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HIV

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18-19 November 2016 • Barcelona, Spain

Challenges of living with HIV and (many) other comorbidities: What do we know and what can we do?

Marco Pereira

Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal



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“The HIV-infected client often finds himself/herself stigmatized in many ways - for having a fatal, transmittable disease; for being ‘crazy’; for being gay; for being sexual; for being a substance user; for being African-American; for being poor; for being Hispanic; for being an illegal immigrant; for being unemployed; for being homeless; or for being an ex-offender.”

(Acuff et al., 1999).



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Multiple [concurrent] Challenges

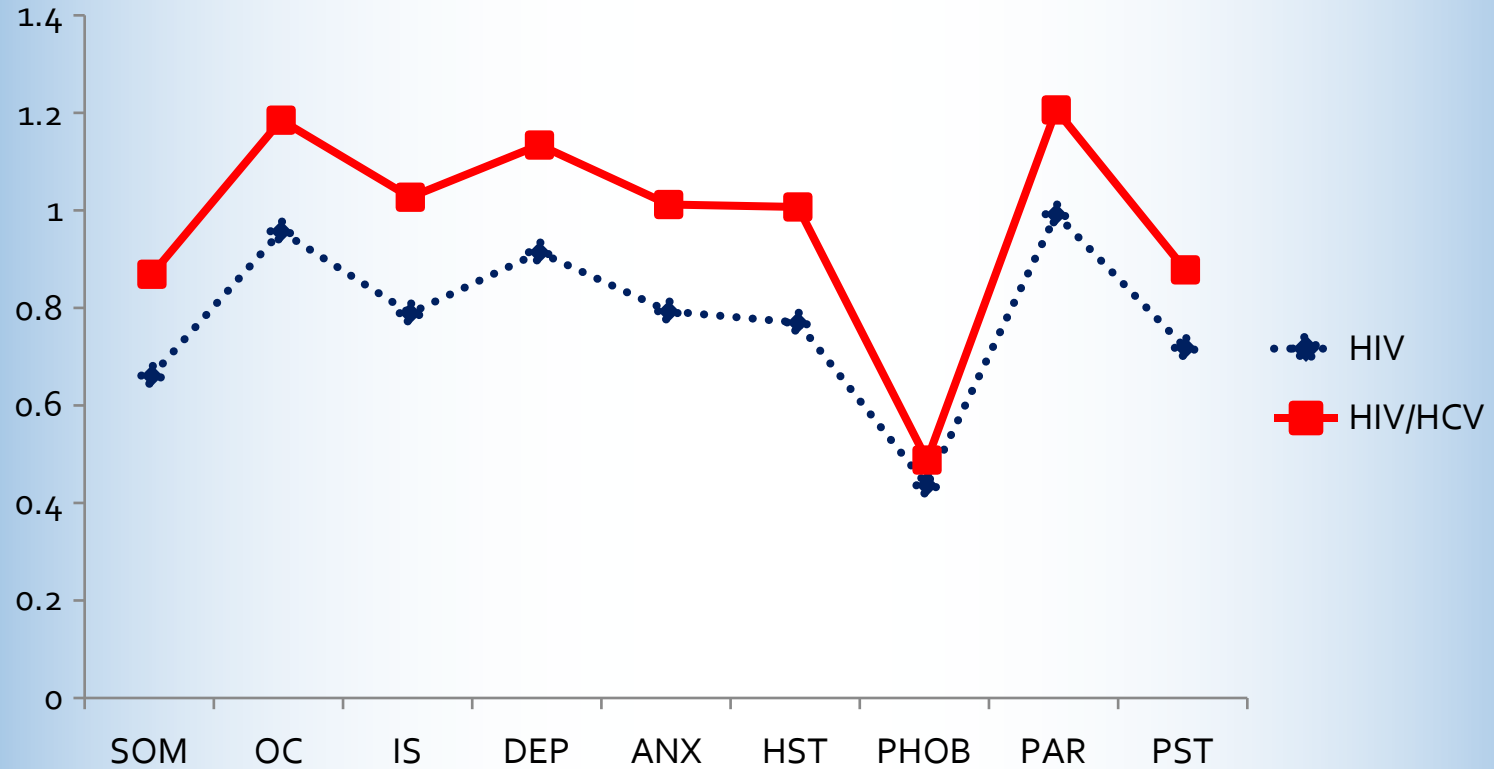
- **Psychological:** History of mental illness, adjustment and management of chronic medical condition(s)
- **Developmental:** Ageing
- **Structural:** Gender (female)
- **Social:** Stigma and discrimination
- **Relational:** Changes in relationships, social support networks [*disclosure*]
- **Contextual:** IDU, MSM
- **Socioeconomic:** Poverty
- **Therapeutic:** Treatment adherence, polypharmacy



