HIV and Oral Health in the Era of Antiretroviral Therapy

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WHAT I DO?

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WHAT'S IMPORTANT TO ME?

Friends
Family
My Dogs
Advocacy
Gardening
Relaxation
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The speakers will not discuss any off-label use or investigational product during the program.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.
• Understand the change in oral health needs in the Era of ART therapy
• Evaluate common oral manifestations related to HIV

ENDURING OBJECTIVE
All patients living with HIV/AIDS should be linked and retained in regular oral health care.
CASE PRESENTATION

56 year old Haitian male
Mode of Transmission/Heterosexual
Education level <4th grade
Date of Diagnosis 2012
ART Therapy 2013
CD4 185
Viral Load 3250 copies/ml
Current Medication
  Truvada
  Prezcobix
  Bactrim
  Hydrochlorothiazide 12.5 mg
Patient was currently virally suppressed September 2016 with
CD4 284
Retention in care and medication compliance has been an
issue.
What oral health conditions should be concerned about?

What other concerns do we have with this client?
Figure 1
Florida DIAGNOSED Cases of HIV Infection 2010–2015

DATA FOR DIAGNOSIS YEARS: The most recent year-end or mid-year information is used to update diagnosis data for ALL years. These data are AFTER the deduplication process.
Oral Health and HIV

- 32-46 percent of PLWHAs will have at least one major HIV-related oral health problem.

- 58-68 percent PLWHAs do not receive regular health care.

- Barriers PLWHAs face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.

- Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PLWHAs susceptible to progression of their disease.4

- HIV medications have side effects such as dry mouth, which predisposes PLWHAs to dental decay, periodontal disease, and fungal infections.
• Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWHA with severely compromised immune systems.

• A history of chronic periodontal disease can disrupt diabetic control and lead to a significant increase in the risk of delivering preterm low-birthweight babies.

• Poor oral health can adversely affect quality of life and limit career opportunities and social contact as result of facial appearance and odor.
Oral Manifestations of HIV

Significance of Oral Manifestations

• First sign of clinical disease
• Signify disease progression
• Signify possible ART failure
• Effects on medication adherence and nutrition
Dental expertise is necessary for proper management of oral complications in HIV infection and AIDS. The manifestation of oral lesions during the course of HIV infection holds distinct connotations at different stages of the disease.

For individuals with unknown HIV status, oral manifestations may suggest possible HIV infection, although these are not diagnostic of infection.
For persons living with HIV disease who are not yet on therapy, the presence of certain oral manifestations may signal the progression of HIV disease.

For patients on antiretroviral therapy, the presence of certain oral manifestations may signal an increase in the plasma HIV 1 RNA level.
In the Era of ART

Decreasing:
- Candidiasis
- Necrotizing Gingivitis
- Kaposi’s Sarcoma
- Oral Hairy Leukoplakia

Increasing:
- Dental Decay/Periodontal Disease
- Oral HPV
Oral Manifestations of HIV

Oral candidiasis and oral hairy leukoplakia appear to be the first and the second most common oral opportunistic infections associated with HIV.

S Sethi, DN Kiran, G Popli, A Malhotra, A Bansal… - 2016 - recentscientific.com
Oral Manifestations of HIV

Fungal:  Candidiasis, Cryptococcus, Histoplasmosis, Aspergillosis

Viral: Herpes simplex virus, Oral hairy leukoplakia, Human papilloma virus, Cytomegalovirus

Bacterial: Bacterial angiomatosis, Syphilis, Periodontal Diseases linear erythematous gingivitis, necrotizing ulcerative periodontitis, necrotizing stomatitis.
Oral Manifestations of HIV

Neoplasms: Kaposi’s sarcoma, Non Hodgkin’s Lymphoma
Immunological: Major Aphthous Ulcers

Xerostomia: Salivary Gland Disease, Pain syndromes, Nutritional
Dental Decay

Factors that Increase Dental Decay

• Xerostomia is moderate to severe in 30-40% living with HIV/AIDS
• Xerostomia is cause by many medications use to treat HIV and comorbidities related to both HIV and aging
• In addition the HIV virus effects the salivary glands can lead to salivary gland deformities and damages that also decrease salivary flow.
• Diet
• Substance Abuse
• Increased Life Expectancy
Salivary Gland Disease and Xerostomia

Salivary gland disease associated with HIV infection (HIV-SGD) can present as xerostomia with or without salivary gland enlargement (parotid gland).

