HIV and Aging & Addressing the Needs of HIV Long-Term Survivors

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Disclosures

- Royalties from Wolters Kluwer UpToDate Chapter on HIV in older adults

- Grant funding from NIH and recent grant support from Gilead

Overview & Objectives

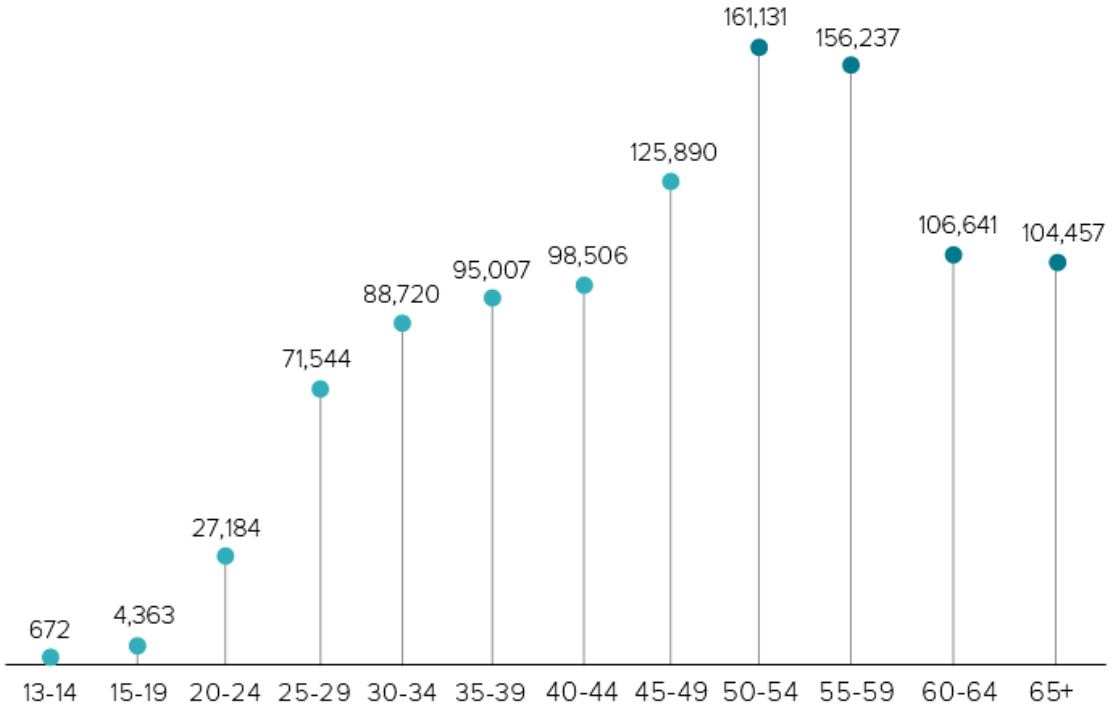
-Background: Overview of epidemiology and challenges facing many older people living with HIV

-Current services in SF and ongoing needs (you may be able to add to this!)

-Recent policy initiatives

Adults and Adolescents with Diagnosed HIV in the US and Dependent Areas by Age, 2018

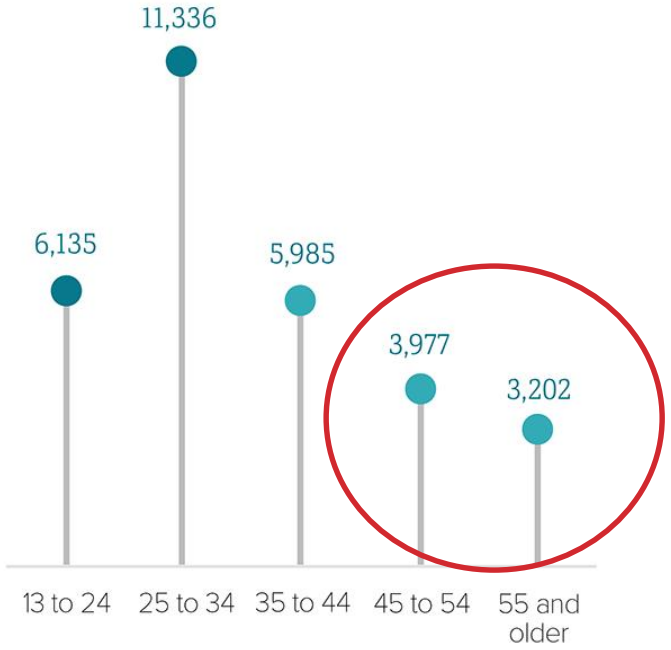
Over half of people with diagnosed HIV were aged 50 and older.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

New HIV Diagnoses in the US and Dependent Areas by Age, 2020

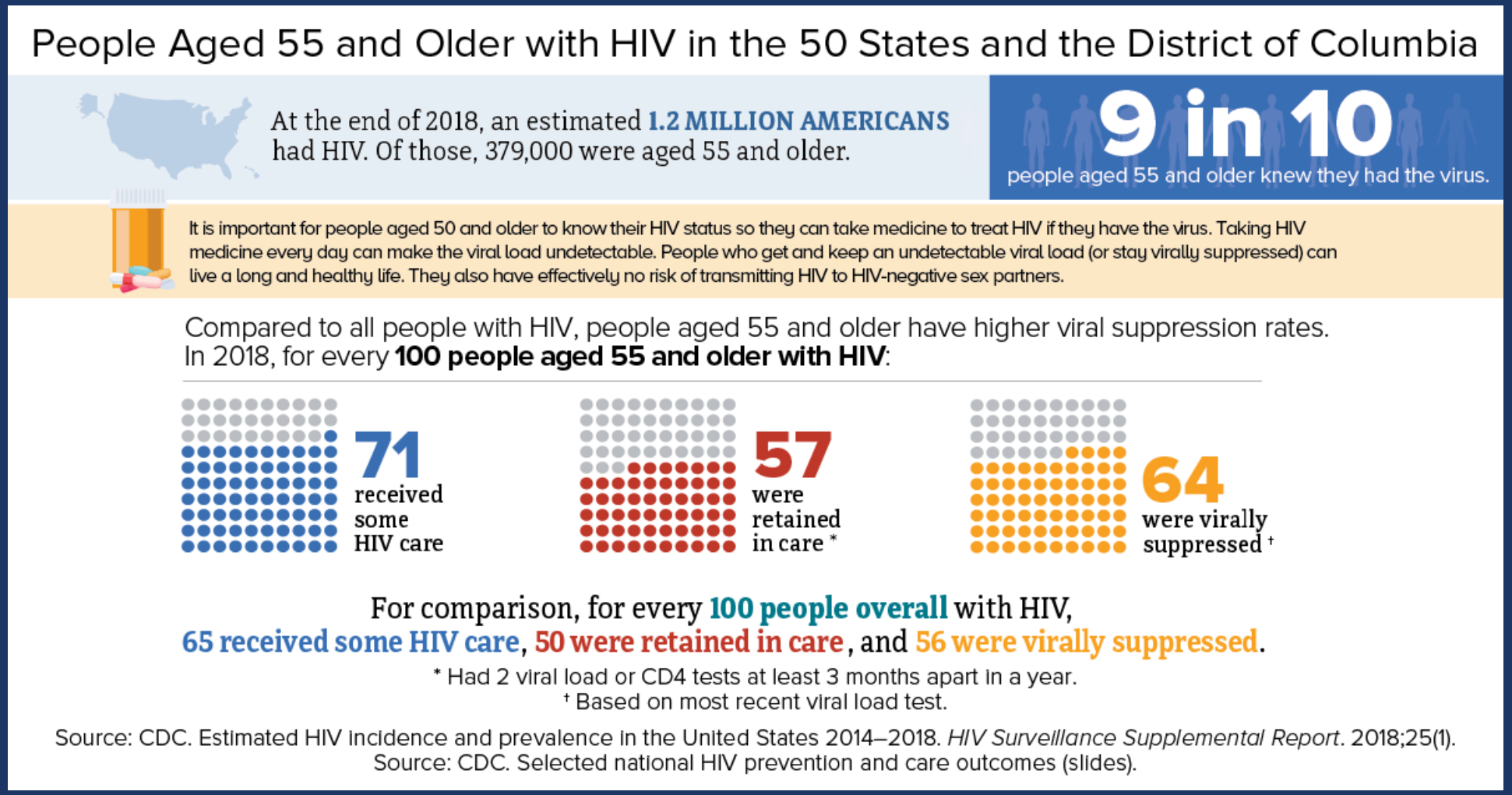
People aged 13 to 34 accounted for more than half (57%) of new HIV diagnoses in 2020.