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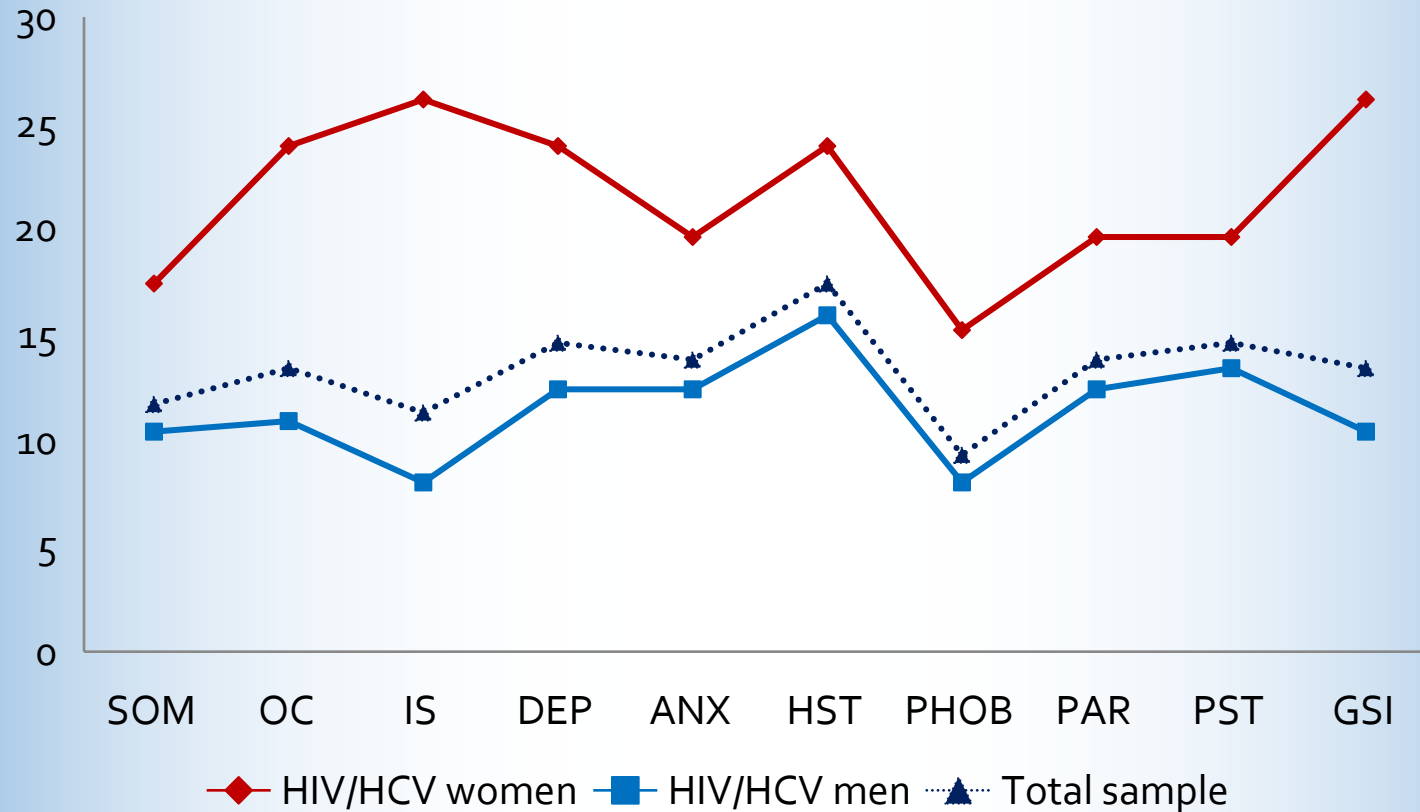
Psychopathological symptoms