HIV-infected patients may also experience dry mouth in association with taking certain medications that can hinder salivary secretion, such as antidepressants, antihistamines, and anti anxiety drugs.

Parotid Gland Enlargement: reported to occur in 1-10% of HIV infected patients it is usually secondary to the development of benign lympho-epithelial cysts.

Benign Lympho-epithelial Cysts: A rare manifestation of HIV disease characterized by bilateral parotid swelling.
What can we do?

**OTC products (.05% NaF) ACT, Fluoroguard**

Prescription Fluoride Products Neutral Sodium Fluoride administered by brushing or custom fluoride trays.

Salivary stimulants such as sugarless gum or sugarless candies may provide relief. Candies that are acidic should be avoided as frequent use may lead to loss of tooth enamel.

Increase intake of water

Salagen 5mg/Take 1 to 2 tablets 3 to 4 times per day. Maximum dosage 10mg 3 times per day

Many contraindications including glaucoma, hepatic impairment, heart, lung, etc. Follow prescribing instructions.
An increase in caries can occur, so fluoride rinses (that can be bought over the counter) or prescription fluorides should be used daily, and visits to the dentist should occur two to three times per year.

Home Care Instructions
Brush, Floss, Tongue Scraper

Work in an interprofessional team with medical providers, case managers, mental health providers
Periodontal Disease

Links between Periodontal Disease and other disease states/Diabetes/Heart Disease/Strokes
Periodontal Disease in the Era of ART

• Shift of prevalence towards periodontal diseases.
• Lack of oral hygiene determined by plaque formation and reduced CD4-counts with pronounced periodontal inflammation can be seen as risk factors for periodontal disease.
• There is an increase in periodontal inflammation markers in patients with HIV.
• Increased Prevalence of oral lesions and periodontal diseases in HIV-infected patients on antiretroviral therapy.
• Overall high prevalence of manifestations underlines the importance of oral examination for the general practitioner and visits by oral specialists should become a routine procedure in HIV-patients care.

Periodontal Disease

• Amoxicillin 250mg 3 x/day with Metronidazole 250mg 3X/day x 5-7days
• Antimicrobial rinses (0.12% Chlorhexidine) 15cc 2xday x 14days
• Concurrent Antifungal maybe necessary
• Referral for immediate dental care
• Stress oral home care for clients and routine dental care
Human Papilloma Virus

• About 7% of Americans have oral HPV. That's far fewer than the number who have the genital version, which is the most common sexually transmitted disease in the U.S.

• Every day in the US, about 12,000 people ages 15 to 24 are infected with HPV. Approximately 26 million Americans on any given day have an oral HPV infection. Of those approximately 2600 are HPV16 the strain that can lead to oral cancer.

• The vast majority of individuals will clear the virus naturally through their own immune response, and never know that they were exposed or had it.

Human Papilloma Virus
More than 40 types of HPV can infect people, but only a few cause cancer. One of the types that causes most cervical cancers, called HPV16, is also linked with most HPV-related head and neck cancers.
Oral warts are caused by human papillomavirus (HPV) and may appear anywhere within the oral cavity or on the lips. They occur more frequently and more extensively in people with HIV infection than in those with normal immune function, especially in patients with advancing immune suppression (CD4 counts of <200-300 cells/µL). Oral warts may be refractory to therapy. The frequency of oral warts may increase, at least temporarily, in patients treated with antiretroviral therapy.
Human Papilloma Virus

Possible spread through Oral Sex and French Kissing

http://saude-joni.blogspot.com/2012/02/hpv-oral.ht
New England Journal of Medicine (NEJM), shows that men and women who reported having six or more oral-sex partners during their lifetime had a nearly nine-fold increased risk of developing cancer of the tonsils or at the base of the tongue

Review recent CD4 counts in patients with oral warts, the CD4 count usually is <300 cells/µL. Treatment is difficult, as these lesions tend to recur.
HPV vaccine is recommended for routine vaccination at age 11 to 12 years.
Recommends vaccination for females aged 13 through 26 and males aged 13 through 21 years not vaccinated previously.
Vaccination is also recommended through age 26 years for men who have sex with men and for immunocompromised persons (included those with HIV infection) if not vaccinated.
Oropharyngeal Candidiasis (OPC)

The most common HIV related oral lesion is Candidiasis, predominantly due to infection by Candida albicans.