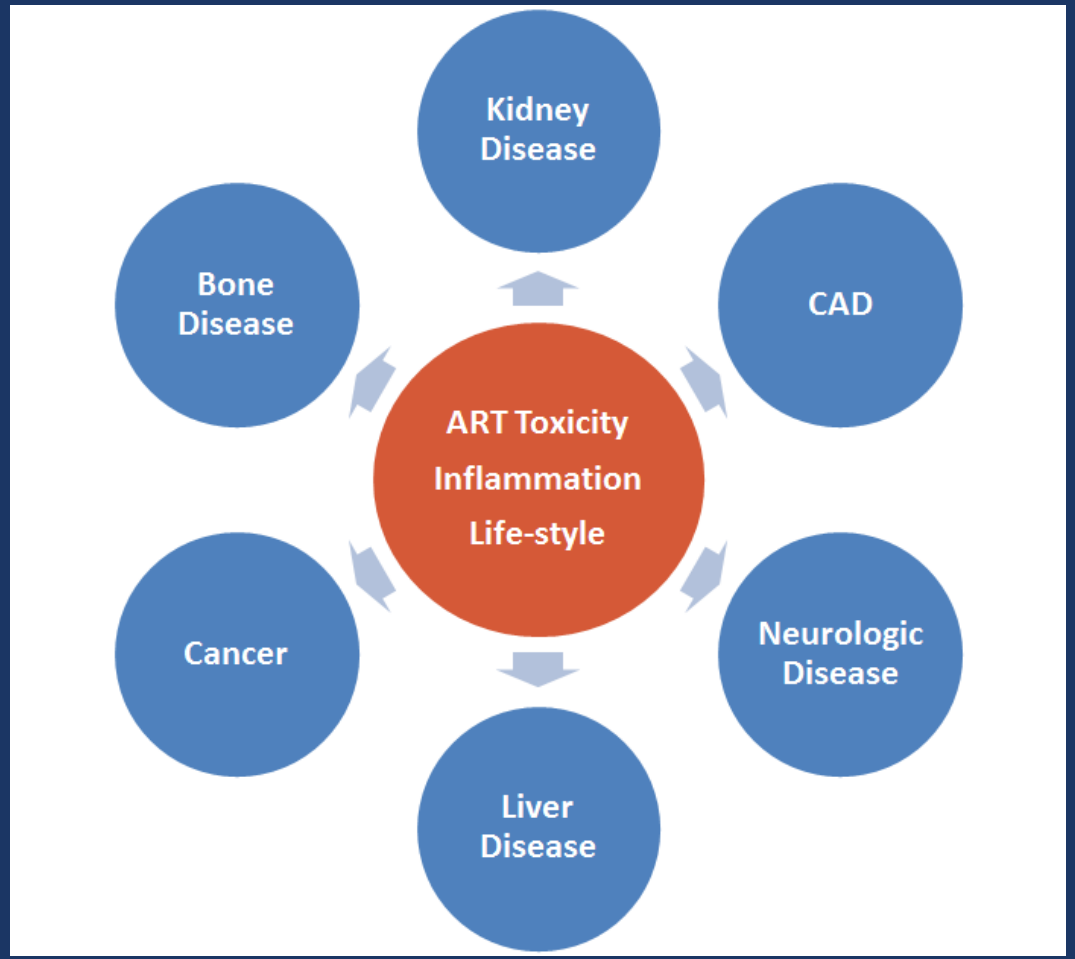
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2020. *HIV Surveillance Report* 2022;33

Care Cascade Needs to Go Beyond Viral Suppression



HIV = multiple chronic conditions or Multimorbidity



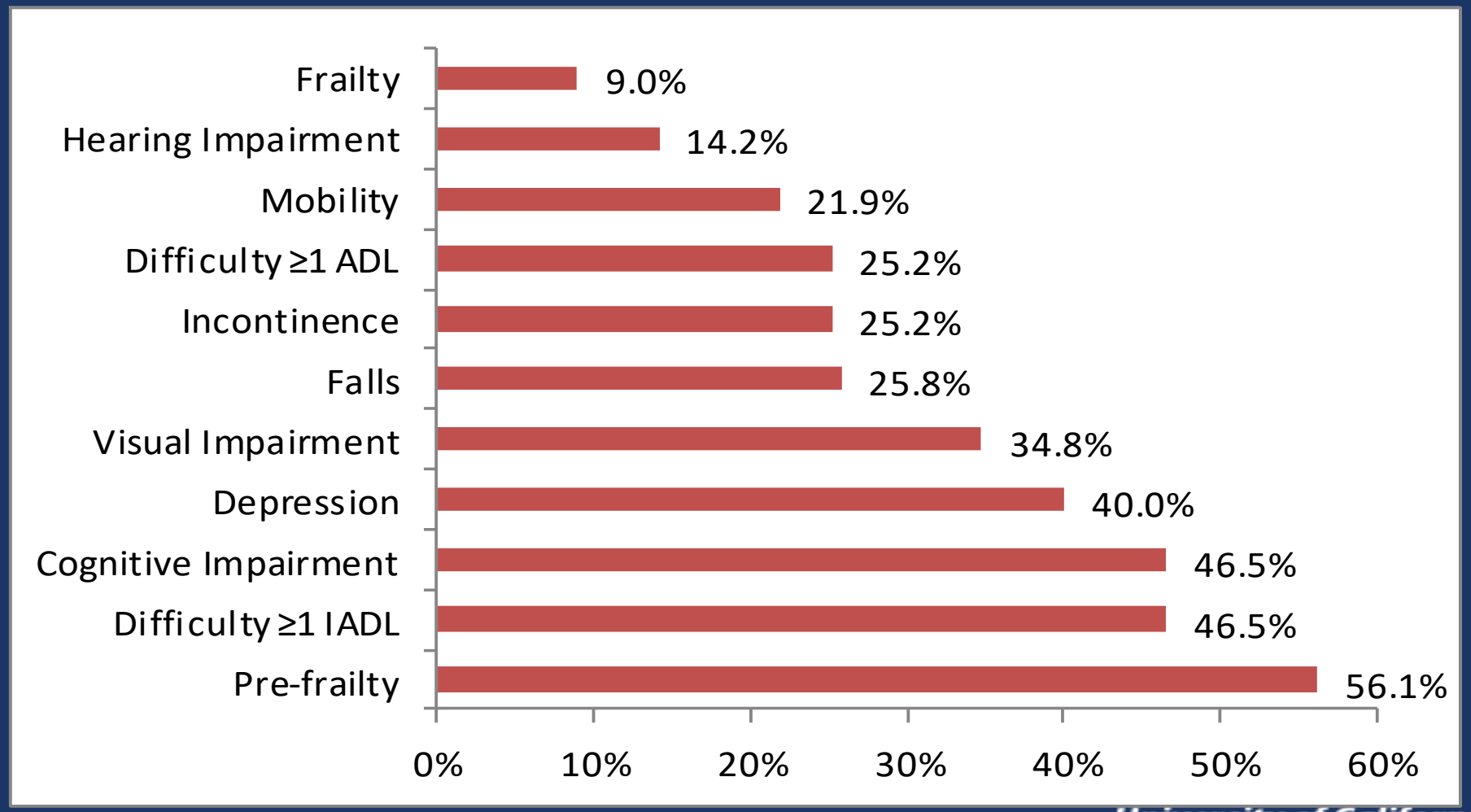
Slide courtesy Steve Deeks

Multimorbidity often leads Polypharmacy

- Polypharmacy higher in PLWH, especially age >50
- May affect adherence to ART & non-ART meds
- Drug-drug interactions with ART
- Associations with falls, symptoms in PLWH

