

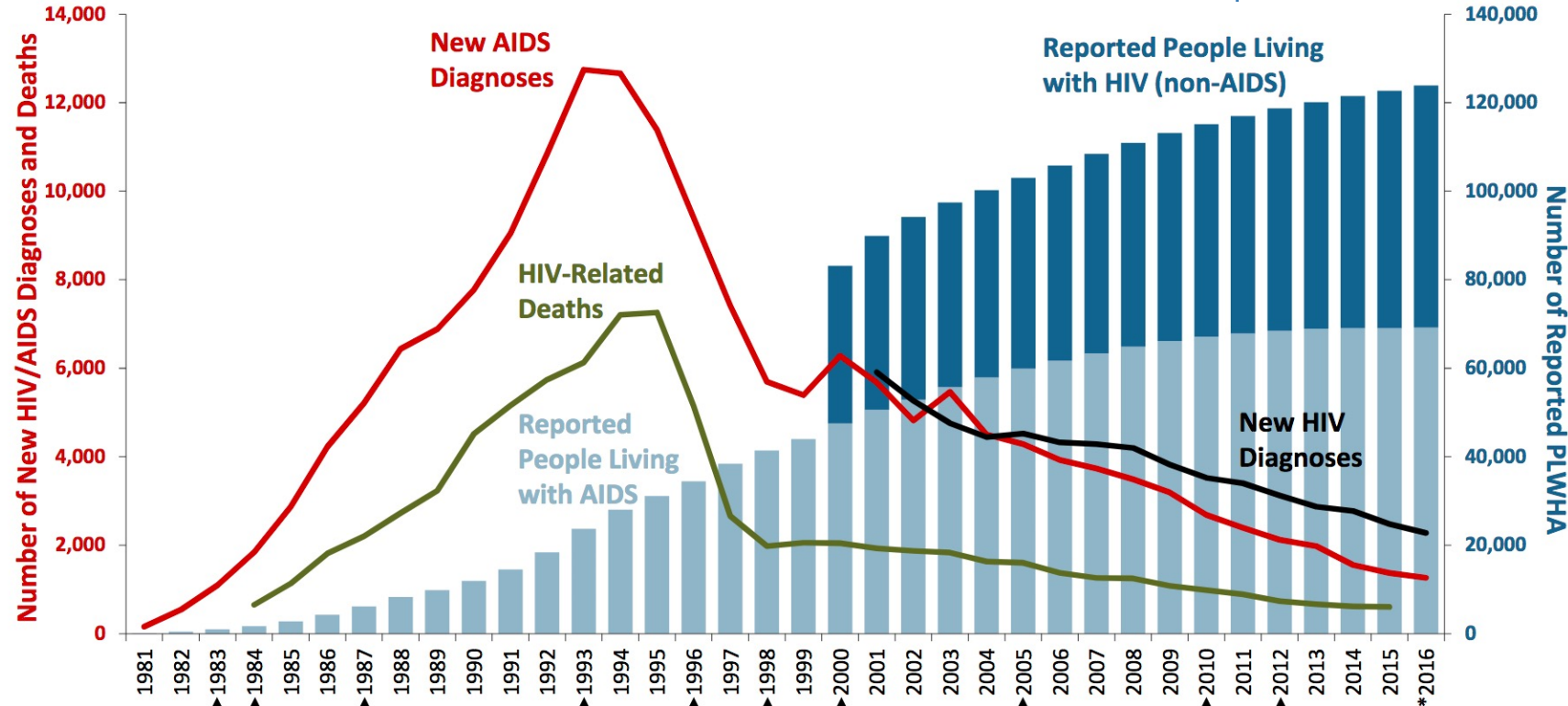
A Geriatrician's Approach To Aging With HIV



<http://agrayingpandemic.org>

FIGURE 1.1: History of the HIV epidemic, NYC 1981-2016

HIV Surveillance Annual Report 2016 NYCDHMH



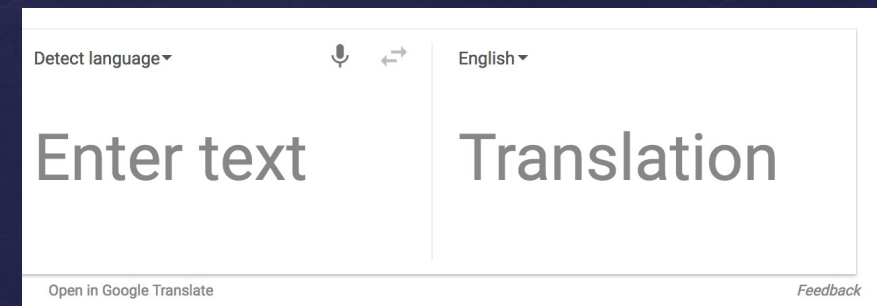
Eugenia L. Siegler, MD
Weill Cornell Medicine
December 12, 2019

Disclosures

- I will be a consultant to Montefiore Medical Center, which has a grant from Gilead Sciences to develop an HIV and Aging program.
- In the recent past I have had support through an approved investigator-initiated research grant from Gilead Sciences.

