ARCH – Alcohol Research Consortium in HIV

Administrative Core (U24)

Mary E. McCaul (PI)  Richard Moore (Col)

Intervention Research Arm (U01)
Michael Saag (PI)  Karen Cropsey (Col)

Epidemiology Research Arm (U01)
Mari Kitahata (PI)  Heidi Crane (Col)
Site for the ARCH U01s - CNICS

• CFAR Network of Integrated Clinical Systems (CNICS)
  • Established in 2002
  • Collaborative network of 8 CFAR HIV clinical sites,
  • Independent NIH R24 funding, renewed in 2011
• Diverse Cohort
  • Racially and geographically diverse, sex and age representative clinical cohort
• Clinical, socio-behavioral and specimen data systematically captured
• Comprehensive patient self-reported outcomes
Intervention Research Arm (IRA)

• **GOAL**: To pilot test two interventions for reducing alcohol use among hazardous drinking HIV-infected individuals in HIV care sites:
  – *Computerized Brief Intervention (CBI)*
  – *Provider Training on Alcohol Pharmacotherapy (APT)*

• Determine patient-level predictors of CBI and APT engagement and effectiveness.

• Determine facilitators and barriers to clinic integration and implementation of CBI and APT.
Epidemiological Research Arm (ARCH-ERA)

**GOAL:** To investigate the short and long-term effects of alcohol on HIV clinical outcomes

- Assess the burden of hazardous alcohol consumption and symptom severity, and HIV disease stage at entry into HIV care and over time.
- Determine how alcohol (consumption level, symptom severity, diagnosis) impacts HIV disease progression and treatment over time.
- Evaluate the impact of alcohol (level, symptom severity, diagnosis) on HIV health care utilization, and engagement in clinical care.
Patient Reported Outcomes (PROs)

• To date, over 11,000 assessments completed
• Data collected on:
  – Alcohol, tobacco and illicit drugs
  – Patient Symptoms
  – Depression-Anxiety Scales
  – QOL
  – Adherence
  – Sexual Activity / Practices
  – Body Composition (FRAM)
Alcohol Measures (PROs)

Current PRO measures:

- **AUDIT – C**

Planned PRO measure:

- *Quick Drinking Screen* (Sobell and Sobell) obtains drinking Q/F; approximates reliability and validity of the more time intensive TimeLine Follow Back.

Additional measures for hazardous drinkers:

- *The Mini International Neuropsychiatric Interview Alcohol Abuse/Dependence Module*
- **AUDIT** – additional 7 items on drinking consequences
PROs: Current Illicit Drug and Hazardous Alcohol Use

- Opiates: 0%
- Amphetamines: 2%
- Cocaine: 4%
- Alcohol: 16%
Administrative Core (ARCH-AC)

Provides the critical infrastructure to:

• Conceptualize and oversee implementation of the ARCH scientific epidemiologic and interventional aims

• Facilitate communication and collaboration among ARCH components and investigators, the funding agency, CHAART and other HIV cohorts

• Manage and optimize access to ARCH resources, including data repositories, epidemiologic biostatistics support and the investigational expertise

• Support dissemination of information by ARCH
ARCH Administrative Structure

**Steering Committee**
Scientific Advisors:
Rosa Crum
Albert Wu
David Holtgrave
Mark Sulkowski

**Executive Committee**

**NIAAA**

**Community Advisory Board**

**Working Groups:**
- CBI intervention
- Pharmacotherapy intervention
- Disease burden
- Longitudinal aims
- Cost effectiveness

**Administrative Core**
ARCH-AC

**Epidemiology Research Arm**
ARCH-ERA

**Intervention Research Arm**
ARCH-IRA
Scientific Integration

Integration of the ARCH-IRA and ARCH-ERA U01s allows us to:

• Examine a broader array of measures than typically studied in an alcohol or HIV trial
• Elucidate demographic and clinical factors associated with intervention effectiveness
• Characterize long-term changes in HIV-related outcomes as a function of intervention-driven drinking changes, including the impact of magnitude and acceleration of drinking changes on proximal and distal HIV outcomes
Consortium Directions

• ARCH launches a long-term, vibrant collaboration to accelerate knowledge and technological developments on the intersection of alcohol and HIV

• CHAART creates opportunities to develop cross-consortia protocols

• Placement of the ARCH core at Hopkins and leadership by Drs. Moore and McCaul promote future collaboration of ARCH with other large scale, productive HIV cohorts, including NA-ACCORD, WIHS, MACS and ALIVE