(Halloren, 2019), (Siefried, 2018), (Ware, 2018), (Kim, 2018)

Geriatric Syndromes in Older HIV+ Adults

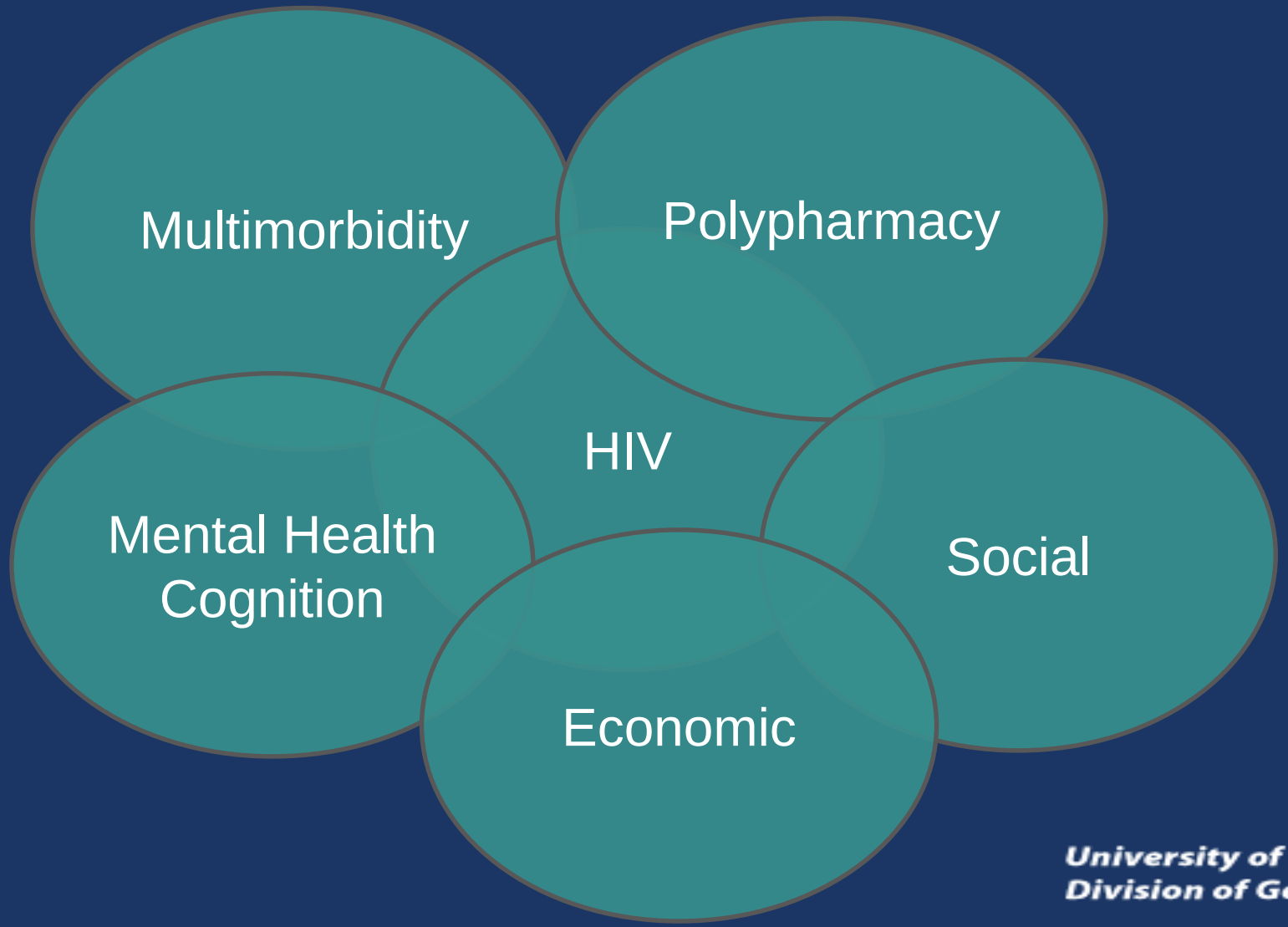


Greene M, *JAIDS*, 2015

Psychosocial Complexity

- Loneliness and social isolation
- Traumatic Loss and Complicated Grief
- Stigma -- & often multiple stigmas
- Depression & Other Mood Disorders
- History of trauma
- Substance use disorders

Increasing complexity: Geriatrics Approach can Help



5Ms of Geriatrics

MULTICOMPLEXITY

...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs

MIND	■ Mentation ■ Dementia ■ Delirium ■ Depression
MOBILITY	■ Amount of mobility; function ■ Impaired gait and balance ■ Fall injury prevention
MEDICATIONS	■ Polypharmacy, deprescribing ■ Optimal prescribing ■ Adverse medication effects and medication burden
WHAT MATTERS MOST	■ Each individual's own meaningful health outcome goals and care preferences

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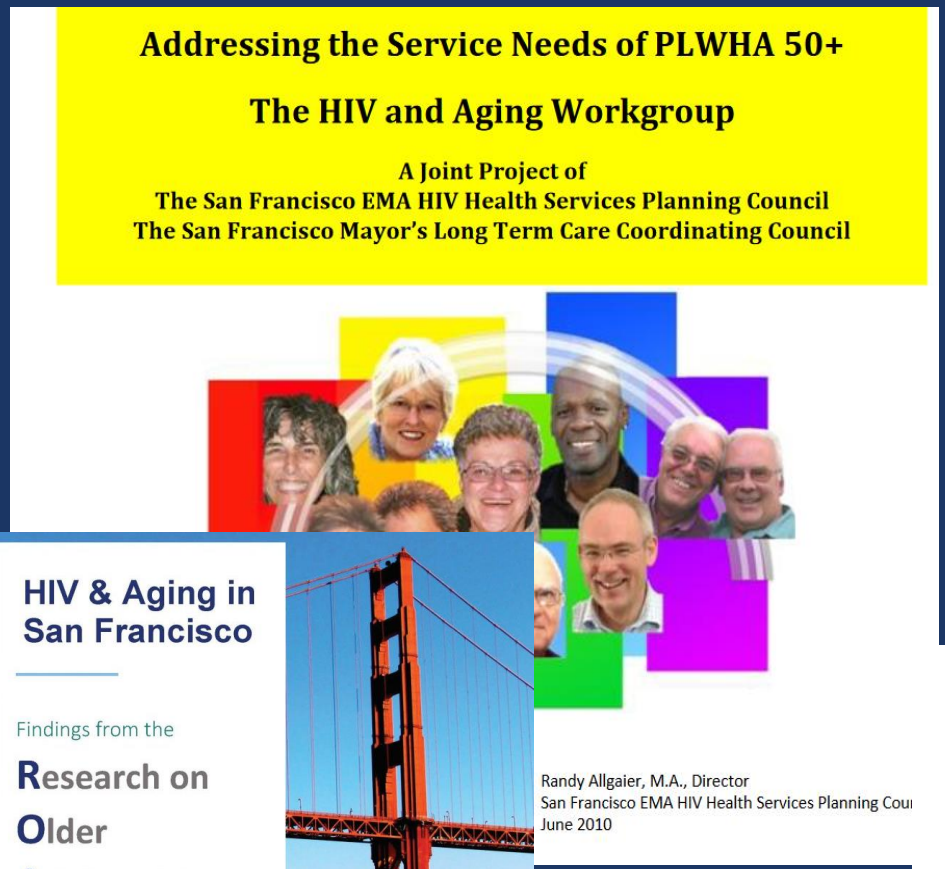
We know the Needs—2010 & 2018



1) Awareness of available services and benefits and having difficulty navigating a complex system of services.
2) Eligibility for services and benefits. Focus group participants explained that due to income requirements for many services some middle income individuals often face challenges accessing needed services such as dental care.

