



BREACH
BELGIAN RESEARCH AIDS&HIV CONSORTIUM

6th BREACH Spring Meeting
“HIV, Co-morbidities & Ageing - A Long Way to Go”

Friday April 21st & Saturday April 22nd, 2023

Optimizing HIV Care in Older People with HIV

a Community perspective and Personal experience



European
AIDS Treatment
Group

Mario Cascio

Traditional Approach to Ageing in PLHIV: Is this sufficient to ensure well-being?

- **Traditional approach to ageing in PWH focused mainly on monitoring chronic comorbidities in older individuals.**
- **Disease-centred and focused on measuring an individual's health deficits at a later stage in life where little can be done to prevent the decline in function***
- **Overlooks that the process of ageing with HIV is multidimensional, and in addition to the impact on biological systems, there are many other factors which shape the process of ageing, often at an earlier age ****

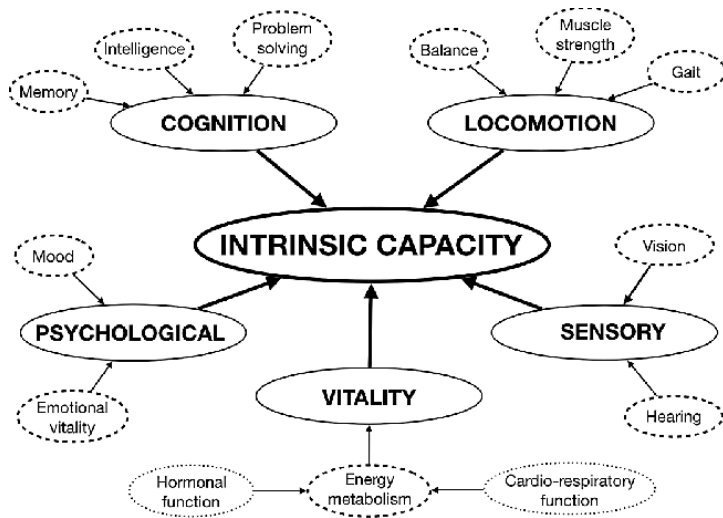


* Kohanski RA, Deeks SG, Gravekamp C, Halter JB, High K, Hurria A, et al. Reverse geroscience: how does exposure to early diseases accelerate the age-related decline in health? Ann N Y Acad Sci. 2016;1386(1):30–44.4.

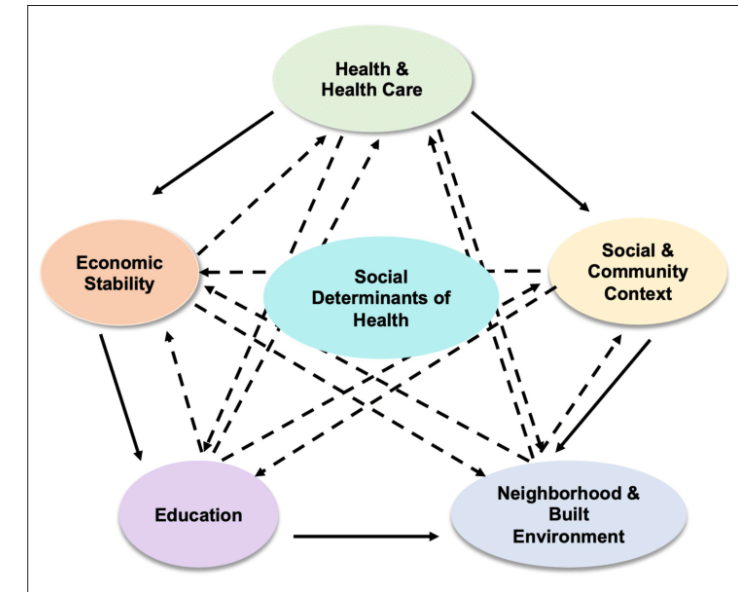
** Rajasuriar R, Chong ML, Ahmad Bashah NS, Abdul Aziz SA, Mcstea M, LeeECY, et al. Major health impact of accelerated aging in young HIV-infected individuals on antiretroviral therapy. AIDS. 2017;31(10):1393–1403. <https://doi.org/10.1097/QAD.0000000000001475>.

