PLHIV Perspectives on HIV Comorbidities – Exploring Health and Quality of Life Concerns

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Aging with HIV

Proportion of HIV+ Individuals Aged 50+ in the US

References:
1. Infected for HAART: aids survivors

2. Infected and detected in the nineties and started with cART, with serious adverse effects and long term problems

3. Infected and detected in current period with short time infection and treatment with better tolerance to cART

4. Not yet infected, concentrated epidemic, high risk key populations, who are detected during acute phase of infection and start cART immediately
Aging with HIV – More comorbidities

The AGE_{h}IV Cohort Study of HIV and Co-morbidities in the Netherlands

Causes of increased comorbidities

Clustering in persons infected with HIV

- HIV, depression and pain
- HIV, depression and non-adherence
- HIV and hypertension
- HIV, hypertension and pain treatment
- HIV, depression, hypertension, non-adherence and mental disorders
- HIV and cardiovascular risk factors such as dyslipidemia and hypertension
- HIV and drug dependency, addiction and hepatitis
Polypharmacy: Adherence and DDI

Co-medications

Co-morbidities

Polypharmacy: Adherence and DDI

Atorvastatin 10 mg

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Drug toxicities
War of Co-morbidities
Multimorbidities
Frailty

Frailty and Geriatric Syndrome

Gait disorders
Disability
Sarcopenia
Urinary incontinence
Falls
Cognitive impairment
Delirium
Sleep disorders
Decubitus ulcers

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Care coordination

Aging with HIV

• So many non-HIV conditions can be difficult to manage for HIV specialists (visits twice per year)
• Specialists in geriatrics and primary care often don’t have much knowledge in the management of HIV
• Fragmentation of care: neurology, cardiology, urology, etc
• Difficulty coordinating care, pills, pharmacy, ...
• Difficulty dealing with loneliness, depression and suicidal ideas
• Difficulty with Stigma related to HIV (People on Treatment are NOT Infectious)
• Coordination between Health Care Team and Patient Organization