Objectives

- ❑ Learn the changing epidemiology of HIV
- ❑ Understand what a geriatric approach might offer older PLWH
- ❑ Recognize the challenge of adapting geriatric principles to diverse needs of older PLWH



Stop and look at your patient



<https://www.istockphoto.com/search/more-like-this/525198039?mediatype=illustration&sort=mostpopular>

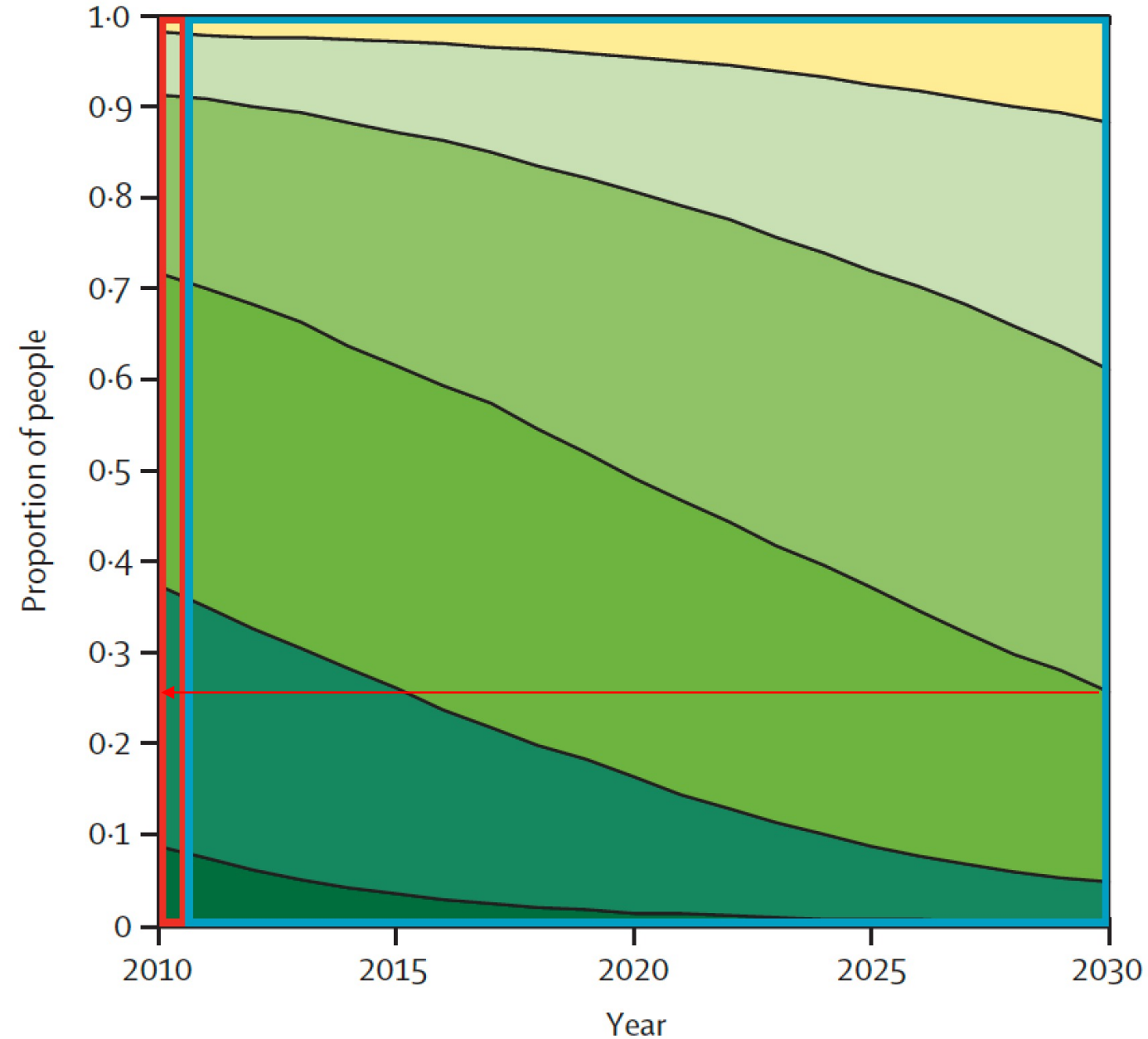
Is my patient thinking about aging?

Is my patient old?

Does my patient feel old?

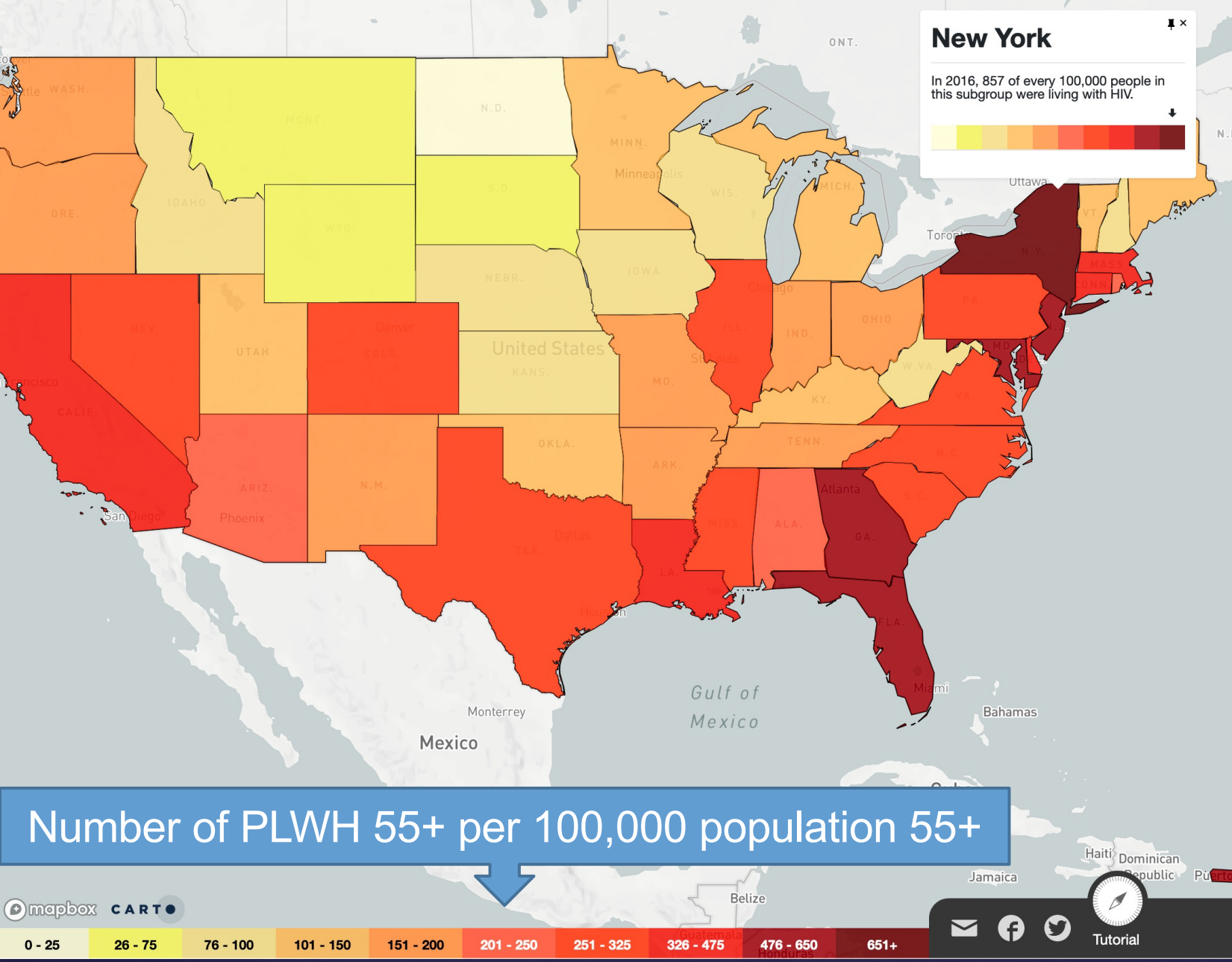
What are my patient's needs?

