

Improving quality of life of older adults living with HIV

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ABSTRACT

HIV, the virus that causes AIDS, is one of the world's most serious public health challenges.

Since the first cases of HIV were reported more than 35 years ago, 78 million people have become infected with HIV and 35 million have died from AIDS-related illnesses.¹

Advances in scientific research, through the introduction of effective antiretroviral therapies in the mid-90s, have transformed HIV/AIDS from a fatal disease to a manageable long-term chronic condition. Life expectancy in people living with HIV (PLHIV) today is comparable to that of the general population. Thanks to advances in treatment, people aged 50 are a large and growing population.

This brief case study presented by the HIV Outcomes steering group and the European AIDS group evaluates this issue further. The Treatment Group Quality of Life Programme discusses the challenges of this ageing population at a higher risk of comorbidities and presents best practices to address the specific needs of people living and ageing with HIV.

INTRODUCTION

The introduction of highly active antiretroviral therapies (ART) has transformed HIV and AIDS from a fatal disease to a long-term condition.^{2 3 4} Life expectancy in people living with HIV (PLHIV) now has the potential to match that of the general population. Moreover, the diagnosis of HIV infections in adults has increased over the years.

However, HIV can accelerate the ageing process, due to HIV-related chronic inflammations and the cumulative effects of pharmacological treatments. Healthcare professionals involved in HIV care should adopt an approach that considers the increased risk of developing comorbidities with the associated risk of frailty and disability. This approach should focus on the quality of life of Older Adults Living with HIV (OALWH), especially those over the age of 50.

In Italy, as in other European countries, Ageing Clinics have been established in several healthcare facilities to target the specific needs of OALWH. These clinics provide a multi-disciplinary health service with a mission of addressing comorbidities and complications associated with HIV and/or ART use in OALWH.

DESCRIPTION OF GOOD PRACTICE

The Ageing Clinic in Modena Italy was established in 2003 by Doctor Giovanni Guarald.⁵

The aim of the Modena Ageing Clinic is to ensure that OALWH receive integrated and holistic treatment. A multidisciplinary team of infectious disease specialists, cardiologists, diabetologists, nephrologists, orthopaedists, oncologists, neuropsychologists, nutritionists and occupational therapists evaluate patients' anthropometric, immune-metabolic and physical functions as well as any cognitive impairment. Access to the Clinic is free for all PLHIV; patients do not need a prescription from their general practitioner.

In addition to the routine blood test, OALWH attending the Ageing Clinic undergo a number of additional tests (e.g., DXA, abdominal and thoracic CT, IMT). This information is then used by the infectious disease specialists to help personalise lifestyle interventions, optimise treatment for noninfectious comorbidities, manage polypharmacy and optimise anti-retroviral treatment. Interventions are jointly identified, discussed, prioritised and agreed. This joint decision-making process between patients and healthcare professionals allows optimal adherence and retention in care.

The care model developed at the Ageing Clinic is centred not only on disease, but above all on ensuring the well-being and quality of life of those in care. The aim is that of combining the clinical approach with health education promoting

healthy lifestyles and healthy ageing. Patient Reported Outcome Measures (PROM) are used to measure progress and identify areas to further investigate.

Evidence of impact

Experience with OALWH has shown that access to the Ageing Clinic improves quality of life and makes an important contribution in mitigating the harm and side effects of both HIV and/or ageing.

In particular:

1. Screening programmes have allowed serious diseases (particularly cancers) in PLHIV to be detected earlier.
2. Where a patient is the subject of multiple treatment regimens for different diseases, comprehensive information on the patient's current state of health allows healthcare professionals to evaluate potential changes to medicines to avoid the risk of any drug/drug interaction and manage potential inappropriate prescriptions.
3. Ageing Clinics have improved the relationship between patients and their healthcare professionals, particularly where OALWH had not previously visited infectious disease units on a regular basis.

SUSTAINABILITY AND FEASIBILITY OF GOOD PRACTICE

Ageing Clinics are not uniformly spread across the country. An important short-term goal should be to replicate this practice by establishing new metabolic care networks in those infectious diseases units that do not currently offer them. The work of Ageing Clinics should be undertaken in close coordination with the clinics where patients receive their HIV treatment.

The lessons learnt from this patient cohort are equally transferable to many other chronic and infectious diseases and the role of Aging Clinics in a wider care setting can offer an important health innovation for a globally aging world.

Keywords: HIV, Chronic HIV infections, Aging adult populations, Co-morbidities, PLHIV, Anti-retroviral therapy

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