EACS Young Investigators Conference

Palais des Académies, Brussels

Friday, December 16, 2016

SUMMARY OF THE BREAKOUT SESSIONS

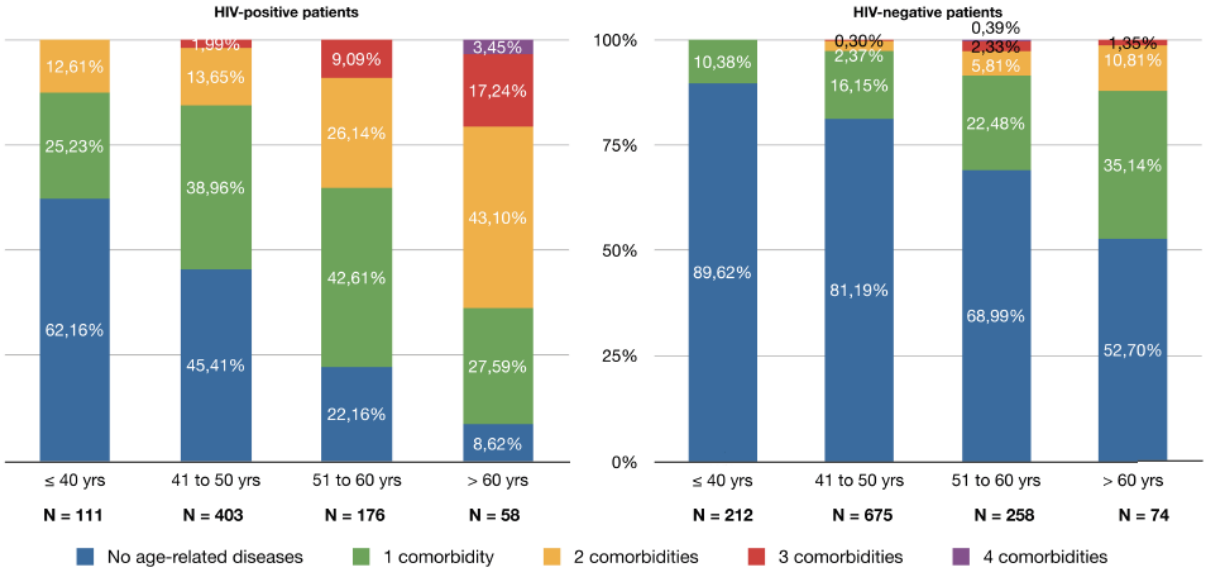
Ageing with HIV

Moderator: Georg Behrens, Germany

Silvia Nozza, Italy
Adrian Curran, Spain

Valérie Pourcher, France

Comorbidities not only more common with increasing age but also occur earlier in HIV



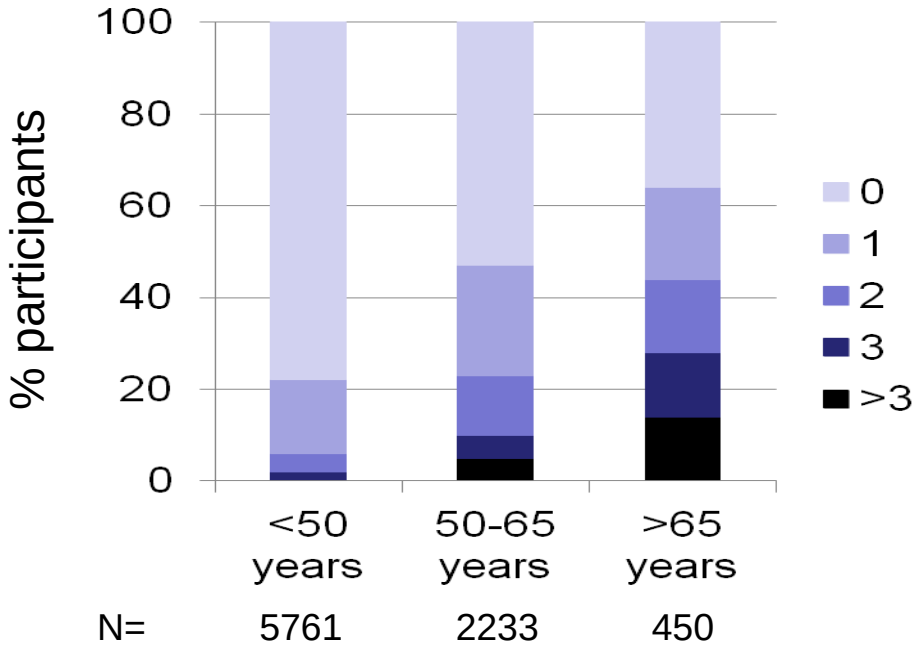
- Comorbidities : Hypertension, Diabetes, Cardiovascular Disease and Osteoporosis.
- Comorbidities prevalence was higher in cases than controls in all age strata (all p-values <0.001).