The population with HIV will grow older and older



Smit et al Lancet ID 2015

[http://dx.doi.org/10.1016/S1473-3099\(15\)00056-0](http://dx.doi.org/10.1016/S1473-3099(15)00056-0)



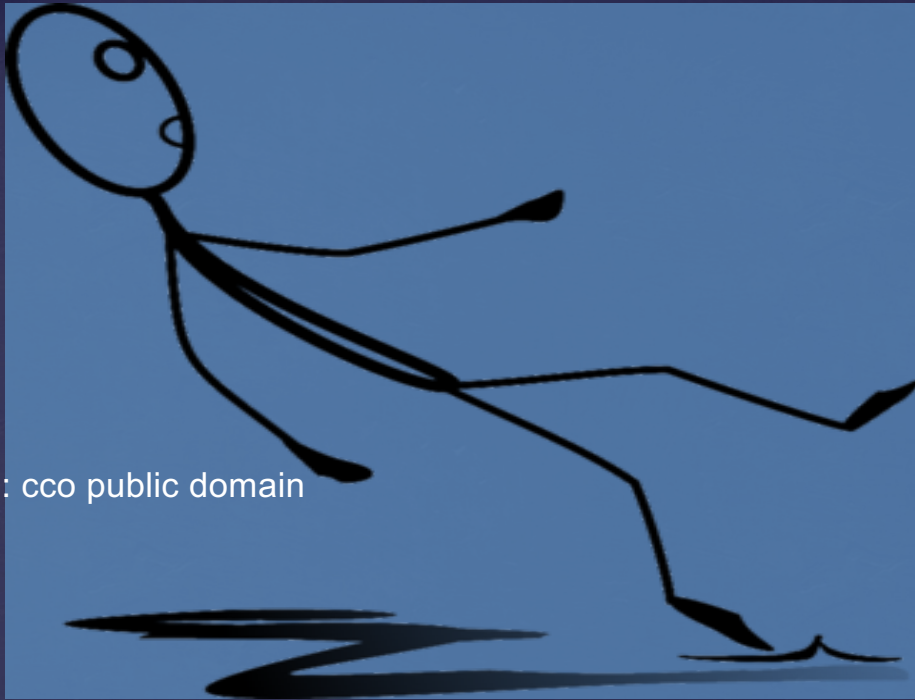
Nearly 1% of people 55+ in New York State have HIV

2017_annual_surveillance_report.pdf

Percentage of PLWH	New York State	“Rest of State”
50+	53.6%	56.5%
60+	21.5%	22.3%

Number of PLWH 55+ per 100,000 population 55+

<https://map.aidsvu.org/map?state=NY>



Source: cco public domain

HIV and comorbidities
are not your patients'
only concerns

Aging-related (geriatric) syndromes

Clinical conditions in older persons “that do not fit into
discrete disease categories”

(Inouye et al, JAGS 2007 doi: 10.1111/j.1532-5415.2007.01156.x)

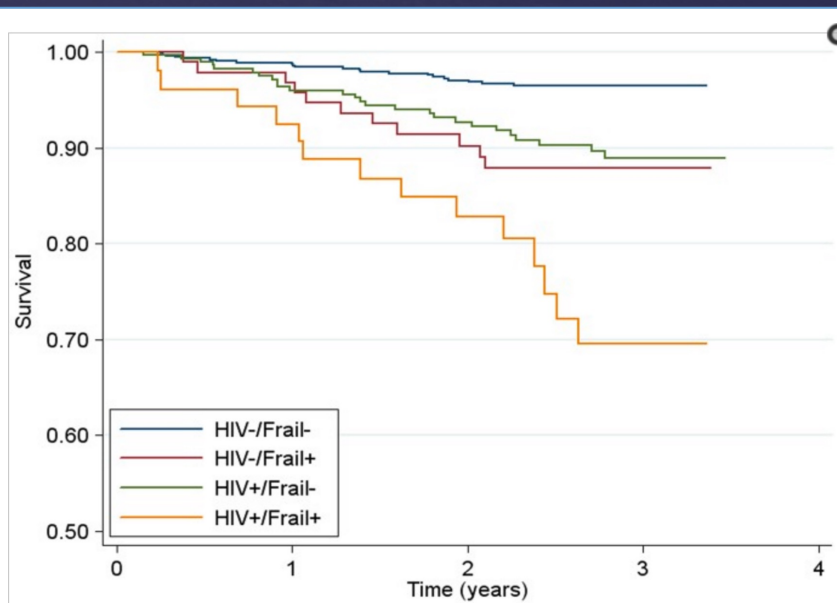
Aging-related syndromes differ from traditional ones

