HOW TO GO FORWARD

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LET'S ASK CHATGPT ! « *WAY FORWARD FOR CARE OF THE AGEING HIV PATIENTS?* »

As the population of people living with HIV (PLHIV) continues to age, it is essential to address the unique challenges and considerations that arise with ageing with HIV. Here are some ways forward for care of the ageing HIV patients:

1. **Encourage regular health check-ups:** Regular check-ups with healthcare providers are essential for ageing PLHIV to monitor their overall health and HIV-related complications. These check-ups should include monitoring of liver and kidney function, bone density, and cardiovascular health.
2. **Address comorbidities:** Ageing PLHIV are at an increased risk of developing comorbidities such as cardiovascular disease, diabetes, and cancer. Thus, healthcare providers should focus on addressing and managing these conditions through lifestyle modifications, medications, and regular monitoring.
3. **Promote adherence to antiretroviral therapy (ART):** Adherence to ART is critical for maintaining viral suppression, which helps reduce the risk of HIV-related complications. Healthcare providers should work with ageing PLHIV to develop strategies to support adherence and address any barriers that may arise.
4. **Provide social support**: Ageing PLHIV may experience social isolation, stigma, and discrimination. Providing social support through peer networks and community-based organizations can help mitigate these challenges and improve their overall well-being.
5. **Address mental health:** Ageing PLHIV may also experience mental health challenges such as depression and anxiety. Thus, healthcare providers should address these issues through counseling, support groups, and referrals to mental health professionals.

In summary, healthcare providers should take a comprehensive and holistic approach to care for ageing PLHIV, focusing on regular health check-ups, addressing comorbidities, promoting adherence to ART, providing social support, and addressing mental health.

Introducing ChatGPT (openai.com)

GOAL OF MEDICAL CARE: TO PROLONG LIFE AND IMPROVE HEALTH RELATED QUALITY OF LIFE

Major causes of mortality:

- Cancer
- Cardiovascular diseases
- Infectious diseases

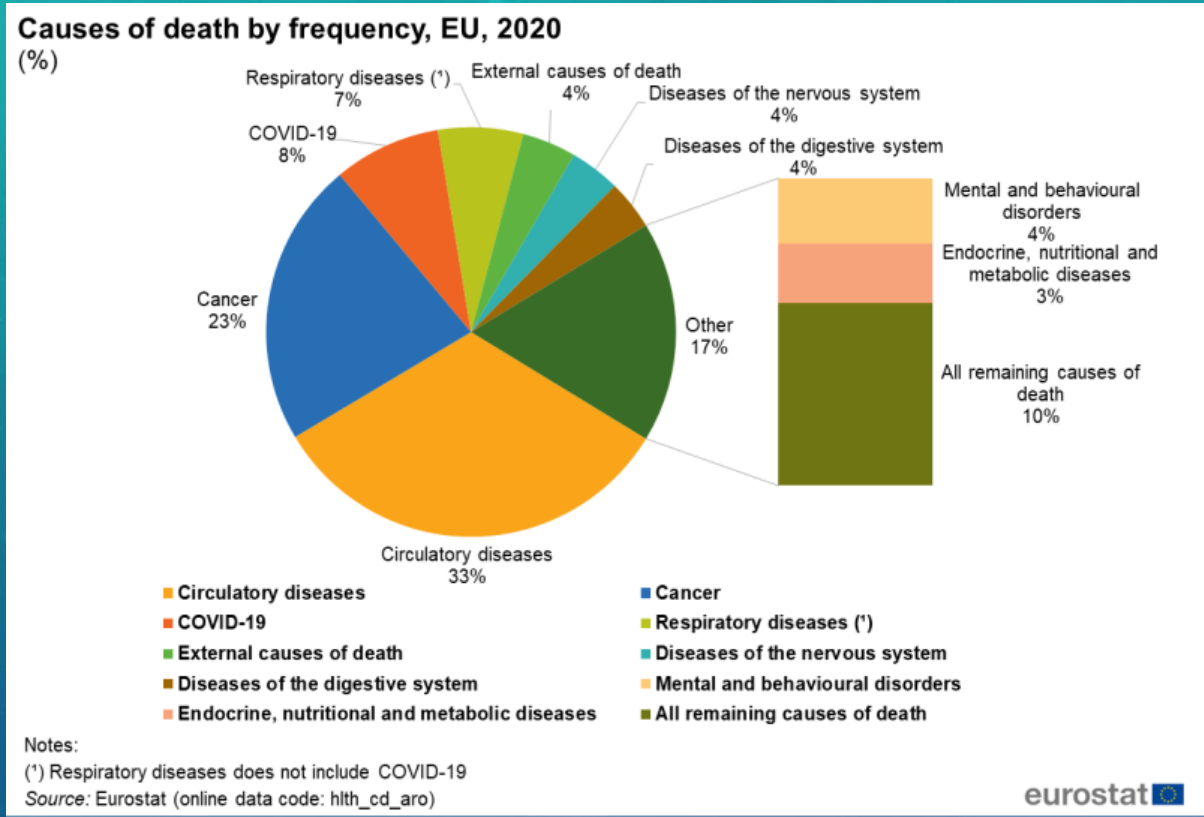
Prevention → **Adequate testing for early diagnostic** → **Prompt and optimized treatment**

