



The Society of Apothecaries of London

Diploma in HIV Medicine (Dip HIV Med)

Administrative Guidance for Candidates

EXAMINATION TIMETABLE: 2011

	September Examination
Closing date for entries	Tuesday 26 July
Best of five written paper	Tuesday 20 September
OSCE	Tuesday 27 and Wednesday 28 September

APPLICATIONS

1. To avoid disappointment, candidates are advised to apply for the examination well in advance of the closing date for entries. The closing date is the **final** date that a completed application can be considered for entry to the examination **but there is no guarantee that places will still be available at this date.**

WAITING LIST

2. The Society operates a waiting list system once all places for the examination have been filled. Candidates will be notified in writing as soon as a place becomes available, candidates will then have two weeks to respond and advise whether they wish to accept the place. Please note that should candidates not respond in this time the place will be offered to the next person on the waiting list.

EXAMINATION FEE

3. The examination entry and re-entry fee is £495. Candidates who withdraw from the examination after the closing date will trigger a forfeit fee as detailed below.

OSCE PREFERENCES

4. Candidates may express their preference for an OSCE session on the application form. Whilst we will endeavour to allocate you to one of your preferred sessions, indication of a preference does not guarantee a place for that session. Sessions will be allocated on a first-come first-served basis and will be confirmed on your admission document, issued after the application deadline.

SAMPLE QUESTIONS

Best of five

1.

A 37-year-old man is admitted to hospital in the UK with severe diarrhoea for 10 days. He reports 6kg of weight loss. On examination he is moderately dehydrated, has generalised lymphadenopathy and oral candida. He is diagnosed HIV-positive on admission. He reports a negative HIV test one year ago.

He is given intravenous fluids, ciprofloxacin and metronidazole. After 4 days his diarrhoea is 70% improved.

Results

Stool microscopy	cryptosporidium oocysts
HIV viral load	450,000 copies/ml
CD4 count	180 cells/ μ l

He asks you what stage of HIV infection he has.

What is the most appropriate response to his question?

- A AIDS due to cryptosporidial diarrhoea
- B AIDS due to low CD4 count
- C AIDS due to weight loss and lymphadenopathy
- D Primary HIV infection
- E Symptomatic HIV infection

Answer: E (Symptomatic HIV infection)

Explanation

- A Incorrect, cryptosporidial diarrhoea is only an AIDS defining illness if present for greater than 1 month**
- B Incorrect, CD4 count alone is not a criteria for AIDS within the UK**
- C Incorrect, weight loss greater than 10% defines AIDS**
- D Incorrect, timing of HIV infection may be up to 1 year previously and this is not the classical presentation of someone with primary infection (no fever)**
- E Correct, this is the BEST answer.**

2.

You are seeing a 38-year-old woman who has been on treatment since 1992. By 2002 she had received multiple combinations, including unboosted protease inhibitors, non-nucleoside reverse transcriptase inhibitors and nucleoside reverse transcriptase inhibitors. Since then she has been maintained on zidovudine, abacavir and Kaletra™.

Results

Viral load 900 copies/ml
CD4 count 382 cells/μl
Trofile result indeterminate

Genotypic resistance test

Reverse transcriptase M184V, L74V, K103N, Y181C
Protease V82A, L90M

Which 2 drugs would be most effective in a new combination?

- A Darunavir and Etravirine
- B Darunavir and Maraviroc
- C Etravirine and Raltegravir
- D Maraviroc and Etravirine
- E Raltegravir and Darunavir

Answer: E (Raltegravir and Darunavir)

Explanation

- A Incorrect, Y181C has a negative impact on susceptibility to etravirine, with a weighting of 2.5 on the Tibotec etravirine score**
- B Incorrect, tropism is undetermined therefore response to maraviroc cannot be predicted**
- C Incorrect, as per option A**
- D Incorrect, as per option A**
- E Correct, this is the BEST of the 5 options. The woman is integrase inhibitor naïve and so raltegravir is fully active. The 2 protease inhibitor mutations are not associated with darunavir resistance**

3.

A 52-year-old, HIV-positive woman attends her routine clinic appointment. She has been on a combination of Kivexa™ and nevirapine for 8 months and has had an undetectable viral load for the last 6 months.

Baseline results (pre-treatment)

Resistance genotype	wildtype
HIV viral load	26 000 copies/ml
HLA B*5701	negative
Enhanced Trofile™	CCR5 phenotype

Current results

HIV viral load	less than 50 copies/ml
CD4 count	255 cells/ μ l

On enquiring whether she has any other problems she reports she has felt depressed and has been taking St John's wort for the preceding 12 weeks.

How would you best manage the potential interaction with her antiviral therapy?

- A Check drug levels of nevirapine
- B No change required
- C Stop St John's wort
- D Substitute maraviroc for nevirapine
- E Switch nevirapine to darunavir, ritonavir

Answer: C (Stop St John's wort)

Explanation

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| <p>A Incorrect: If nevirapine levels are satisfactory this may be reassuring but they only indicate what is happening at 1 time point.. There is no guarantee of the quality control of St John's wort and therefore over time what the drug exposure might be.</p> <p>B Incorrect: St John's wort is an enzyme inducer and may lead to sub-therapeutic levels of nevirapine</p> <p>C Correct: This is the BEST answer. St John's wort is an enzyme inducer and may lead to sub-therapeutic levels of nevirapine. Depression should be assessed and guidelines followed if drug treatment required, taking account of drug interactions</p> <p>D Incorrect: There is a significant interaction with maraviroc, predicted to decrease maraviroc levels.</p> <p>E Incorrect: There is a significant interaction with ritonavir and darunavir predicted to decrease levels of both drugs</p> |
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OSCE

Instructions to candidates

Station title: **Primary HIV infection**

This station lasts 10 minutes.

You are a doctor in an HIV clinic.

This patient is Mrs Haddon. She is 44 years old. Four weeks ago she developed a flu-like illness with fever that persisted for one week. Following investigation she was diagnosed HIV positive.

Her husband was diagnosed HIV positive when he presented with oesophageal candida two years before.

Mrs Haddon last tested HIV negative one year ago. Her current Her viral load is 800,000 c/ml and her CD4 count is 350 cells/ μ L.

She has attended your clinic to seek information and advice concerning her condition. Discuss with the patient the issues involved and answer any questions she has.

There is no need to write anything down.