Traditional

- ❑ Example: AIDS (1983)
- ❑ Rare
- ❑ Unknown but specific cause
- ❑ Multiple manifestations

Aging-related

- ❑ Example: Frailty
- ❑ Common
- ❑ Multiple causes
- ❑ Defined but cross-disciplinary presentation



Survival by Frailty and HIV Status in the ALIVE cohort.

Frailty increases mortality risk in synergy with HIV

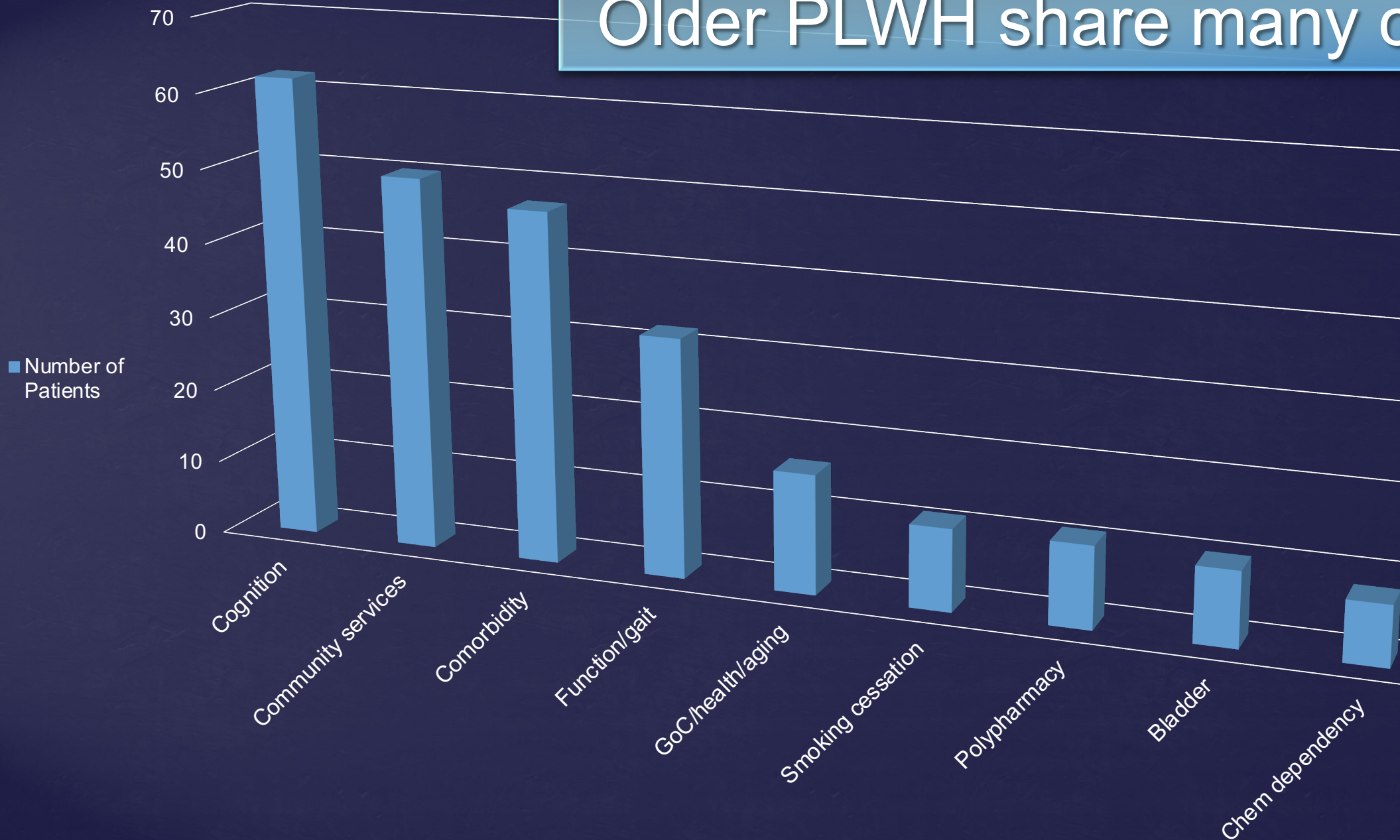
Older PLWH have multiple problems

UCSF Silver Project

	Overall	50-59 (n=244)	60+ (n=115)
Balance Problem	37.6%	33.3%	46.9%
Excellent or vg health	38.3%	42.1%	29.8%
Poor-fair med adherence	11.2%	14.6%	4.4%
Slow gait speed (>=6.21 sec for 4m)	8.8%	6.2%	14.2%

