM), Black African communities, and people from deprived socioeconomic backgrounds (UKHSA, 2023; Brown et al., 2021).

Economic & Social Burden of HIV in the UK

NHS Cost Burden

Lifelong ART and associated healthcare represent a substantial financial commitment for the NHS. Annual treatment costs per patient can exceed £10,000, with total HIV-related expenditure placing sustained pressure on commissioning budgets (NHS England, 2022; Nuffield Trust, 2022).

Productivity Loss

HIV-related morbidity, late diagnosis, and inadequately managed comorbidities contribute significantly to reduced workforce participation and economic output, disproportionately affecting younger adults in their most productive years (Roberts, 2020).

Stigma & Inequality

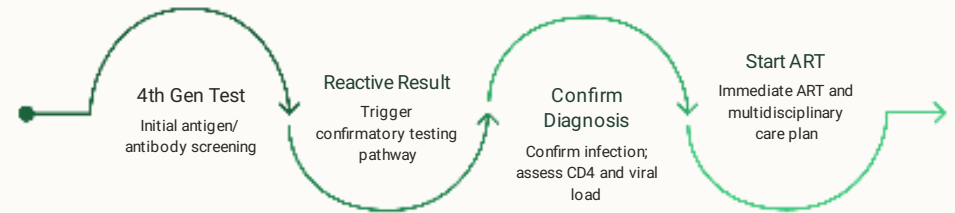
Persistent HIV-related stigma — both internalised and enacted — adversely affects psychological wellbeing, treatment adherence, and care engagement. Health inequalities remain a defining challenge, particularly for marginalised communities (Williams, 2020; Hargreaves et al., 2021).

DIAGNOSIS

HIV Diagnosis: Testing Pathways & UK Screening

HIV is diagnosed through fourth-generation combination antigen/antibody immunoassays, which detect both HIV-1/2 antibodies and the p24 antigen — significantly reducing the diagnostic window period to approximately 18–45 days post-exposure (NICE, 2021). Confirmatory testing follows reactive results prior to disclosure.

The UK's opt-out HIV testing policy — implemented across Emergency Departments in high-prevalence areas — has meaningfully increased testing uptake and earlier detection (UKHSA, 2023; NHS England, 2022). Point-of-care testing (POCT) and community-based rapid testing have further broadened access.



Persistent Gap: Despite expanded screening, late diagnosis (CD4 <350 cells/mm³) accounts for a substantial proportion of new diagnoses, particularly among heterosexual men and older adults (WHO, 2023; Brown et al., 2021).

Initial Assessment: A Holistic Framework



Clinical Assessment

Baseline CD4 count and viral load quantification guide staging and ART urgency. Assessment includes screening for tuberculosis, hepatitis B/C co-infection, sexually transmitted infections, and drug resistance testing (WHO, 2023; EACS, 2023).



Social Assessment

Evaluation of housing stability, social support networks, employment status, immigration concerns, and substance use is essential to contextualise care planning and identify safeguarding risks (Moore, 2022; Davies, 2023).



Psychological Screening

Validated tools (e.g., PHQ-9, GAD-7) should be routinely employed to identify depression, anxiety, and adjustment disorders — all prevalent at diagnosis. Early psychiatric liaison referral improves longer-term engagement (Taylor, 2023).



Holistic Care Planning

Findings from all domains should inform an integrated, person-centred care plan developed collaboratively with the patient, aligning with NHS England's (2022) personalised care framework and NICE (2021) guidance.

Physical Impact of HIV: Immune Compromise & Disease Burden

The Chronic Disease Paradox

ART has transformed HIV survival, yet the physical burden of living with HIV remains substantial. Immune dysregulation persists even with viral suppression, and long-term ART exposure introduces its own iatrogenic risks — creating a complex, evolving clinical picture (Smith, 2022; Ford et al., 2021).