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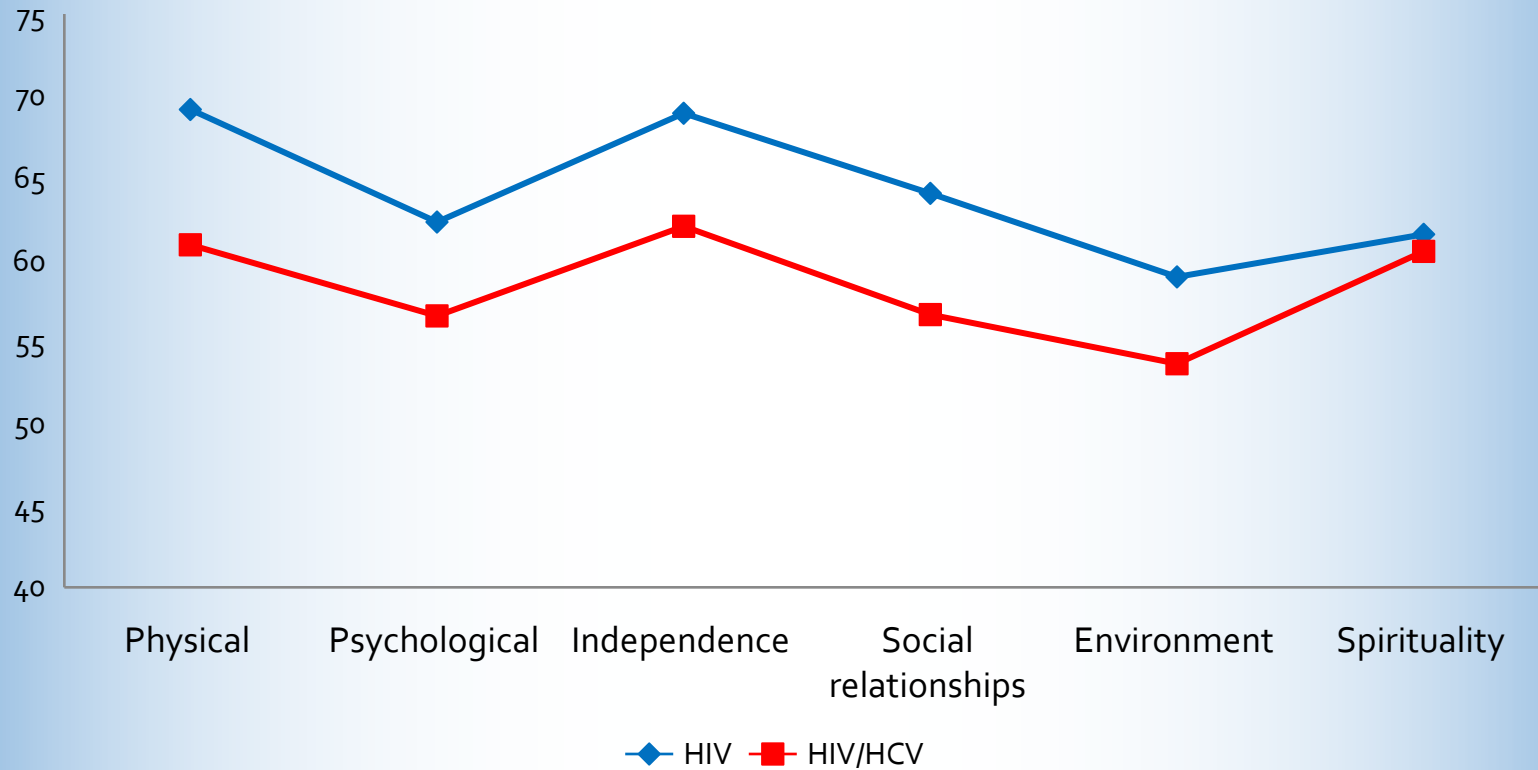
Psychopathological symptoms: Gender differences