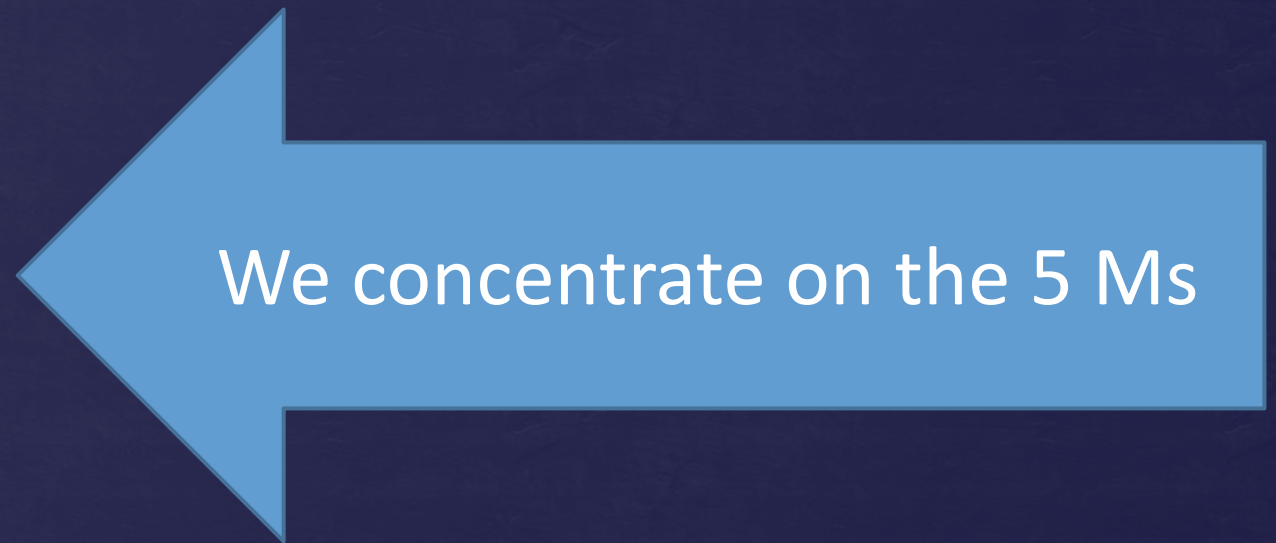
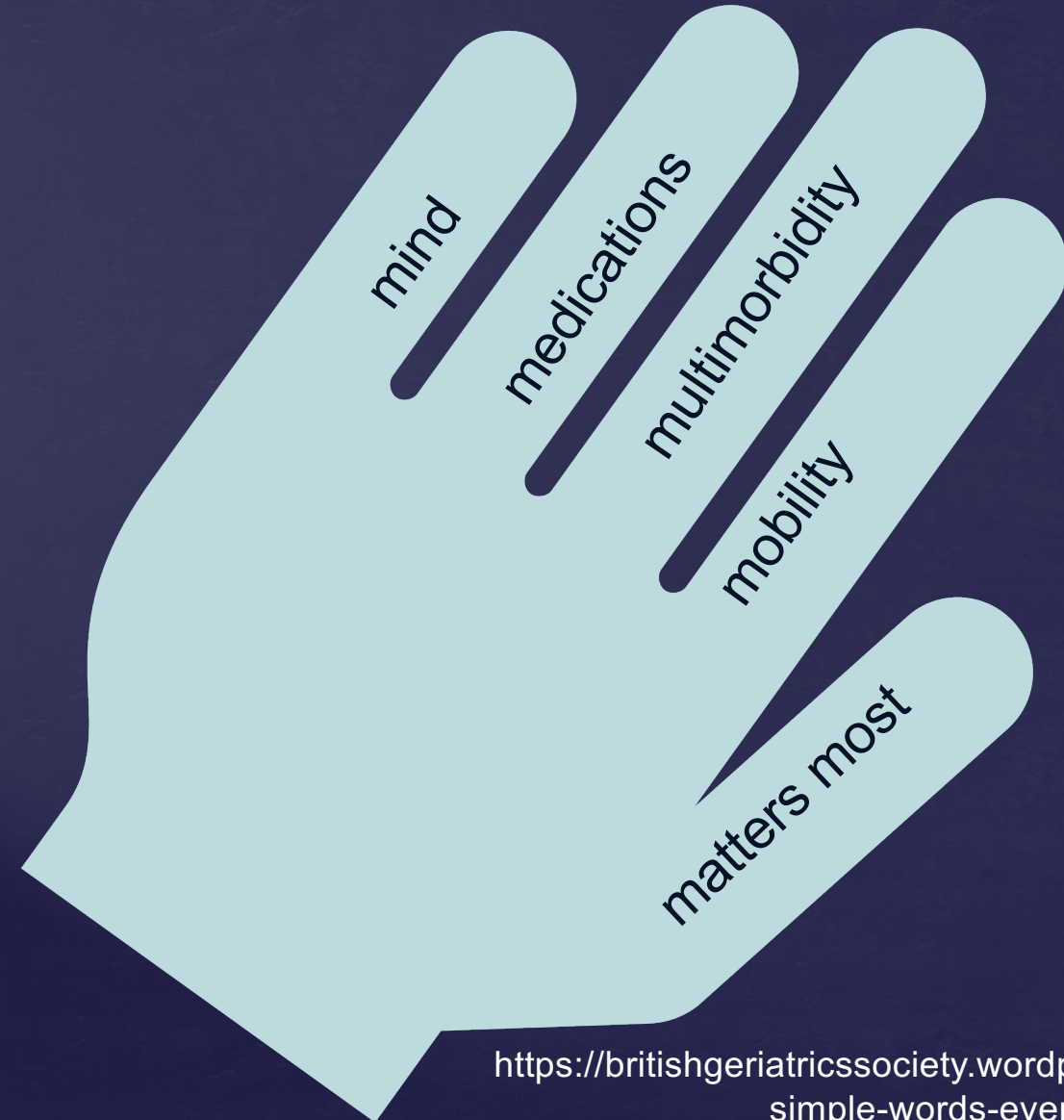
- 85% M; 74.8% MSM
- 57.1% W (69.6% in 60+)
- 30.6% current **smokers**
- Median # meds: 11 (8-15)
- 40.7% had **fallen** in the past year
- 12.2% dependent in >= 1 ADL
- 33.7% had **cognitive impairment** (MoCA <26)
- 34.1% were mod-sev **lonely**
- 26.8% were mod-sev **depressed**
- Only half had normal social supports

Older PLWH share many concerns



N=96
50% MSM
73% M
32% C, 38%
AA, 24% L
Med age 66.5
Range 50-84

How might a geriatric approach help older PLWH?