The unmet needs articulated by the participants in this focus group were:

1) Complementary Alternative therapies
2) Housing
3) Activities and Social Support
4) Mental Health

1) Increase opportunities for social interaction and connection with each other such as support groups and social activities.
2) Provide a centralized information source & service coordination for seniors, specifically.
3) Train and prepare providers for a growing elderly population living with HIV.
4) Provide and expand resources related to housing and finances for aging PLWH.
5) Expand research on geriatric HIV including long term effects of HIV medication.

Golden Compass: Helping PLWH Navigate their Golden Years

NORTHERN POINT:
Heart and Mind
Components: Cardiology clinic on-site, brain health and memory classes, cognitive assessment testing

WESTERN POINT:
Dental, Hearing and Vision
Components: Medical assistant navigation to these three services

EASTERN POINT:
Bones and Strength
Components: Frailty and fall assessments, chair exercise classes, DEXA machine on-site (coming)

SOUTHERN POINT:
Network and Navigation
Components: Social support groups, link with community programs, peer navigators and helpers

Greene M, PLOS One 2018

One story

- 62 y/o Latino male, long term survivor
  - Geriatrics clinic: dizzy; bp/prostate meds adjusted & dizziness resolved
  - Grieving loss family member; isolated : connected to volunteer who still meets with him weekly
  - Highly engaged in all classes

Reflecting on improvements in both physical and mental health: *“I’m in a good place compared to how I was before I started in the program.”*

HIV Aging Services currently- Please add!

- Lets Kick Ass (HIV LTS Awareness Day June 5)
- SFAF 50+
- Shanti LAASN and case management; Honoring Our Experience
- Open House- support groups, Open House/On Lok,
- ALRP and PRC
- Project Open Hand

http://www.prcsf.org/wp-content/themes/whmcreative/docs/PRC-GuideToThrive-50PlusResourceGuide.pdf

Ongoing Gaps

- Long waits for mental health services
  - Need for individual and group therapy
  - Culturally competent and trauma informed services
- Knowledge transfer to new generation providers
- Financial concerns- disability and housing

Even more important since Covid-19 pandemic

- Increased isolation
- Increase in mental health con
- Decreased physical activity (fear leaving home)
- Difficulty keeping caregivers

Decline in cognitive and physical function, increase in falls

Digital Divide Among Older Adults at Ward 86

Phone surveys 65+

(147 called, 80 answered) *almost 30 no working phone number

- 1/3 did not have internet access (a few had but did not know how to access)
- 1/3 did not have an email address or know how to use email
- 50% had a device (smartphone etc.) but 13% did not know how to use device

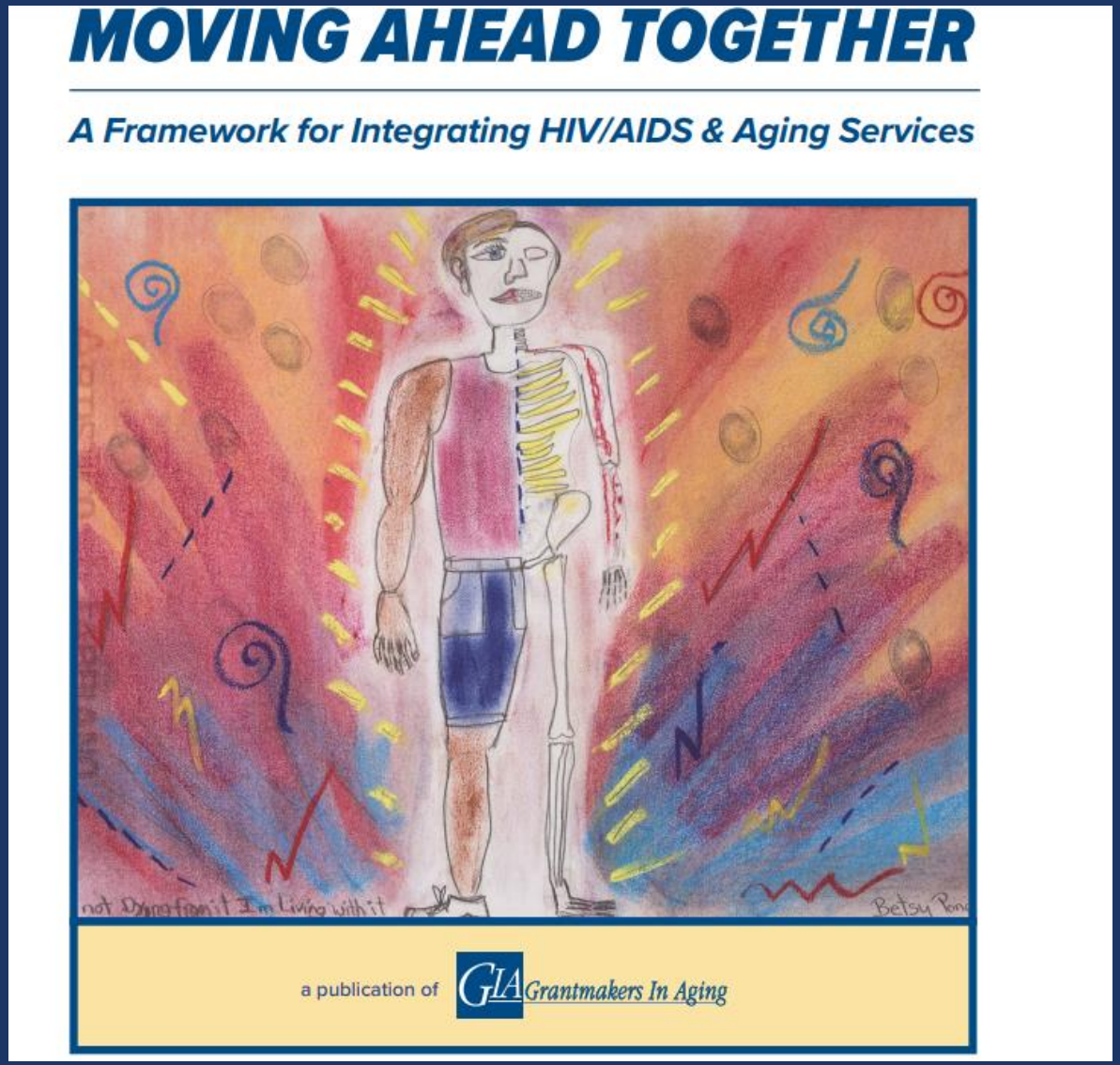
Focus groups

-Among those who could access zoom via phone or video

-In person preferred over zoom but zoom did help address isolation and loneliness

-video /telehealth option improved access for those with limited mobility and transportation difficulties

It also takes policy….



Ryan White TargetHIV:
https://targethiv.org/library/topics/aging

Quality of Life in National HIV/AIDS Strategy

- Multi-dimensional:
  - Self rated health
  - Mental health
  - Nutrition/Food insecurity
  - Employment
  - Housing

SPNS Aging with HIV

https://targethiv.org/aging-initiative

California Initiatives

- 2021: SB 258 passed includes older people with HIV "greatest social need"

- $5 million for 5 demonstration projects across the state

https://www.sfaf.org/collections/beta/california-activists-celebrate-historic-victories-for-older-people-living-with-hiv/

The San Francisco Principles

The Glasgow Manifesto

International Coalition of Older People with HIV (iCOPe HIV)

Policy planning: Medicare & Long-Term Care

- More costs care shifting to Medicare
  - ART remains protected class
- Older adults with HIV may rely more on formal long term care supports
  - Less known about quality of HIV care in LTC settings
  - Limited knowledge by staff, care providers HIV

- Oliveri-Mui B, Assessing the Quality of HIV Care in Nursing Homes JAGS 2020.
- Walker J, HIV Training Requirements for Nursing Home Staff
- Fleming S, Trends in Health care Resource Utilization and Costs among Medicare Beneficiaries Living with HIV, 2014-2019

This is important locally!