- Immune System Damage:** Chronic immune activation and CD4 depletion predispose to recurrent and severe infections even before AIDS-defining illness (WHO, 2023).
- Opportunistic Infections:** *Pneumocystis jirovecii* pneumonia, cryptococcal meningitis, and CMV retinitis remain significant causes of morbidity in those presenting late (Green, 2021).
- ART Side Effects:** Metabolic complications — including dyslipidaemia, insulin resistance, and hepatotoxicity — alongside nephrotoxicity and bone demineralisation represent significant long-term adverse effects (Smith, 2022; Sabin et al., 2020).
- Chronic Disease Burden:** PLWH experience accelerated multimorbidity, requiring proactive, anticipatory management beyond HIV-specific care (Smit et al., 2020).

Psychological Impact: Mental Health & Quality of Life

The psychological sequelae of an HIV diagnosis are profound and frequently underaddressed within mainstream clinical pathways. Depression and anxiety are significantly more prevalent among PLWH compared with the general population – estimated at two to three times the background rate (Taylor, 2023; Sherr, Clucas and Harding, 2020).

Stigma-Driven Mental Health Decline

Internalised stigma – rooted in fear of disclosure, rejection, and social exclusion – is independently associated with increased psychological distress, reduced ART adherence, and poorer clinical outcomes (Williams, 2020; Hargreaves et al., 2021).

Reduced Quality of Life

Lazarus et al. (2021) argue that viral suppression alone is an insufficient clinical goal; health-related quality of life (HRQoL) must be systematically measured and addressed as a core treatment outcome, incorporating fatigue, sexual function, and existential concerns (Harris, 2022).

Integrated Mental Health Care

NICE (2021) and NHS England (2022) advocate for integrated, co-located mental health support within HIV services. Evidence demonstrates that liaison psychiatry and peer-support programmes significantly improve engagement and psychological outcomes (Taylor, 2023).

Social Impact: Discrimination, Isolation & Access Barriers



A Multidimensional Social Challenge

HIV continues to exact a profound social toll, operating through interlocking mechanisms of discrimination and structural disadvantage that compound health inequalities (Davies, 2023).



Employment Discrimination

Despite legislative protections under the Equality Act 2010, PLWH report ongoing workplace discrimination and fear of disclosure, affecting career progression and financial security (Adams, 2021).



Social Isolation

Fear of stigma drives concealment of HIV status, leading to reduced social participation and erosion of support networks — known mediators of adverse mental health (Moore, 2022).



Structural Barriers to Care

Language barriers, immigration status, digital exclusion, and geographic inequalities in service provision collectively impede equitable access to HIV care (Davies, 2023; UKHSA, 2023).

HIV & Comorbidities: The Emerging Complexity

As PLWH age on effective ART, the clinical profile has shifted towards multimorbidity. HIV-associated comorbidities now represent a dominant challenge in long-term management, requiring proactive, preventive, and specialist-coordinated care (Sabin et al., 2020; Smit et al., 2020).



Cardiovascular Disease

Chronic immune activation and certain ART regimens accelerate atherosclerosis. PLWH carry a 1.5–2× elevated risk of myocardial infarction compared with HIV-negative peers (Bigna and Noubiap, 2020; Green, 2021).



Tuberculosis Co-infection

TB remains the leading cause of HIV-related mortality globally. Co-infection creates complex drug interaction challenges and necessitates specialist infectious disease management (WHO, 2023).



Ageing with HIV

By 2030, the majority of PLWH in the UK will be aged over 50, encountering frailty, cognitive decline, and polypharmacy challenges that traditional HIV services are ill-equipped to address (Lee, 2021; Smit et al., 2020).

HIV Treatment in the UK: ART & U=U

Antiretroviral Therapy (ART)

ART is the cornerstone of HIV management in the UK, recommended for all PLWH regardless of CD4 count (NHS England, 2022; NICE, 2022). Contemporary regimens — predominantly integrase strand transfer inhibitor (INSTI)-based combinations — achieve viral suppression (HIV RNA <50 copies/mL) in >95% of adherent patients (Smith, 2022; Ford et al., 2021).