Comprehensive geriatric assessment covers the 5 Ms by evaluating multiple domains

- Basic ADL
- Instrumental ADL
- Geriatric syndromes/frailty
- Medical comorbidities
- Nutritional status
- Medication appropriateness
- Social network/financial status
- Living situation/environment
- Affect
- Cognition
- Advance directives
- Quality of life

Weill Cornell's HIV and Aging program is consultative, embedding geriatricians in an HIV clinic

- ❑ History and PE
- ❑ BADL and IADL
- ❑ PHQ-4 (depression, anxiety)
- ❑ Frailty screen
- ❑ Bone health
- ❑ Hearing, vision problems
- ❑ QoL, pain
- ❑ MoCA
- ❑ Prognosis

Twain, Oliver
ver <No MRN>
id, 06/15/1947,

Home: 718-111-2222
Work: None
Cell: None
MyChart: Inactive
Pt Comm Pref: None

PCP Name: None
Care Team:

Pharmacy: CVS/PHARMACY #3752 | 630 L...
Primary Ins.: MEDICARE PART B NATIONAL GOVE...

Allergies: Peanut, Penicillins, Pollen Extract

Health Main
Research: N
Adv Dir: NO
Outside Rec
ACO Status

1/27/2016 visit with Eugenia L. Siegler, MD for Office Visit

Images Questionnaires Admin Benefits Inquiry SmartSets Open Orders Print AVS Preview AVS Request Outside Records Rx Meds List Disease Mgmt References WCC Code

Decision Support
BestPractice
SmartSets
Care Everywhere
Verify Rx Benefits

Visit Data Entry
Enc Supervision
Ref Prov/Care Team
CC
HPI
History
Problem List
Med. Document
Allergies
ROS
Vitals
Physical Exam
Annotated Images
Data Review
Dx and Orders
A&P

Geriatrics
Geriatric Assessm...
Depression Screen
Mini MS
Quick Questions
PSST
Geriatric Scales

Note Writer
Progress Notes

Enc. Completion
Quality Measures
PT Education
PT Instructions
Letter Prep
Summary of Care
LOS & Follow-up
Close Encounter

Time taken: 0853 1/28/2016

Values By

PHQ-4 Scale

Feeling nervous, anxious or on edge 0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Not being able to stop or control worrying 0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Anxiety Sub-Score 3

Little interest or pleasure in doing things 0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Feeling down, depressed or hopeless 0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Depression Sub-Score 1

Gerontopole Frailty Screening

Does your patient live alone? Yes No Do not know

Has your patient involuntarily lost weight in the last 3 months? Yes No Do not know

Has your patient been more fatigued in the last 3 months? Yes No Do not know

Has your patient experienced mobility difficulties in the last 3 months? Yes No Do not know

Has your patient complained of memory problems? Yes No Do not know

Does your patient present slow gait speed (i.e., >4 seconds to walk 4 meters)? Yes No Do not know

If you have answered YES to one or more of these questions: Do you think your patient is frail? Yes No

An internal poll was more positive than chart review of adherence to recommendations

Recommendation type (n=76)	Patient directed adherence (%)	Provider directed adherence (%)	Total Adherence (%)
Total	22/63 (35%)	38/120 (32%)	46/183 (33%)

- Respondents: 9 SW, 6 internists, 4 psychiatrists
- **17/19** said they implemented recommendations usually or always
- **16/19** said consultations were extremely or very useful

Why the discrepancy?

1. It takes a while to develop trust
2. We can't change what we don't control
3. What works in a geriatric clinic doesn't work for OPH
4. The doctor's office is not where health care happens

We don't yet know how to adapt geriatrics to HIV care

HIV -



HIV +

Geriatric
perspective

Comprehensive
assessment for OPH

[Open in Google Translate](#)

[Feedback](#)