- Laguna Honda Hospital (1/3 of city LTC beds)
- Changes with RCFCIs and TRCFs
- Plug for LTCCC (Long term care coordinating council)

BAY AREA // HEALTH

Long term HIV survivors find familial support in unique S.F. group home

Jeremiah O. Rhodes

Feb. 21, 2023

From left, residents Brian Bourassa, Paul Aguilar and Michael Rouppet during a monthly members meeting at Marty's Place on Feb. 16, 2023.

Stephen Lam/The Chronicle

Good Planning Requires Addressing All of these Factors ***Before*** Incapacity (Medical-Legal Approach)

Establish fiduciary, plan for cost of LTC, appeal unlawful benefits denial or reduction

Pre-eviction, foreclosure, home modifications, habitability

ADA accommodations, anti-discrimination, leave protection

Incapacity, LGBT estate planning, veteran or immigrant benefits advocacy

ACP, fiduciaries, guardianship, caregiver stress; elder abuse/DV

I-HELP: National Center for Medical-Legal Partnership

Working Together to Address Challenges

Summary

- Older PWH are experiencing increasing complexity including multimorbidity, polypharmacy & geriatric conditions
  - This requires a shift in focus for clinical and HIV service providers –for example focus on the 5Ms (Mind, Mobility, Medications, Matters Most, Multicomplexity)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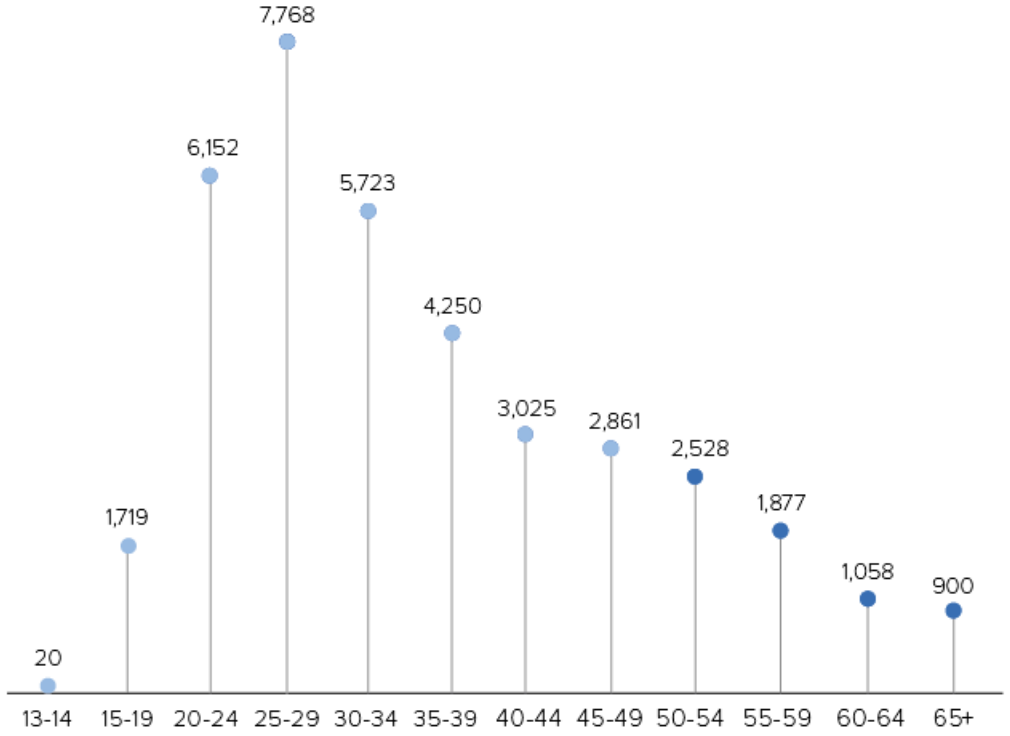
Thank you!

Questions?

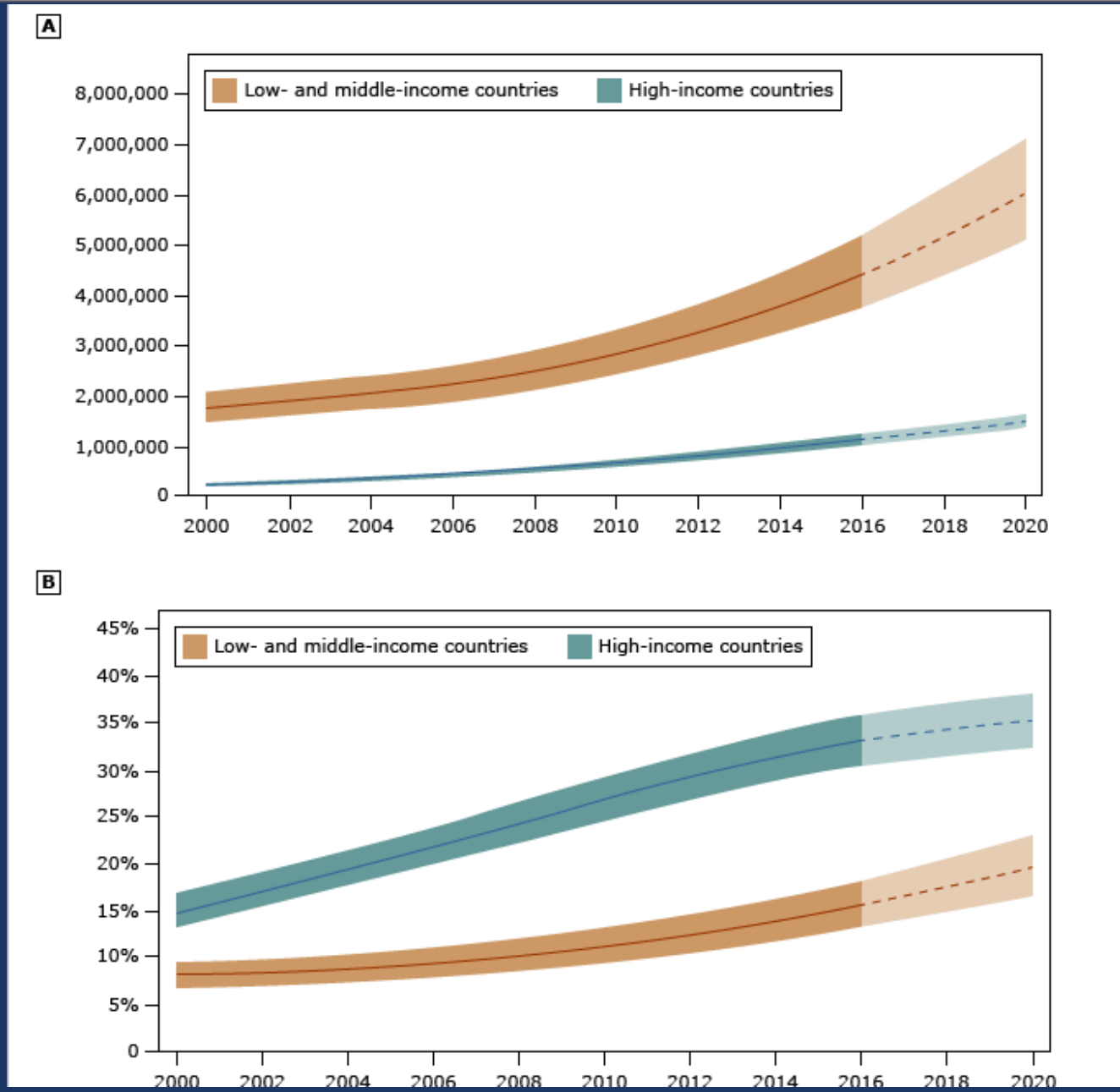
New HIV Diagnoses Among Adults and Adolescents in the US and Dependent Areas by Age, 2018

1 in 6 new HIV diagnoses were among people aged 50 and older.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

Globally



From: Autenrieth CS, Beck EJ, Stelzle D, et al. Global and regional trends of people living with HIV aged 50 and over: Estimates and projections for 2000-2020. PLoS One 2018; 13:e0207005. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207005. Copyright © 2018 The Authors. Reproduced under the terms of the Creative Commons Attribution License 4.0.