Improve health related quality of life:

- Orthopedic and rhumatologic diseases, metabolic disorders
- Mental health
- Pyschosocial support and multidisciplinary management

BREACH

CAUSES OF DEATH BY FREQUENCY IN EUROPE



Main causes of death by age and sex, EU, 2020
(standardised death rate per 100 000 inhabitants)

	Men		Women	
	Cause of death	Rate for male inhabitants	Cause of death	Rate for female inhabitants
Below 65 years old	Lung cancer(1)	20.59	Breast cancer	12.78
	Accidents	20.22	Lung cancer(1)	10.81
	Heart attack	15.88	COVID-19(2)	6.31
	COVID-19(2)	15.02	Colorectal cancer(3)	5.23
	Chronic liver disease	13.97	Cerebrovascular diseases	5.21
	Intentional self-harm	13.55	Accidents	4.68
Age 65 and above	COVID-19(2)	570.53	Cerebrovascular diseases	319.47
	Cerebrovascular diseases	378.87	COVID-19(2)	311.16
	Lung cancer(1)	288.85	Dementia	168.51
	Heart attack	213.65	Heart attack	110.97
	Chronic lower respiratory diseases	190.29	Breast cancer	108.33
	Prostate cancer	176.97	Chronic lower respiratory diseases	88.97

(1) Malignant neoplasms of the trachea, bronchus and lung
(2) See section 'Classification of the causes of death' for details on how COVID-19 deaths were calculated.
(3) Malignant neoplasms of the colon, rectosigmoid junction, rectum, anus and anal canal
Source: Eurostat (online data code: hlth_cd_asdr2)
eurostat

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File:Causes of death by frequency EU 2020 (%).png - Statistics Explained (europa.eu)
File:Main causes of death by age and sex, EU, 2020 (standardised death rate per 100 000 inhabitants).png - Statistics Explained (europa.eu)

EACS GUIDELINES: PREVENTION AND MANAGEMENT OF COMORBIDITIES

- **Prevention:**
  - Life style interventions (stop tobacco!, *…)
  - Vaccination
  - Control of the cardiovascular risk factors
- **Early diagnosis**
- **Prompt and optimized treatment**