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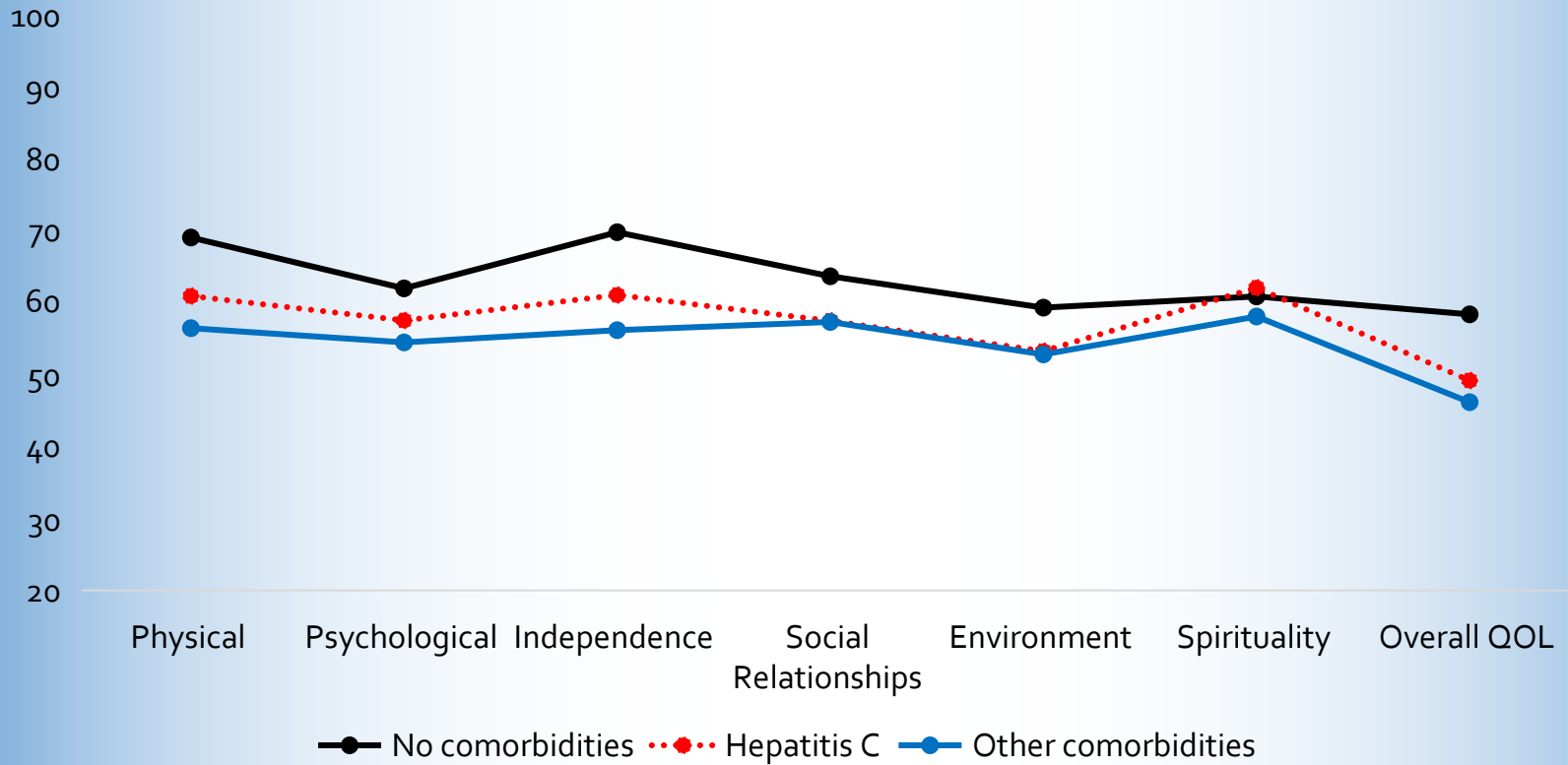
Quality of life



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Quality of life



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Keyword(s)

The goal of care is to help people living with HIV to **age as healthy as possible**. Integrating the disease prevention and management of this wide range of issues will be a challenge to clinicians and HIV support services. Healthcare providers caring for people living with HIV must be **knowledgeable** not only about HIV itself but also about the management of (many) other comorbidities in the context of HIV.