UpToDate

Alzheimer's Disease vs. HIV Associated Dementia

Alzheimer's

- Cortical : Memory & Language first
- Progressive
- Mild cognitive impairment (MCI), dementia
- Mini-cog, MMSE, MOCA
- Rx: Anticholinesterase Inhibitors

HIV

- Subcortical: Executive & Motor first
- May Fluctuate
- HAND: Asymptomatic (ANI), Mild (MND), HIV Dementia (HAD)
- MOCA +?
- Rx: ARVs, +/- CNS penetration

Rubin *J. Neurovirol* 2019, Miliani *Curr HIV/AIDS* rep 2017, Valcour CROI 2019

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Medical-Legal Advance Care Planning

Medical Planning:

Goals of Care (living will, advance directive, POLST)

Appoint Healthcare Agent (advance directive or durable POAH)

Financial/Legal Planning:

Appoint Fiduciaries (durable POAF, rep payee, VA fiduciary, trustee)

Plan to pay for long term care supports & services

Living Trust or Will

Income/benefit advocacy (e.g. Medi-Cal, pensions)

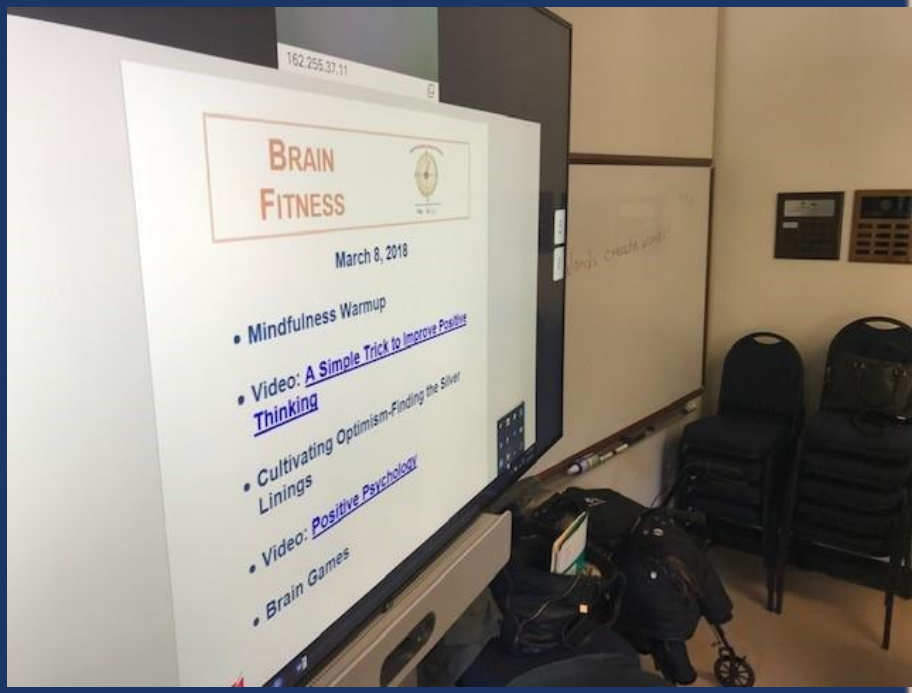
Housing (accommodations, habitability, reverse mortgages)

Employment (caregiving agreements, job protection)

Legal Status (immigration, LGBT, veteran)

Personal stability (elder abuse, conservatorship)

Pre-covid Operations



- **Northern Point (Heart & Mind)**
  - Monthly cardiology clinic by HIV-cardiologist Dr. Hsue
  - Recurrent offerings Brain Health Classes
  - Cognitive screenings and assessments in geriatrics clinic

- **Western Point (Dental, Hearing, & Vision)**
  - Screenings & linkage to services to address sensory impairment

Pre-covid Operations, continued

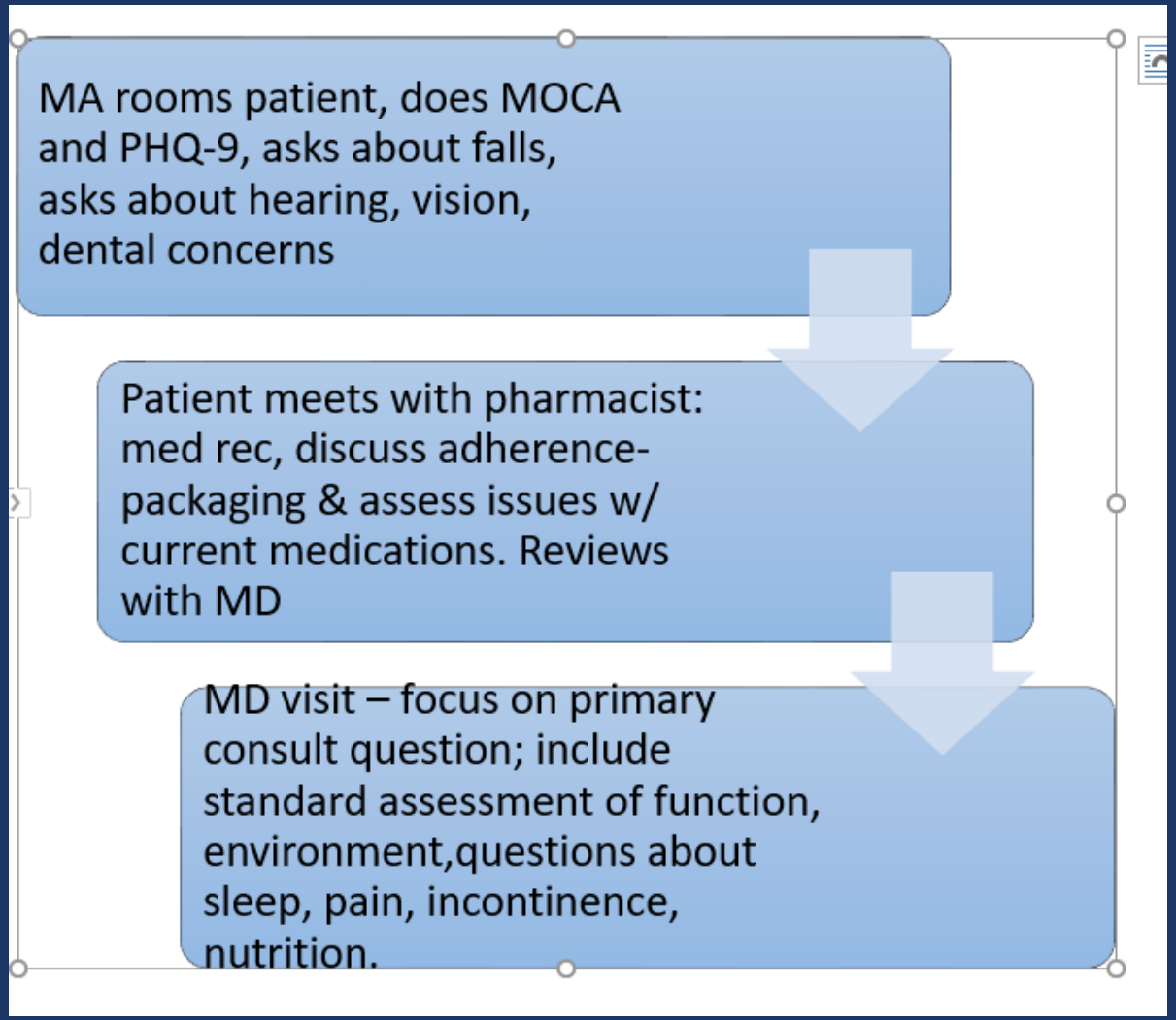
- **Eastern Point (Bones & Strength)**

-Assess functional status geriatrics clinic

-Weekly chair based exercise class “Wellness Club”