Non albicans species such as C. glabrata, C. tropicalis, C. krusei and C. kefyr have been reported in 1% to 20% of HIV infected patients.

It is often the initial manifestation of symptomatic infection with HIV, and may simply imply concurrent esophageal candidiasis, which is an AIDS indicator lesion, or also be a predictor of the likelihood of other opportunistic infections.
Pseudomembranous

Erythematous
Hypertrophic

Angular Cheilitis
Early treatment of oral candidiasis is warranted not only because of the discomfort caused by the lesions, but also because the foci may act as reservoirs of organisms for local spread of disease.

It takes longer to eradicate candidiasis in HIV infected population, and relapse rates are high.

High fungal counts and smoking appear to increase the tendency for poor response.

Use of topical agents for treatment of OPC is recommended as initial therapy, more so owing to concerns of drug interactions between systemic antifungals and antiretroviral therapy.
Hairy leukoplakia (also known as oral hairy leukoplakia, or HIV-associated hairy leukoplakia), is a white patch on the side of the tongue with a corrugated or hairy appearance. It is caused by Epstein-Barr virus (EBV) and occurs usually in persons who are immunocompromised especially those with HIV/AIDS. This white lesion cannot be scraped off. The lesion itself is benign and does not require any treatment, although its appearance may have diagnostic and prognostic implications for the underlying condition.

http://diseasespictures.com/oral-hairy-leukoplakia
Walling DM 2003 (PMID 12964120) Moura MD 2010 (PMID 20813564)
Oral Hairy Leukoplakia

Treatment
- Usual resolution with ARV
- Valacyclovir
- Podophyllin resin combined with acyclovir cream
- Oral Hairy Leukoplakia is a manifestation of later HIV disease and an important sign of immunosuppression.

Associated with immune suppression, as evidenced by reduced CD4+ cell counts and viremia measured by high HIV RNA level in plasma. These lesions have been shown to predict progression to AIDS even independent of CD4+ count.

Dental Recommendations for Treating HIV/AIDS Patients

• The magnitude of the viral load is not an indicator to withhold dental treatment for the patient. High viral loads may be present in a patient with early asymptomatic disease, while low viral loads can be seen in very advanced patients on suppressive antiviral therapy. Knowledge of these markers can tell the dentist the general health of the patient and the risk of progression.

• The dentist 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 three-six months.
Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Florida

- HIV Diagnosed (PLWH) through 2014: 109,969 (100%)
- Ever in Care: 99,516 (90%)
- In Care/Retained in Care in 2014: 78,124 (70,287/64%)
- On ART in 2014: 74,218 (67%)
- Suppressed Viral Load (<200 copies/ML) in 2014: 64,230 (58%)

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Florida Oral Health Care
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Haitian Cultural/Ethnic Identity

- Preferred term(s): Haitian or Haitian American. Haitians in U.S. strongly resist acculturation, taking pride in preserving traditional cultural, spiritual, religious, and family values.

At the end of 2013, there are an estimated 250,000 adults and children living with HIV in the Caribbean. Haiti accounts for 55% of all people living with HIV in the Caribbean. Haiti alone accounted for 59% of all AIDS-related deaths in the Caribbean. Haitian-born individuals make up approximately 2% of Florida’s total population.
- 80% of Haitians neither read nor write

- Health Education materials should be visual or oral

- Healthcare professionals can assess literacy by offering to clarify information

Directly asking the patient if they can read or write is embarrassing and may make the pt. reluctant to ask for assistance
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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.
The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References
HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Updated April 8, 2015.
TRAINING OPPORTUNITIES

Preceptorships
An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation
Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.
FOR MORE INFORMATION, PLEASE VISIT:
http://hivaidsinstitute.med.miami.edu/partners/se-aetc
National HIV/AIDS Clinicians’ Consultation Center
UCSF – San Francisco General Hospital

Warmline
National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline
National Clinicians’ Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline
National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau & Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu
Need Additional Information?

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