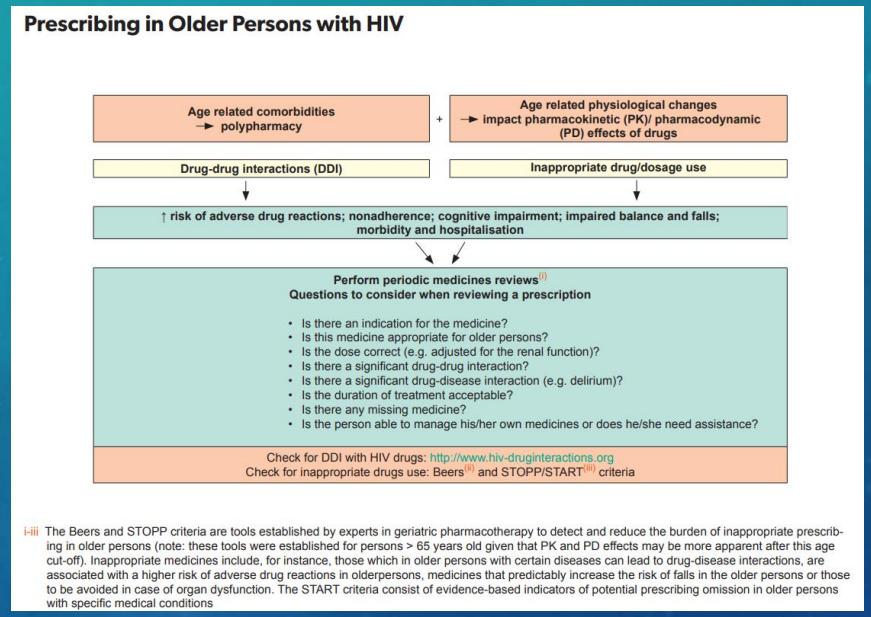
Part IV

EACS Guidelines | EACSociety

*Prevention: Prévention | Causes du Cancer et Leucémie | Fondation contre le Cancer

GOAL OF MEDICAL CARE: PRIMUM NON NOCERE

- **Polypharmacy**: check drug drug interactions, secundary effects, adapt doses to impaired renal and hepatic functions
- The best is the enemy of good: **security of the patient** before applying the last guidelines



Prescribing in Older Persons with HIV

Age related comorbidities → polypharmacy + Age related physiological changes → impact pharmacokinetic (PK)/ pharmacodynamic (PD) effects of drugs

Drug-drug interactions (DDI) | Inappropriate drug/dosage use

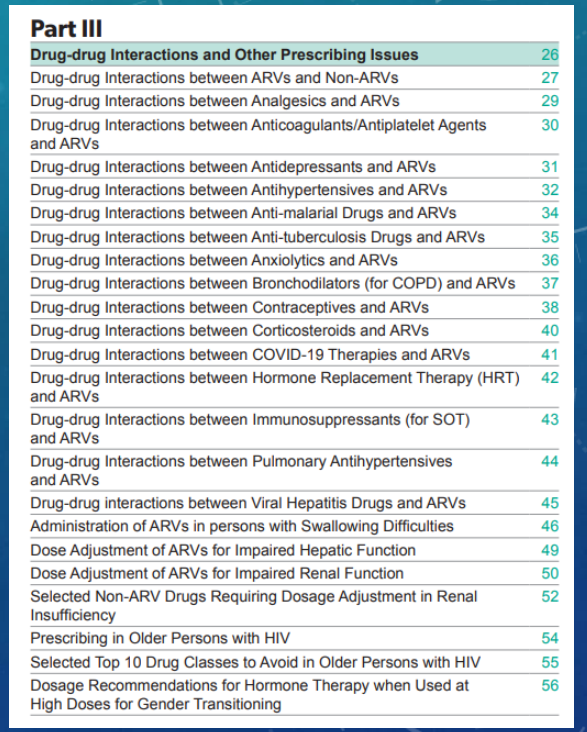
↑ risk of adverse drug reactions; nonadherence; cognitive impairment; impaired balance and falls; morbidity and hospitalisation

Perform periodic medicines reviews[i]
Questions to consider when reviewing a prescription

- Is there an indication for the medicine?
- Is this medicine appropriate for older persons?
- Is the dose correct (e.g. adjusted for the renal function)?
- Is there a significant drug-drug interaction?
- Is there a significant drug-disease interaction (e.g. delirium)?
- Is the duration of treatment acceptable?
- Is there any missing medicine?
- Is the person able to manage his/her own medicines or does he/she need assistance?