WHO's Model for Healthy Ageing

- The WHO Model for healthy ageing as a process to **maximize** an individual's **functional ability***
- Optimizing **intrinsic capacity (IC)**** and the **external environment** ***



The strong **interplay** between these two components is often overlooked in the clinical approach to ageing



The external environment can help **balance** and **compensate** for losses in IC and help **maintain function** and/or **ensure life satisfaction**

• https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1

** <https://www.who.int/ageing/health-systems/clinical-consortium/JoG-intrinsic-capacity-2018.pdf>

*** Cesari M, Araujo de Carvalho I, Amuthavalli Thiyagarajan J, Cooper C, Mar-tin FC, Reginster J-Y, et al. Evidence for the domains supporting the construct of intrinsic capacity. J Gerontol A Biol Sci Med Sci. 2018;73(12):1653–1660. <https://doi.org/10.1093/gerona/gly011>.

Increasing awareness of the emerging needs of an aging HIV population

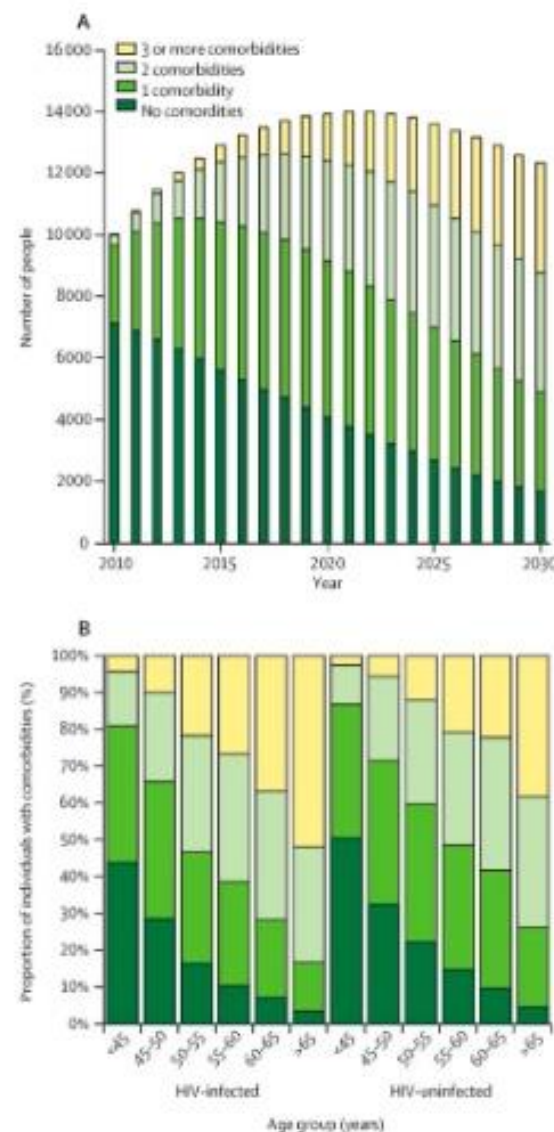
By clinicians:

who in their everyday work are dealing more with the management of comorbidities and other geriatric conditions than with HIV itself

By OALWH:

who are personally experiencing the additional burden of other health conditions such as multimorbidity, mental health problems and geriatric syndromes, strongly impacting their quality of everyday life

Loneliness, social isolation and depression are becoming part of the lives of many elderly people with HIV



Ongoing discussions on how to adequately address the emerging needs of OALWH

Healthcare systems are not adequately structured to respond to the complexity of care for older people with HIV

What we see is:

- Gap between European guidelines (EACS) and everyday clinical practice .
- Lack of integrated services, including mental and sexual health services
- lack of staff
- lack of resources
- lack of time to dedicate to visits
- difficulties of HIV specialists, often acting as general practitioners or specialists
- lack of geriatric care
- lack of foresight and long-term vision of our decision-makers



At community level:

Organizations such as the EATG have conducted campaigns and projects raising awareness on the topic

But in general, PWH are **lacking** the necessary information on what ageing with HIV could mean to them and what strategies to adopt to keep themselves in good health as they reach older age.