- **Southern Point (Networking & Navigation)**
- Coordinate with community partners/services
- Networking in classes

Geriatrics Clinic in Golden Compass



Common reasons for referral:

- General evaluation
- Cognition
- Falls

Initial Evaluation of Golden Compass

RE-AIM framework:

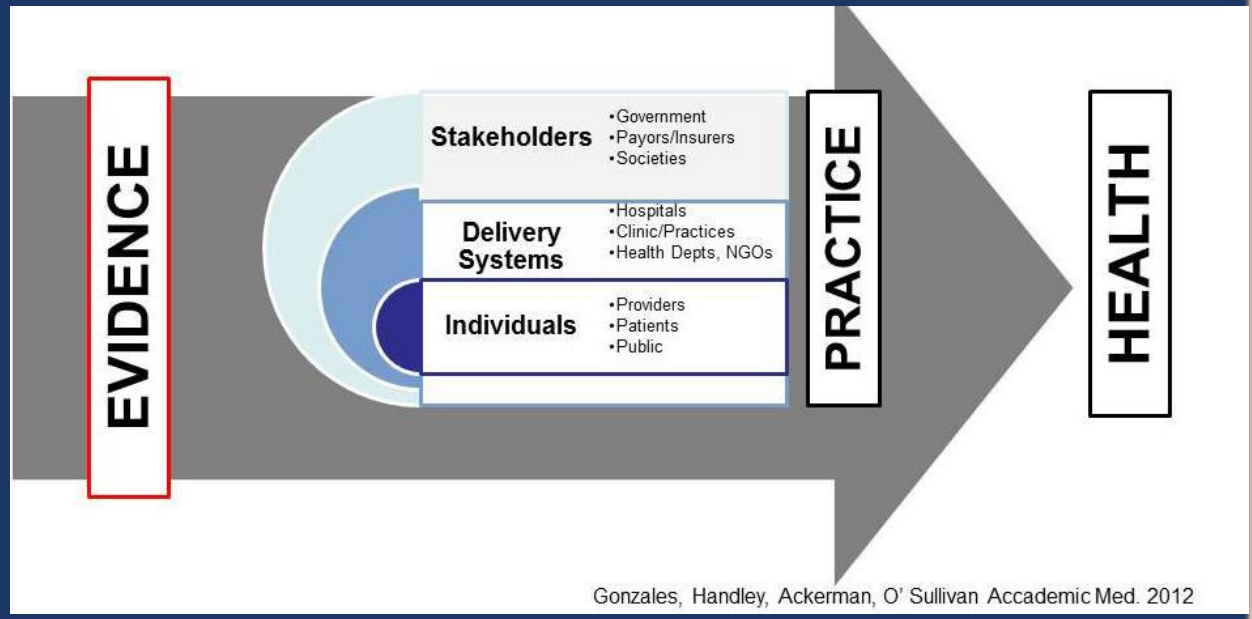
Reach: number/demographics participants

Effectiveness: satisfaction, acceptability

Adoption: referrals by providers

Implementation: fidelity to what proposed

Maintenance



Gonzales, Handley, Ackerman, O' Sullivan Accademic Med. 2012

Greene M, JIAPAC 2020

Initial Evaluation of Golden Compass

January 2017- June 2018; using RE-AIM framework

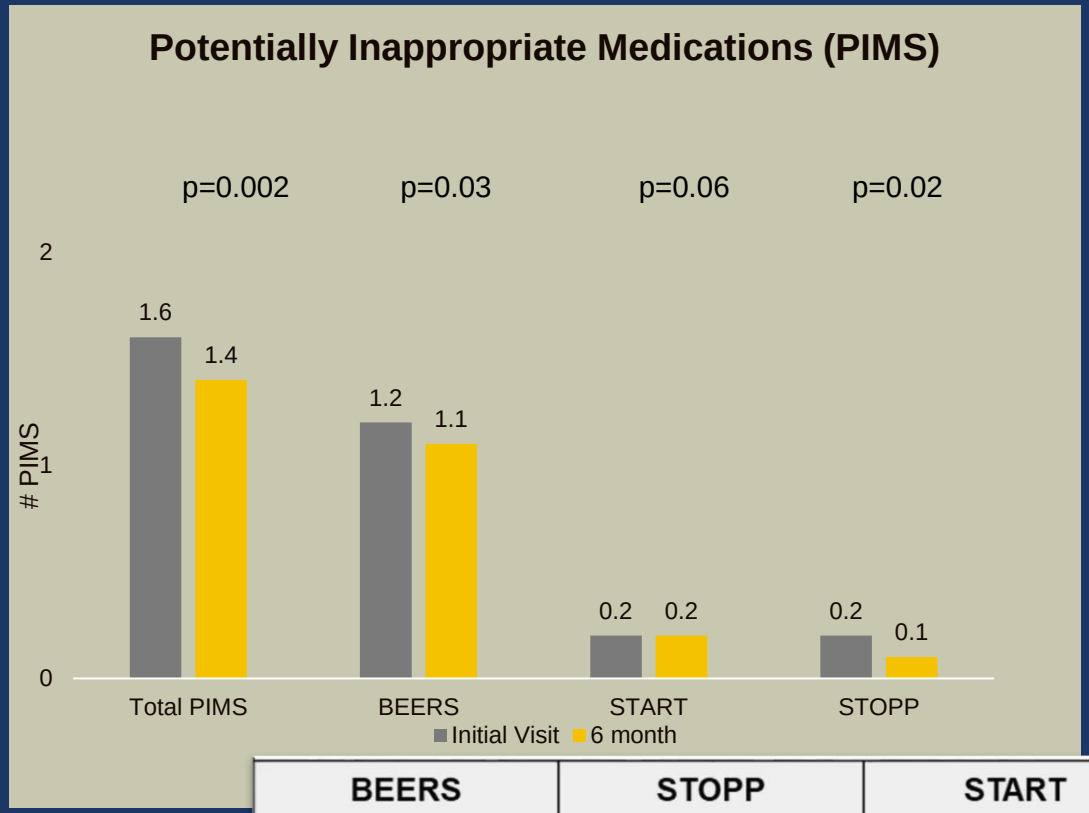
	How Measured	Results
Reach (patient level)	Number & demographics patients who participated	200 adults -Difficulty discussing “aging specialist”
Effectiveness	Satisfaction with services Acceptability of services	>90% patients & providers satisfied -Medications, mobility, cognitive evals important
Adoption (provider level)	Referrals by providers to specialty clinics	85% providers referred ≥1 patient to geriatrics clinic
Implementation	Fidelity to what proposed	-Co-location services important