Guaraldi G *et al. Clin Infect Dis* 2011; 53: 1120-1126

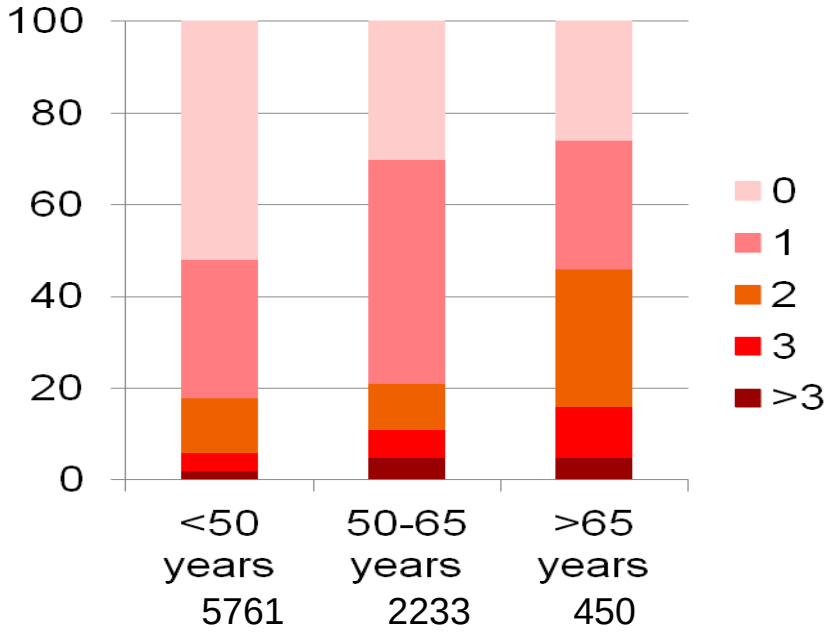
Need of polypharmacy = higher risk interactions and toxicities

Swiss HIV Cohort Study

Comedications



Comorbidities



Hasse B *et al. Clin Infect Dis* 2011; 53: 1130-1139

How to manage older patient ?

Now what??????

a) Follow him as any other HIV patient

b) Follow him as any other HIV patient, asking the GP/other specialists to look after all comorbidities & prevention

c) Follow him for HIV AND all comorbidities & prevention

Pros & Cons of centralizing care in HIV Units

Advantages

- Less visits for the patient (1 physician)
- No loss of information between physicians
- Lower risk of DDI
- Better control??

Limitations

- Need for actualization in non-HIV fields
- Hospital care more expensive?
- More tests performed?
- Globally, more time per visit/more visits?
  - In an increasing HIV-population
  - In an older HIV-population

In an ideal world, in the "older" HIV patients we should…

- Screen for & treat co-morbidities (pro-actively)
- Polypharmacy
- Specific vaccinations
- Evaluate non-medical aspects
  - Nutrition, Social, Functional, Others

…….In 15-20 minutes per patient !!!

Screen for comorbidities

- CVD (including smoking cessation!)
- Kidney (no-TDF era)
- Bone (HIV secondary OP cause)
- HAND/cognitive impairment (“classic” non-HIV)
- Cancer

