



AGING AND HIV: BETWEEN GAPS AND PERSPECTIVES

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INTRODUCTION/SUMMARY

EACS (2021) and SIMIT (2017) guidelines on HIV treatment provide specific statements regarding models of care for older people living with HIV (OPLWH).

The objective of the study was to explore unmet needs of OPLWH regarding the compliance of Italian HIV clinics to the national and international recommendations on HIV aging care.

STUDY DESIGN AND METHODS

Part 1

- EACS and SIMIT guidelines were compared regarding specific statements addressing OPLWH care needs. These included items such as co-morbidities, multimorbidity, polypharmacy, frailty and falls.
- A synoptic table was built to summarize key statements and agreements between guidelines. These statements were used to build a survey exploring aging model of care and unmet clinical needs.

Part 2

- This was a cross sectional country wide survey, offered to all HIV clinics and their attendees aged >50 years in Italy, composed of two parts:
 - the first referred to health care workers, with questions related to model of care for OPLWH;
 - the second referred to OPLWH and addressed health domains including: frailty through frailty scale, resilience through CD-RISC-2, functional capacity by self-reported Duke Activity Status Instrument (DASI), health-related quality of life through EQ-5D-5L questionnaire.
 - Other geriatric syndromes included falls and polypharmacy.
 - Questions regarding stigma, isolation, loneliness, sex life, social support, and relationships were also included.

RESULTS

- EACS and SIMIT guidelines result concordant on OPLWH health needs. Both quote HRQoL as the ultimate goal of clinical care but neither of the two specify how to integrate it in a person-centered approach.
- Of the 35 HIV clinics that answered, 27 (77%) declared that there were no dedicated care models for OPLWH and 28 (80%) reported that geriatric consultation was not available at the clinic. 29 (82.2%) HIV clinics provided health information on aging to their patients, and 23 (66.6%) facilitated access to treatment and care for OPLWH through telemedicine.
- A total of 66 OPLWH were interviewed, mean age was 61 years, 51 (77%) were males, median time since HIV diagnosis was 21 years, median nadir CD4 cell count was 208 c/microL and 64 (96.4%) had undetectable HIV RNA.

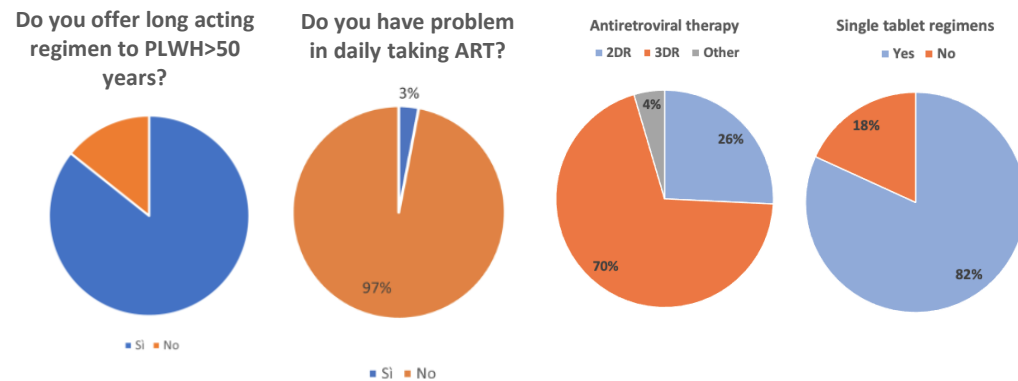


Figure 1. Antiretroviral therapy and regimens in PWH >50 years. LA treatment is offered to few PWH >50 years.

Screening for frailty assessed by FS showed that 27 (41%) required geriatric evaluation, 12 (18.1%) reported falls in the last year and 14 (21.1%) polypharmacy. Functional capacity assessed by DASI questionnaire was impaired in 71% of OPLWH, while 58% presented both poor resilience and suboptimal HRQoL.

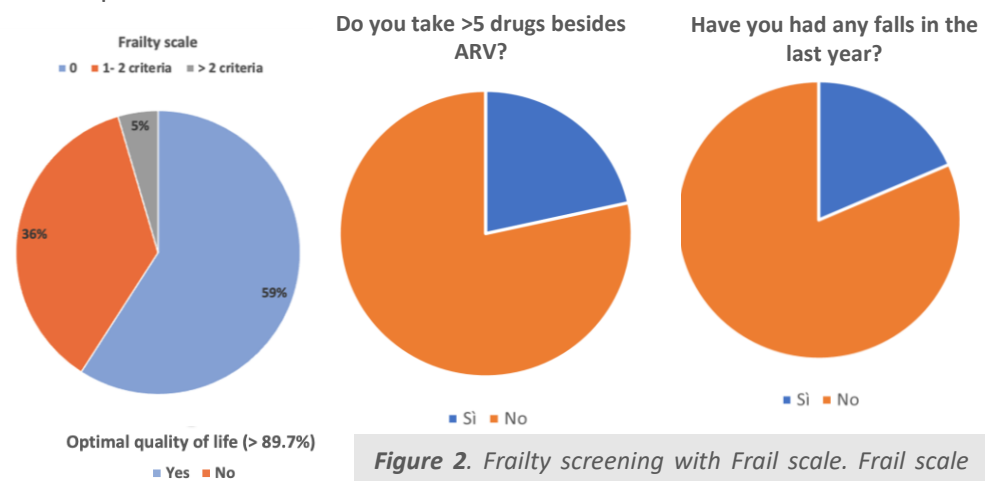


Figure 2. Frailty screening with Frail scale. Frail scale consists of 5 items: (1) How much time during the past 4 weeks did you feel tired?; (2) By yourself and not using aids, do you have any difficulty walking up 10 steps without resting?; (3) By yourself and not using aids, do you have any difficulty walking a couple of blocks (e.g. several hundred yards)?; (4) Did you have involuntary weight loss >5%?; (5) How many illnesses from the list do you have? Polypharmacy and falls in PWH >50 years. Optimal quality of life is achieved by 42% of people with HIV >50 years.

CONCLUSION

- Our findings show relevant gaps between guidelines recommendations and clinical practice.
- This calls for the need for a multidisciplinary person-centered approach, coupled with comprehensive geriatric assessment and screening tools to assess comorbidities, frailty and geriatric syndromes, using HRQoL as a key outcome measure in OPLWH.
- In order to fulfill these strategies for the emerging needs of OPLWH, Integrated Care Pathways (PDTA) are the most apt tool to ensure implementation of the guidelines proposed.