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Keyword(s)

Synergy

Cumulative

Interdisciplinary

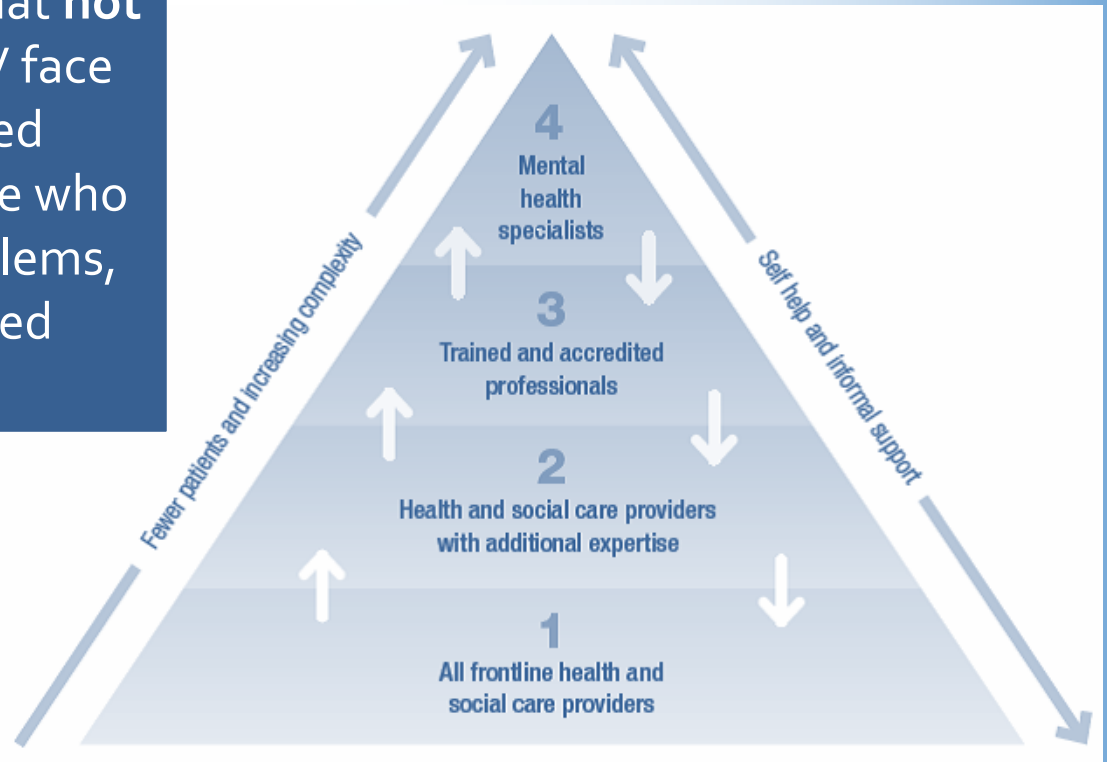


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Mental health stepped-care approach

It is important to note that **not all individuals** with HIV face the above-mentioned challenges, but for those who have co-occurring problems, attentive and targeted treatment is vital.



Source: BHIVA 2011



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... what can we do?

- High quality care for HIV+ individuals requires **vigilance** and **recognition** - not only of the medical problems resulting from HIV infection itself, but also the **broad individual context** and **mental health needs** of patients.
- We have the **knowledge** that HIV+ individuals with co-occurring mental problems are at risk for numerous negative outcomes. As a result, the **responsibility** is also on us as health providers to take care of their health needs, both physical and mental [**to promote their quality of life**].

empowerment & self-
management



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... and why quality of life is important?

The presence of HIV, alone or in combination with other medical conditions, can seriously affect the patient's quality of life → **understanding the areas of a patient's life that are affected by these comorbidities** will enable health professionals to “make adjustments in treatment or develop new interventions that can limit the negative impact and/or enhance the positive impact of treatment”.

(Groessl et al., 2007, p. 169)



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Assessment of quality of life

QUALIDADE	DE	VIDA	
QUAL	IDADE	DE	VIDA
QUALIDADE	DEVIDA		

QUALITY OF LIFE

WHICH AGE OF LIFE

PROPER QUALITY



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