We don't yet know how to adapt geriatrics to HIV care

Observations



Comprehensive
assessment of OPH

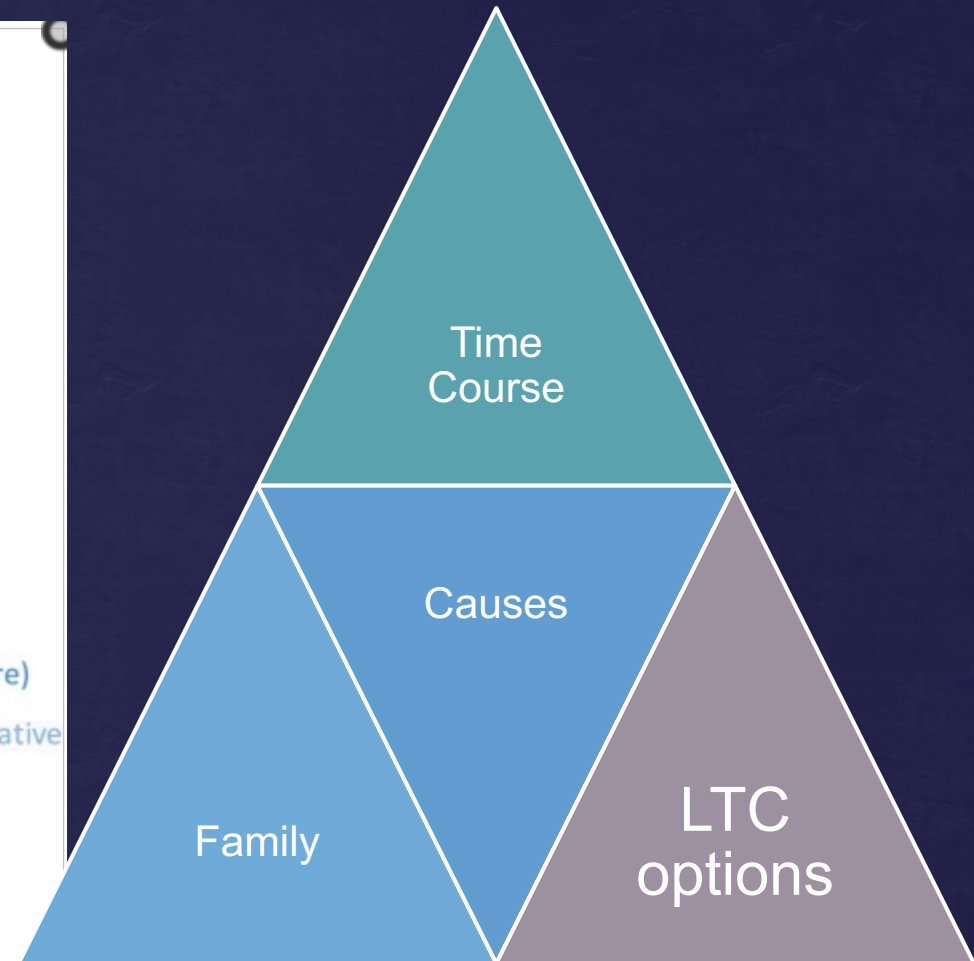
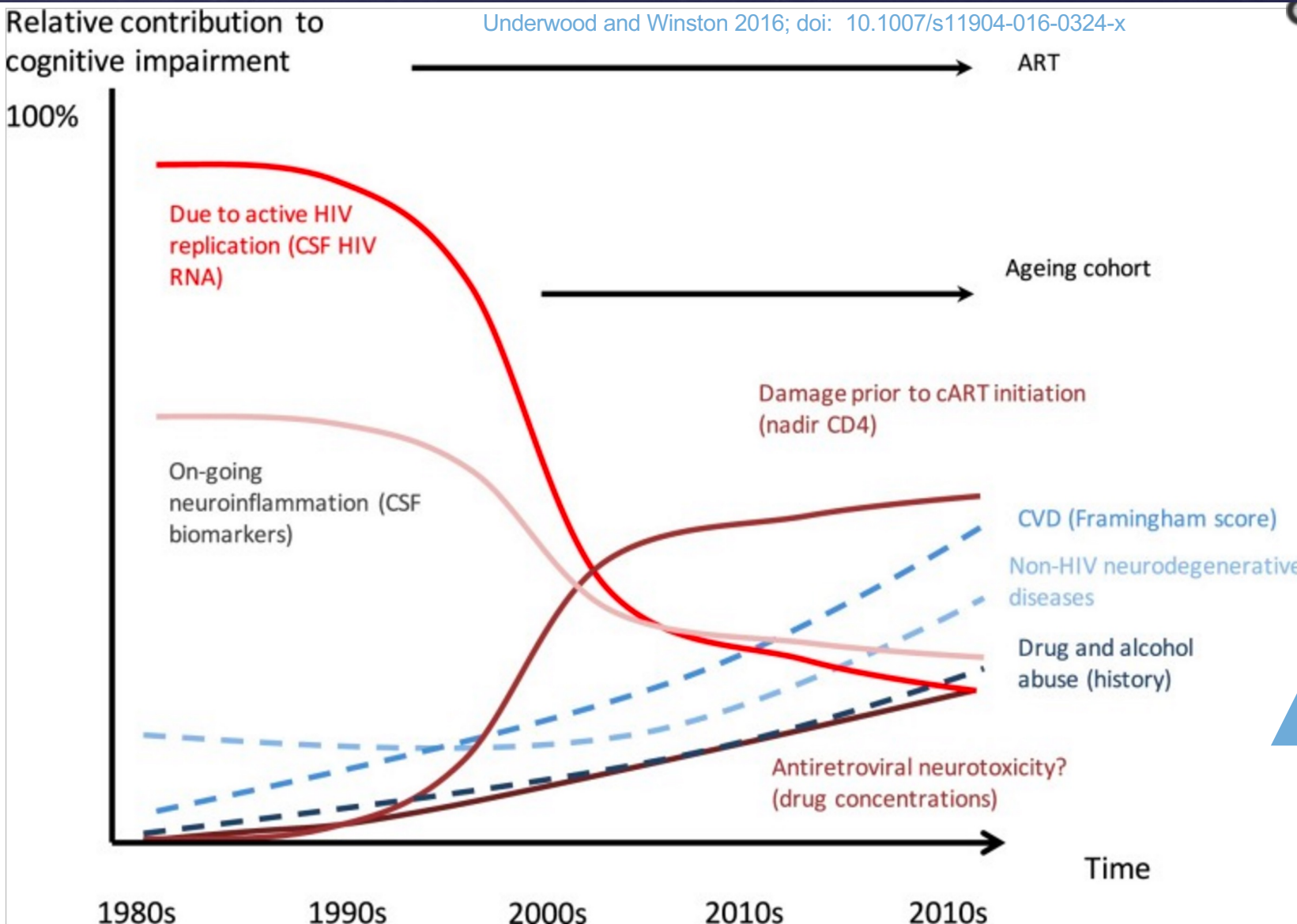
Action