My Personal Journey: from a traditional HIV Clinic to Modena Metabolic Clinic

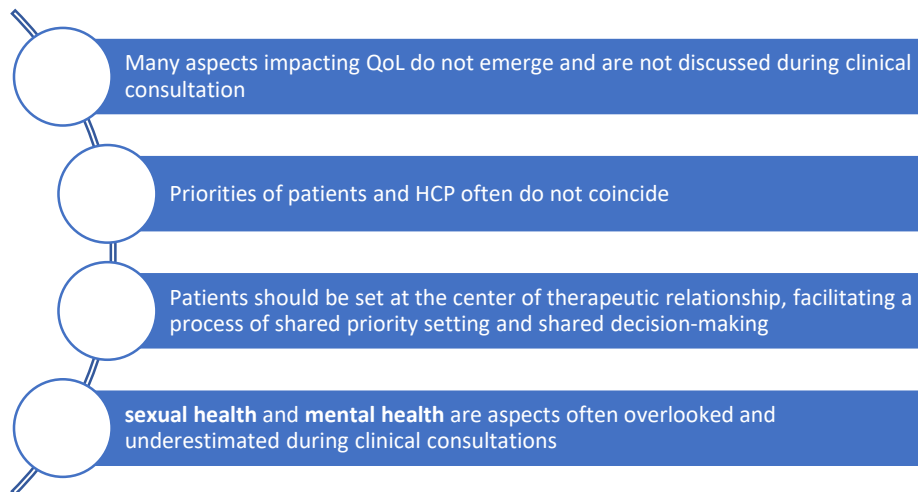
- **Emerging needs**
- **Patient Reported Outcome Measures (PROM)**
- **Adapting Geriatric Care Principles**
- **Healthy aging**

Emerging needs and Key priorities

- **Preventive medicine**
 - prevention/delay/mitigation of morbidities
 - prevention/delay/mitigation of frailty/disability
- **Integration of services**
- **Patient empowerment and HCP/patient collaboration**
- **Promoting self-management skills and self-efficacy**
- **Polipharmacy/DDI**
- **Tailoring ART to specific needs of older individuals**
- **Rehabilitation interventions and psychosocial support services for frail and disabled individuals**



Patient Reported Outcome Measures - PROM



Patient Reported Outcomes:

Facilitating Patient/HCP communication, identifying critical elements and informing clinical decision-making



Positive Perspectives wave 2 study: 53% of treatment experienced PLHIV aged >50 had difficulties in raising concerns with their HCP and 84% of newly diagnosed aged >50 experienced the same problems. **

Clinicians: an opportunity of knowing their patients better, what matters to them most, what barriers they may face in their daily lives and healthcare

Patients: an opportunity to openly discuss issues and concerns, which they are often unable to express during consultations, empowering them to actively take part in their healthcare

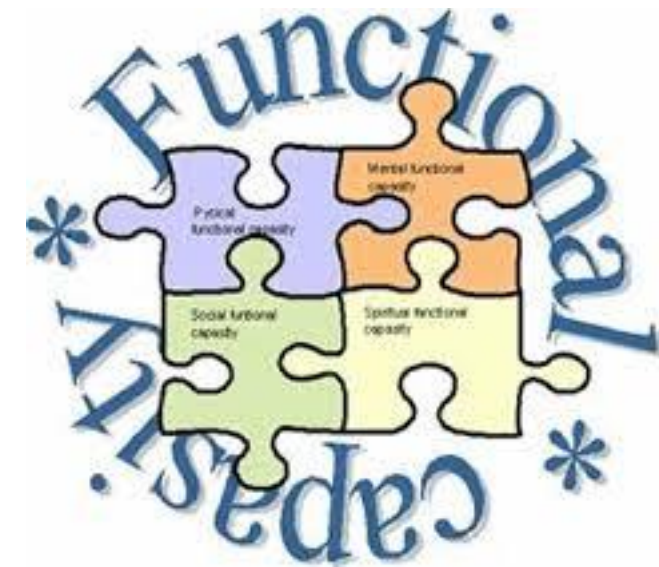
• <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6656404/>

** <https://viivhealthcare.com/en-gb/our-stories/partnerships---key-populations/global-positive-perspectives-study-2-people-living-with-HIV/>

Adapting Geriatric Care Principles in HIV Care

Scope of geriatric care is to preserve functional status avoiding geriatric syndromes

- PWH can benefit from care models developed to manage multimorbidity through a **multi-dimensional approach**
- Assessment of multimorbidities alone does **NOT** reflect the complexity of aging as a health condition.
- Geriatric model focuses on **sustaining the patient's function** rather than trying to target and manage each illness
- Geriatric approach considers conditions like **frailty, cognitive impairment, compromised mobility, risk for falls and polypharmacy**.
- Geriatric approach considers the impact of **social isolation** and unaddressed **mental health** issues on health outcomes.
- Places emphasis on personal responsibility and **self-efficacy**
- Considers how **knowledgeable patients** interacting with care providers can achieve the best health outcomes possible.