Single-tablet regimens have markedly improved convenience and adherence. Long-acting injectable ART (e.g., cabotegravir + rilpivirine) represents a significant advance for patients with adherence challenges (EACS, 2023).

Undetectable = Untransmittable (U=U)

The landmark PARTNER studies (Rodger et al., 2021) confirmed that PLWH with a sustained undetectable viral load cannot sexually transmit HIV — a finding with profound implications for public health, stigma reduction, and psychological wellbeing.



Adherence Challenge: Despite highly effective regimens, adherence barriers — including side effects, pill fatigue, mental health comorbidities, and structural factors — continue to compromise optimal outcomes for a significant minority (Evans, 2021; Risher et al., 2021).

HIV Management: UK Guidelines & Service Delivery

HIV management in the UK is governed by an evidence-based policy framework, yet significant disparities in implementation and service quality persist (NHS England, 2022; NICE, 2021).



NICE Guidelines

NICE (2021, 2022) provide comprehensive guidance on HIV testing uptake, treatment initiation thresholds, ART regimen selection, and monitoring frequency. These form the normative standard for UK HIV care.



NHS Integrated Care

NHS England (2022) promotes the embedding of HIV care within Integrated Care Systems (ICS), facilitating joined-up pathways between specialist HIV clinics, primary care, and community services.



MDT Approach

Effective HIV management requires coordinated input from HIV physicians, specialist nurses, pharmacists, psychologists, social workers, and peer support workers within a structured multidisciplinary team framework.



Service Variation — A Critical Gap

Despite national guidance, significant geographic and institutional variation in HIV service quality persists. Patients in non-metropolitan and rural areas frequently access inferior care, exacerbating existing health inequalities (Davies, 2023; Risher et al., 2021).

Models of Care: Framing HIV as a Long-Term Condition

Theoretical Frameworks in Practice

The conceptual models underpinning HIV care have evolved in response to the epidemiological transition from acute to chronic disease. No single model is universally applied; however, integration of multiple frameworks offers the most robust foundation for person-centred, evidence-based practice (Clark, 2022; Scott, 2022).

1

Biopsychosocial Model

Addresses physical, psychological, and social determinants of health simultaneously, avoiding the reductionism of purely biomedical approaches (Clark, 2022).

2

Chronic Care Model

Structures proactive, planned interactions between informed, activated patients and prepared, skilled healthcare teams — well-suited to HIV's long-term trajectory (Scott, 2022).

3

Patient-Centred Care

Empirical evidence demonstrates that patient-centred approaches — incorporating shared goals and individual preferences — significantly improve ART adherence and clinical outcomes (Harris, 2022).



 **Critical Observation:** Despite theoretical endorsement of these models, implementation gaps — driven by resource constraints, workforce pressures, and fragmented commissioning — limit their consistent application in UK HIV services (NHS England, 2022; Davies, 2023).

Personalized Care & Self-Management in Depression

Personalized care is defined by NHS England (2022) as an approach that enables individuals to have greater choice, control, and agency over their health and wellbeing. When applied to depression, it integrates supported self-management to empower patients as active partners in their own recovery.

Self-management in depression encompasses structured strategies — including psychoeducation, behavioural activation, and peer support — that build resilience and reduce reliance on acute services (NICE, 2022).



Shared Decision-Making

Collaborative goal-setting between clinician and patient, respecting individual values and preferences.



Enabling Choice

Including choice of treatment, provider, and care setting, underpinned by the NHS Choice Framework.



Supported Self-Management

Equipping individuals with skills, knowledge, and confidence to manage their condition day-to-day.



Personalized Care & Support Planning

Co-produced, documented care plans that reflect the person's holistic needs and priorities.