Greene M, JIAPAC 2020

Reduction in Potentially Inappropriate Medications

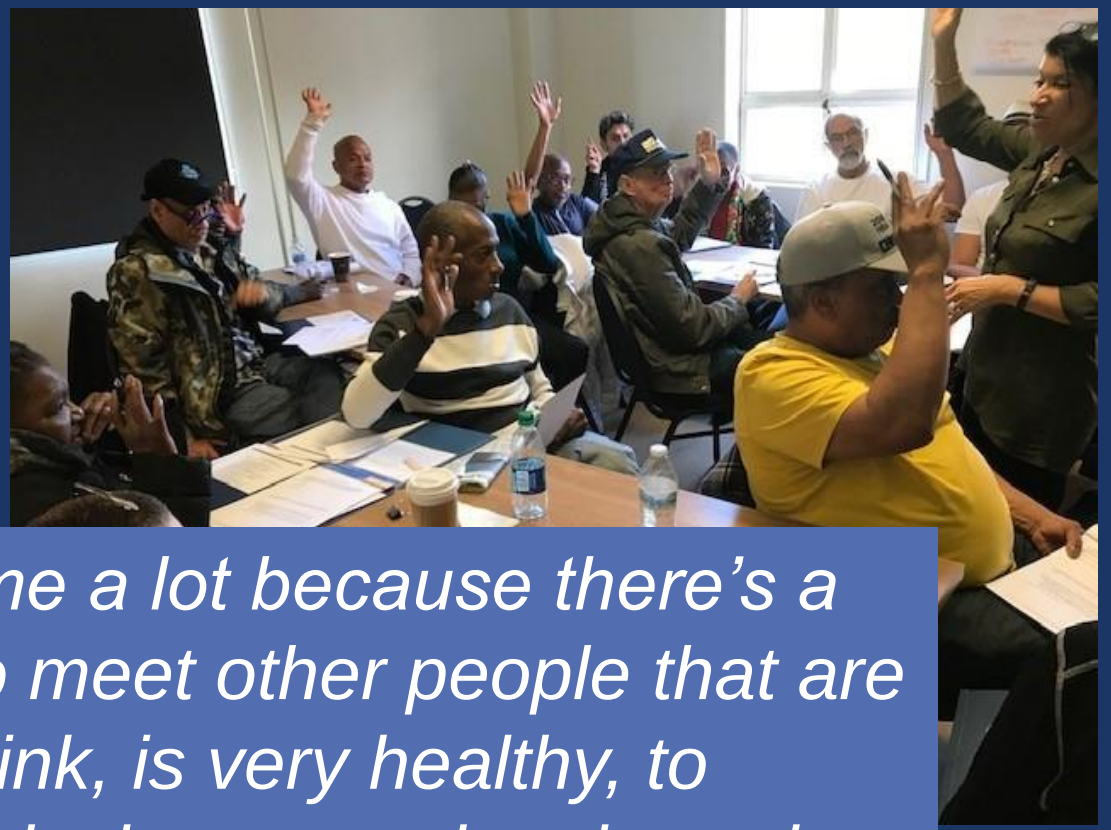
Patient meets with pharmacist: med rec, discuss adherence-packaging & assess issues w/ current medications. Reviews with MD

- Potentially Inappropriate Medications
- Drug-Drug Interactions
- Assess for side effects
- Other Medication Concerns



BEERS	STOPP	START
NSAIDS PPIs Benzodiazepines Opioids with a history of falls or fractures	Duplicate drug class prescription Regular opioids without a concomitant laxative	Lack of laxatives in patients receiving opioids regularly 5-alpha reductase inhibitor with symptomatic prostatism

Southern Point- Fostering New Connections



On classes: *"….helped me a lot because there's a social aspect to it, I get to meet other people that are just like me, and that, I think, is very healthy, to connect to other individuals that are going through the same things that I'm going through."*

Example Geriatric HIV Programs

Location	Clinic/name	Resource	Venue	Comment
Boston (US)	Mass General Hospital/**Aging Positively**	Fitch	Biweekly in ID clinic	Providers may refer anyone over 50 NP sees patients; develops plan with rest of team
Brighton (UK)	Brighton and Sussex U Hosp **Silver Clinic**	Vera	Monthly clinic sessions	Referral criteria: >50, difficulty coping at home, multimorbidity, polypharmacy; HIV MD, geriatrician, HIV Clin NS, Pharm
Denver (US)	University of Colorado	Erlandson	Outside consultation	Geriatrician, pharmacist see complicated patients 1-3 times – refer back to 1º care
London (UK)	Chelsea/ Westminster	Waters	Separate multidisciplinary clinic	Referral criterion: age Consultant, HIV NP, trainee; supported by specialist pharm and dietician
Montreal (CA)	McGill	Falutz	In HIV Clinic	Geriatrician sees referrals as needed as needed; planning pharm, CGA for >60
New York (US)	CSS at WCM/NYPH	Siegler	Geriatrician weekly visit w/in HIV clinic	No fixed referral criteria Geriatrician follows longitudinally Sponsors arts, support groups, inservices
Salem, VA (US)	**SAVI**	Oursler	VA clinic	Assess multimorb, sarcopenia, frailty, cognition; Staff: Pharm, neuroψ, RD, endo
San Francisco (US)	Ward 86/ **Golden Compass**	Greene	Geriatric HIV clinic: pharm, screen, geri consult	Referral >70, falls; “navigation”: heart/ mind; strength/bones; screening/link to dental, vision, etc; SW, CBSS, support groups J Int AIDS Soc. 2018 Oct;21(10):e25188. doi: 10.1002/jia2.25188

Siegler *JIAS* 2018, Davis CID 2022

Lessons Learned

- Framing still a challenge– addressing ageism & stigmas
- Takes time to develop and implement
- Outcome evaluation –especially for consultative models
- Funding mechanisms (sustainable, long term funding)
- Challenges for the field
  - Should everyone over 50 be seen/who benefits most
  - Role of consultant

5Ms and HIV Clinical Guidelines

- Adverse drug events from ART and concomitant drugs may occur more frequently in older persons with HIV than in younger individuals with HIV. Therefore, the bone, kidney, metabolic, cardiovascular, cognitive, and liver health of older individuals with HIV should be monitored closely.
- Polypharmacy is common in older persons with HIV; therefore, there is a greater risk of drug-drug interactions between antiretroviral drugs and concomitant medications. Potential for drug-drug interactions should be assessed regularly, especially when starting or switching ART and concomitant medications.
- The decline in neurocognitive function with aging is faster in people with HIV than in people without HIV. HIV-associated neurocognitive disorder (HAND) is associated with reduced adherence to therapy and poorer health outcomes including increased risk of death. For persons with progressively worsening symptoms of HAND, referral to a neurologist for evaluation and management or a neuropsychologist for formal neurocognitive testing may be warranted **(BIII)**.
- Mental health disorders are a growing concern in aging people with HIV. A heightened risk of mood disorders including anxiety and depression has been observed in this population. Screening for depression and management of mental health issues are critical in caring for persons with HIV.
- HIV experts, primary care providers, and other specialists should work together to optimize the medical care of older persons with HIV and complex comorbidities.

https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/hiv-and-older-person

Box 6. Recommendations for Polypharmacy, Frailty, and Cognitive Function Screening for Older People With HIV

- Close and sustained attention to polypharmacy is recommended in the management of older people with HIV (evidence rating: AIII)
- Assessment of mobility and frailty is recommended for patients aged 50 years or older using a frailty assessment that is validated in all persons with HIV (evidence rating: BIa); the frequency of frailty assessment is guided by the baseline assessment and should be more frequent (every 1-2 years) in patients who are frail or before becoming frail, and less frequent (up to 5 yearly) in patients who are robust (evidence rating: BIII)
- In patients who are frail or prefrail, management of polypharmacy, referral for complete geriatric assessment, exercise and physical therapy, and nutrition advice is recommended (evidence rating: AIII)
- Routine assessment of cognitive function every other year using a validated instrument is recommended for people with HIV who are older than 60 years (evidence rating: BIII)

JAMA 2020

Looking forward

Expand program reach

- E-consult/chart review
- Expanded screenings done by RNs

Increasing geriatrics knowledge providers & patients

- Partnering with HRSA Bureau of Health Workforce: Geriatric Workforce Enhancement Program (GWEP)

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

The **Optimizing Aging Collaborative at UCSF** is empowering San Francisco to meet the needs facing older adults.