Check for DDI with HIV drugs: http://www.hiv-druginteractions.org
Check for inappropriate drugs use: Beers[ii] and STOPP/START[iii] criteria

i-iii The Beers and STOPP criteria are tools established by experts in geriatric pharmacotherapy to detect and reduce the burden of inappropriate prescribing in older persons (note: these tools were established for persons > 65 years old given that PK and PD effects may be more apparent after this age cut-off). Inappropriate medicines include, for instance, those which in older persons with certain diseases can lead to drug-disease interactions, are associated with a higher risk of adverse drug reactions in olderpersons, medicines that predictably increase the risk of falls in the older persons or those to be avoided in case of organ dysfunction. The START criteria consist of evidence-based indicators of potential prescribing omission in older persons with specific medical conditions



Part III

Liverpool HIV Interactions (hiv-druginteractions.org)

EACS Guidelines | EACSociety

MULTIDISCIPLINARY APPROACH

- **Multidisciplinary team of the HIV Reference Centres**
  - Nurse
  - Social worker
  - Psychologist
  - Dietetician

Adapted care and support
New approaches to develop

- **Collaboration with family doctors**
- **Collaboration with other specialists** (cardiologists, rhumatologists, endocrinologists, nephrologists,…)
- **Collaboration to reinforce with geriatric teams** to allow ageing PLWH to benefit from their expertise
  - Geriatric day hospital evaluation and management
  - Revalidation
  - …

INDICATORS: « A PUBLIC HEALTH VALUE-BASED HEALTHCARE PARADIGM FOR HIV »

Provide Patient-Centered HIV Care			
Support patient's quality of life		%	of PLWH with good QoL as measured by standardized tool
	Measure at least once per year QoL	%	of patients in follow-up with QoL being measured each year
	Provide at least once per year advice for mental wellbeing	# and %	of patients having received support/advice for mental wellbeing
Prevent and manage comorbidities		Rate	Incidence of specific comorbidities per 100 000 population
Prevention			
	Screening for hiv/treatment-related comorbidities	%	of PLWH being annualy screened for hiv/treatment related comorbidities
		%	of PLWH with a smoking history documented in the last 2 years
		%	of PLWH with blood pressure recorded in the last 15 months
Management			
	Follow-up management of comorbidities	# and %	of PLWH with known comorbidities
		%	of PLWH with renal function being assessed annualy

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[A public health value-based healthcare paradigm for HIV | BMC Health Services Research | Full Text (biomedcentral.com)]

PUBLIC HEALTH APPROACH AND LINK WITH THE HIV PLAN 2020-2026

- "Older people are widely perceived by society, including by health-care professionals, to be less at risk of contracting new HIV infections. Because society assumes that older people are not sexually active or drug users, **there are barriers to access to protective health information and early HIV testing**".
- "**Nearly half of older adults over 50 years of age with HIV are diagnosed late** (CD4 <350/µl)".

⇒**Prevention pillar**: *"1.3. Update, develop and implement informative and educational tools on HIV/STI prevention and risk reduction for key-populations,* ***including reduction of HIVrelated stigma and discrimination****"*

⇒**Testing pillar: identify undiagnosed PLWH also in the ageing population** (sentinel diseases, population at increased prevalence, present or past risk factors,…)

Ageing with HIV - The Lancet Healthy Longevity

PUBLIC HEALTH APPROACH AND LINK WITH THE HIV PLAN 2020-2026

- "Older people with HIV also have **higher levels of multimorbidity** compared with people of similar age without HIV"

⇒ **Care pillar**: Priority area 4: Guarantee **optimal quality of care for PLWH within a holistic approach**, including **prevention and management of complications and comorbidities**

- "People ageing with HIV face an intersection of age-related and HIV-related stigma, which has a traumatic impact on their health-related quality of life".

⇒ **Quality of life pillar**:

⇒ Priority area 1: **Empower PLWH to make healthy lifestyle choices**, enjoy a healthy (sexual) life and assert their rights

⇒ Priority area 2: Ensure that health care providers, community health workers and patient organisations are sensitive and responsive to the needs of PLWH

⇒ Priority area 3: Ascertain that all PLWH achieve an **optimal quality of life, free from stigma and discrimination**

Ageing with HIV - The Lancet Healthy Longevity
HIV Plan Belgium 2020-2026 (hiv-plan.be)

« We must continue to build on the results of the success of ART to ensure that ageing with HIV is something to be celebrated, not mourned »

THANK YOU FOR YOUR ATTENTION

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Ageing with HIV - The Lancet Healthy Longevity