Social Prescribing & Community-Based Support

Linking individuals to non-clinical community assets to address social determinants of health.



Personal Health Budgets

Enabling individuals to direct their own care resources where clinically appropriate and agreed.

HIV Prevention: A Multi-Pronged Public Health Strategy



From Treatment to Prevention

Prevention remains the most cost-effective HIV intervention. The UK's commitment to reaching zero HIV transmissions by 2030 (UKHSA, 2023) necessitates a comprehensive, evidence-based prevention portfolio.

PrEP & PEP

Pre-exposure prophylaxis (PrEP) reduces HIV acquisition risk by >99% in adherent individuals. Post-exposure prophylaxis (PEP) provides emergency prevention within 72 hours of exposure (Mayer et al., 2020; WHO, 2023). NHS England commissioned PrEP nationally from 2020, though access inequalities persist.

Public Awareness & Education

UKHSA (2023) campaigns promoting HIV testing, sexual health literacy, and destigmatisation are critical to expanding testing uptake. Culturally competent, community-tailored messaging is essential to reach marginalised populations (Thomas, 2020).

Early Testing as Prevention

Universal opt-out testing in healthcare settings and community-based rapid testing reduce late diagnosis, shorten the undiagnosed period, and interrupt onward transmission chains (UKHSA, 2023; WHO, 2023).

Critical Evaluation: Gaps, Inequalities & Recommendations

A rigorous appraisal of the evidence reveals a persistent and troubling disjuncture between the theoretical promise of contemporary HIV care and the lived reality for many PLWH in the UK.

Persistent Inequalities in Access

Geographic, socioeconomic, and demographic disparities in HIV service quality and access remain entrenched. Deprived communities and minority ethnic groups face compounded disadvantage (Davies, 2023; UKHSA, 2023).

Late Diagnosis Remains Endemic

Despite expanded screening, late presentation continues to drive excess morbidity and mortality. Testing remains insufficiently normalised outside specialist settings, particularly in primary care and among heterosexual adults (Brown et al., 2021; PHE, 2020).

Stigma – The Persistent Barrier

HIV-related stigma continues to deter testing, delay disclosure, and impair care engagement. Clinician attitudes, media representation, and public discourse all contribute to its perpetuation (Williams, 2020; Hargreaves et al., 2021; Terrence Higgins Trust, 2022).

 **Recommendations:** Strengthen community-based, peer-led HIV services; mandate culturally competent training for all healthcare professionals; expand opt-out testing nationally; and integrate HIV care into broader long-term condition management frameworks (NHS England, 2022; NICE, 2021; UNAIDS, 2023).

Conclusion

HIV represents one of the most significant transformations in modern medicine — from a uniformly fatal diagnosis to a manageable long-term condition. This transformation, driven by the advent of ART and the U=U paradigm, has fundamentally altered clinical expectations and patient outcomes (WHO, 2023; Trickey et al., 2021).

HIV is Manageable — But Complex

Effective management demands vigilance across clinical, psychological, and social domains, with emerging challenges in ageing, multimorbidity, and long-term ART toxicity requiring proactive, anticipatory care (Smit et al., 2020).

Holistic, Personalised Care is Non-Negotiable

A biomedical focus on viral suppression alone is insufficient. Person-centred care — integrating shared decision-making, mental health support, and social prescribing — must be embedded as standard practice (NHS England, 2022; Lazarus et al., 2021).

Policy & Service Gaps Must Be Urgently Addressed

Achieving zero HIV transmissions by 2030 requires sustained investment, equity-driven commissioning, and a systemic commitment to dismantling the structural barriers that perpetuate late diagnosis and unequal care (UKHSA, 2023; UNAIDS, 2023).