EACS Guidelines v 8.1. October 2016

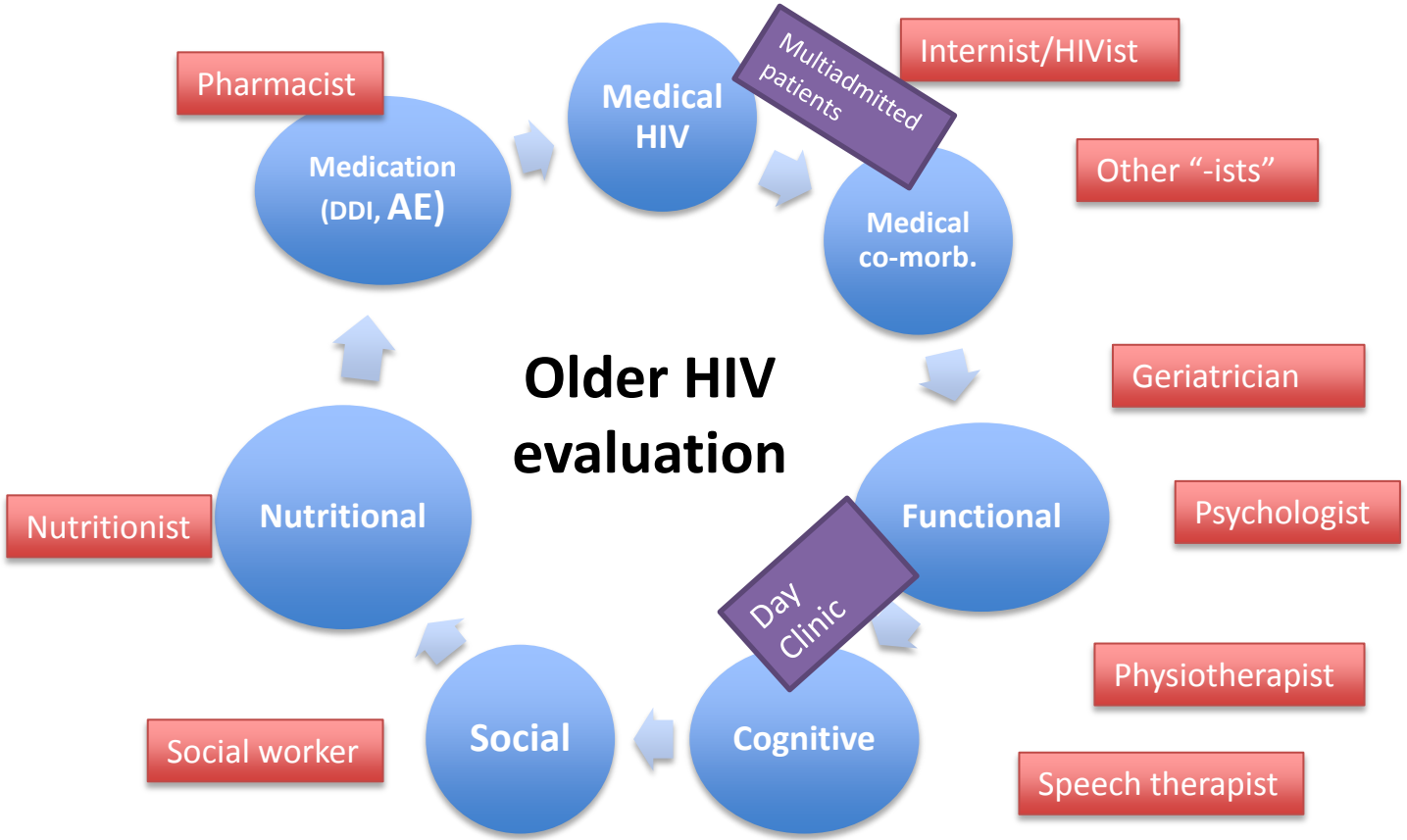
“Non-medical” aspects

- Lifestyle interventions
- Sexual (dys)function
- Functionality/autonomy/dependency
- Pain/range of motion/gait (risk of falls & fractures)
- Social
- Frailty??
- Advanced-care planning???

Greene M *et al. JAMA* 2013; 309:1397-1405
EACS Guidelines v 8.1. October 2016

Evaluation of the "older" HIV patient

More than managing CD4/VL and comorbidities...



Conclusions

- Patients will die WITH HIV, NOT FROM HIV, and many of them will achieve **old ages**
- It is not only about HIV or comorbidities, there is also functional, cognitive, social and many more issues to evaluate! Not only extend survival but **maintain quality of life**!!
- **Comprehensive geriatric assessment** cannot be completed in an hour (or 20 min!), but you can start
- We will have to start thinking on **how to organize** the holistic (not only medical) **care** of our HIV ageing (geriatric) population