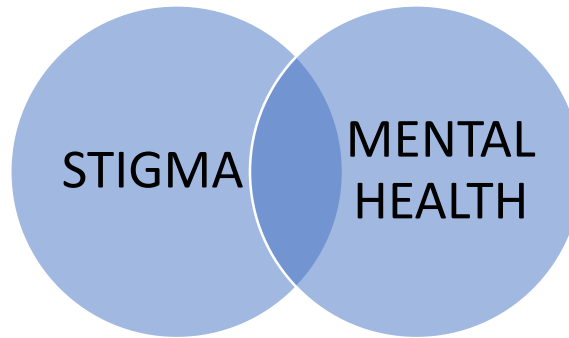


Healthy Ageing

- Stopping/limiting smoking
- Keeping yourself physically active
- Having a balanced diet
- Maintaining a healthy weight
- Limiting alcohol and drug intake
- Keeping yourself mentally active
- Managing stress
- Being socially active



How does life change after an HIV diagnosis?



Stigma is about social isolation and loneliness

HIV stigma is one of the pathways to depression and poor quality of life in PLHIV (1)

Experience of HIV-related stigma (anticipatory, internalized, and enacted) is associated with increased odds of psychological distress.(3)



The societal prejudice can harm those living with HIV in numerous ways, perhaps most detrimentally, through mental health issues (2)

- ❖ PWH often experience **personal and emotional frailty** coupled with internalised self-stigmatisation, shame and a compromised self-efficacy, leading to:(4)
 - Isolation or decreased social participation
 - real or perceived loss of friends
 - perceived discomfort of those they are in contact with
 - symptoms of depression and feelings of anxiety
 - Feeling being denied a partner, parenthood, sexual life

1. <https://link.springer.com/article/10.1007/s10461-020-02980-5>
 2. [Chaudoir & Fisher, 2018](#); [Relf et al., 2021](#)
 3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6095827/>
 4. ([Cahill & Valadez, 2013](#)).

Supporting Healthy Ageing: The Role of Community

- **Empowering individuals: more proactive attitude towards health (changes in lifestyle, enhancing self-management skills)**
- **Empowering individuals to actively engage in the therapeutic relationship with HCP**
- **Providing peer/professional support in addressing psychosocial and relational problems emerging from HIV status or from the ageing process**
- **Initiatives peer-led providing social support to people in conditions of frailty/disability**
- **Initiatives aimed at resilience building**

The Impact of COVID-19:

- PWH have been impacted by COVID-19 in their physical, mental, emotional and social spheres with unclear consequences in the long term, especially for **older individuals with greater vulnerabilities**
- Service disruptions and continuity of care in times of emergency have led to a **distancing from care**
- Impact on comorbidities: with the limitation of screening services and specialist services which may lead to **undiagnosed/untreated morbidities**, particularly relevant for older people.
- PWH are disproportionately affected by MH problems, often resulting in poorer health outcomes and poorer QoL and COVID-19 has **additionally destabilized PLHIV** in many ways.
- CBOs have historically played an important role in supporting people suffering from depression, loneliness and internalized stigma and can once again play an important role in **promoting healthy ageing** within their community

“CURRENT HIV POLICY WAS NOT CONCEIVED WITH AGEING IN MIND, BUT LIVING LONG TERM WITH HIV CREATES ITS OWN SPECIFIC NEEDS. THE POLICY ENVIRONMENT MUST ADAPT TO RECOGNIZE, MEASURE AND ADDRESS THESE NEEDS”

NIKOS DEDES
(CO-CHAIR HIV OUTCOMES)



The Glasgow Manifesto – Why?

- Based on the experience of The Silver Zone in the Global Village at AIDS2022: we decided it was time to give voice to the neglected needs of older people living with HIV, this is how the iCOPE HIV initiative started
- We feel the challenges many of us face in our daily lives are not well acknowledged and our needs are not being addressed
- We are a silent majority. Global estimates show that in the near future most people living with HIV will be aged >50 and an increasing proportion aged >65



HIV care has not evolved with us and we feel we have been left behind.

Taking Global Action Toward Improved Care, Quality of Life, and Empowerment for Older People with HIV

iCOPE HIV Interactive Dialogue
27 January 2023



Founding iCOPE HIV Members

The Glasgow Manifesto was developed by the founding members of the International Coalition of Older People with HIV (iCOPE HIV): European AIDS Treatment Group (EATG, Belgium), National AIDS Treatment Advocacy Project (NATAP, USA), *Realize* (Canada), and UTOPIA_BXL (Belgium). For more iCOPE HIV or the Glasgow Manifesto, contact:

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**The concept of healthy ageing and QoL
should guide us all in our daily work, at
policy level, at clinical level and at
community level**



**TOGETHER
WE CAN END HIV STIGMA.**

#StopHIVStigma

Thank you