References

- UNAIDS (2023) Global HIV Update 2023: The Path That Ends AIDS. Geneva: UNAIDS.
- UK Health Security Agency (UKHSA) (2023) HIV in the UK: Towards Zero HIV Transmissions by 2030. London: UKHSA.
- World Health Organization (WHO) (2023) HIV/AIDS Fact Sheet. Geneva: WHO.
- NHS England (2022) HIV Clinical Commissioning Policy. London: NHS England.
- National Institute for Health and Care Excellence (NICE) (2021) HIV Testing: Increasing Uptake Among People Who May Have Undiagnosed HIV. London: NICE.
- National Institute for Health and Care Excellence (NICE) (2022) Antiretroviral Therapy for People Living with HIV. London: NICE.
- Deeks, S.G., Lewin, S.R. and Havlir, D.V. (2021) 'The end of AIDS: HIV infection as a chronic disease', *Nature Medicine*, 27(3), pp. 400–409.
- Rodger, A.J. et al. (2021) 'Risk of HIV transmission through condomless sex in serodifferent couples with viral suppression', *The Lancet HIV*, 8(3), pp. e135–e143.
- Lazarus, J.V. et al. (2021) 'Beyond viral suppression: the quality of life of people living with HIV', *The Lancet HIV*, 8(2), pp. e76–e77.
- Sherr, L., Clucas, C. and Harding, R. (2020) 'HIV and mental health', *The Lancet Psychiatry*, 7(10), pp. 870–872.
- Trickey, A. et al. (2021) 'Life expectancy after 2015 of adults with HIV on long-term ART', *The Lancet HIV*, 8(6), pp. e363–e371.
- Public Health England (PHE) (2020) HIV in the UK Report 2020. London: PHE.
- Brown, A.E. et al. (2021) 'HIV epidemiology in the UK', *BMJ*, 372, n208.
- EACS (2023) European AIDS Clinical Society Guidelines Version 11.1. Brussels: EACS.
- Gupta, R.K. et al. (2020) 'HIV drug resistance worldwide', *The Lancet Infectious Diseases*, 20(3), pp. 310–321.

References (cont.)

- Ford, N. et al. (2021) 'Benefits and risks of ART', The Lancet, 397(10290), pp. 1793–1805.
- Risher, K.A. et al. (2021) 'HIV treatment cascade', The Lancet HIV, 8(5), pp. e269–e278.
- Mayer, K.H. et al. (2020) 'Pre-exposure prophylaxis (PrEP)', The Lancet, 395(10231), pp. 213–225.
- Hargreaves, J.R. et al. (2021) 'HIV-related stigma', The Lancet, 397(10270), pp. 104–116.
- Smit, M. et al. (2020) 'Future challenges for HIV care', The Lancet HIV, 7(10), pp. e720–e727.
- Nuffield Trust (2022) The NHS Budget and HIV Care Costs. London: Nuffield Trust.
- UNAIDS (2021) Global AIDS Strategy 2021–2026. Geneva: UNAIDS.
- WHO (2021) Consolidated Guidelines on HIV Prevention, Testing, Treatment. Geneva: WHO.
- Sabin, C.A. et al. (2020) 'Comorbidities in HIV patients', The Lancet HIV, 7(12), pp. e835–e844.
- Bigna, J.J. and Noubiap, J.J. (2020) 'HIV and cardiovascular risk', BMJ Global Health, 5(9), e003359.
- CDC (2022) HIV Prevention Strategies. Atlanta: CDC.
- NHS (2023) HIV and AIDS Overview. Available at: <https://www.nhs.uk> (Accessed: 2026).
- Terrence Higgins Trust (2022) HIV Stigma Report UK. London: THT.
- UNAIDS (2022) In Danger: Global AIDS Update 2022. Geneva: UNAIDS.
- WHO (2022) HIV Drug Resistance Report. Geneva: WHO.

Thank You

HIV as a Long-Term Condition: Diagnosis, Management and Person-Centred Care in the UK

Questions and critical discussion are warmly welcomed.

Module: LCHS7003 | Level 7 Academic Presentation

Priti Ramoliya | 2506176 | 16/04/2026