Feasible, useful
recommendations

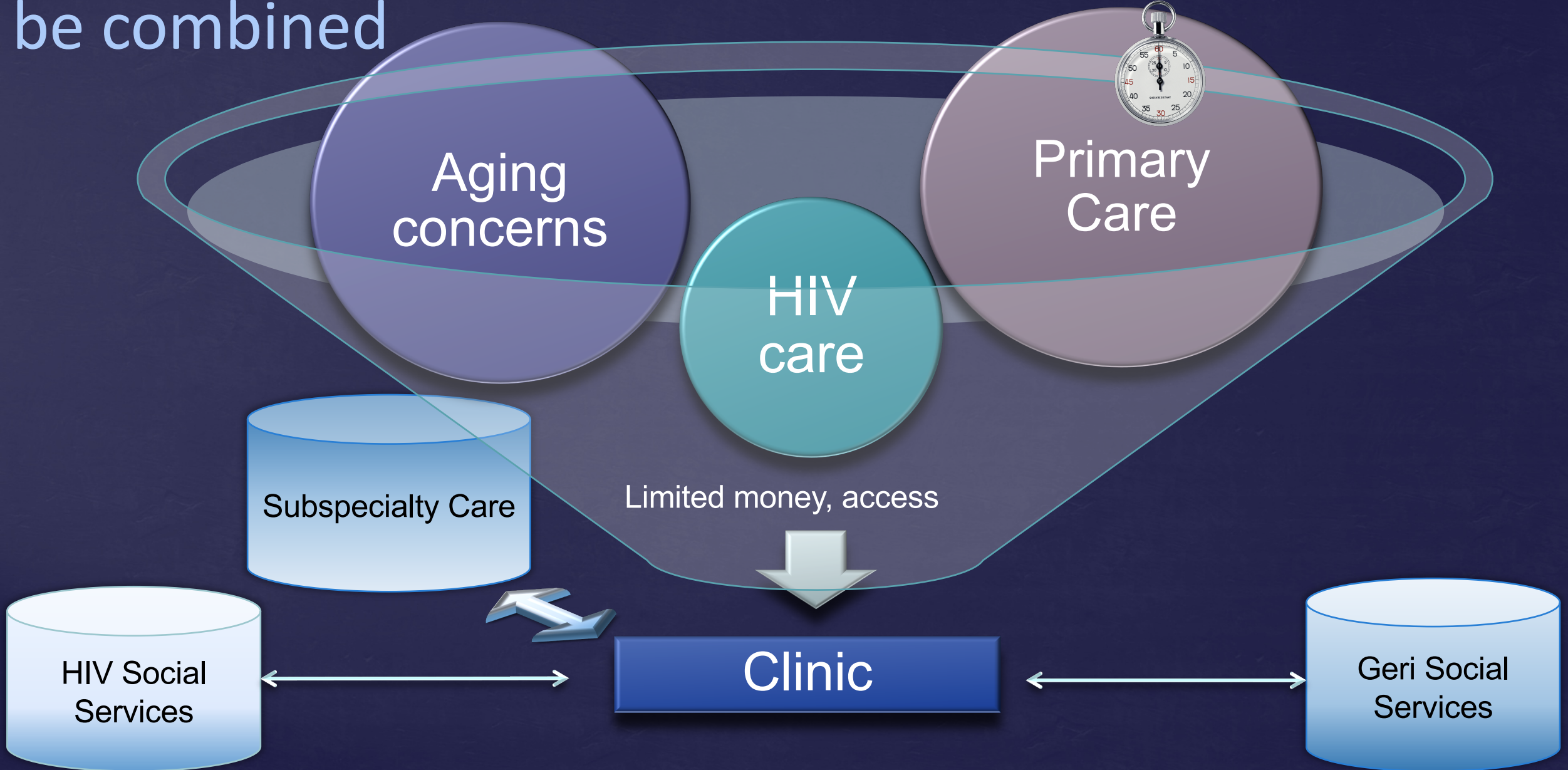
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[Feedback](#)

Example: Cognitive impairment



We don't know how the components of care should be combined



Referral Criteria/Prescreen

- Age? Opt in or out?
- Frailty/function
- Comorbidity (specific or number)

Assessment

- Tools
- Length
- Referral

Staffing/Location

- Embedded or freestanding
- Geriatrician or other specialist
- Nursing, social work, pharmacy

Focus/Feedback

- Management of diseases
- Reduction/ prevention of frailty
- Improving supports

Outcome

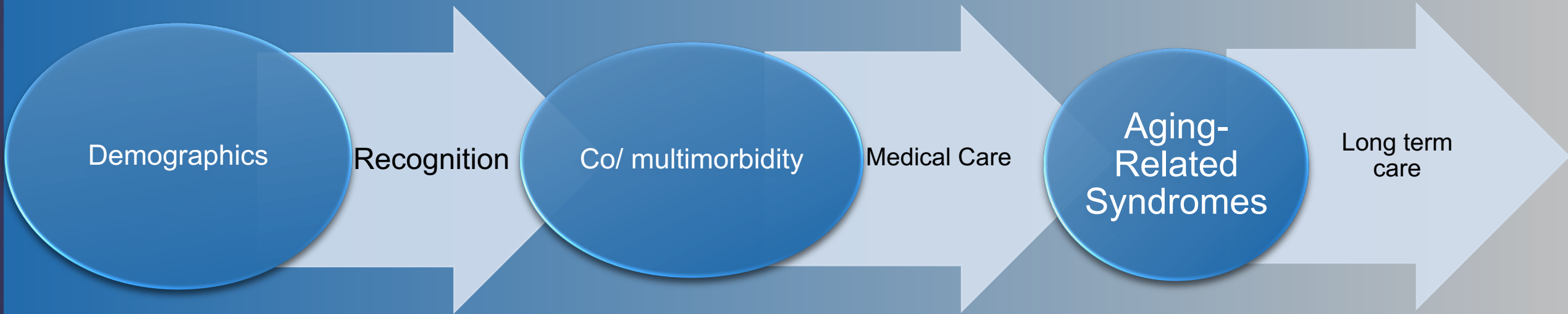
- Criteria for success
- Financial viability

Linkages

- Relationship to primary care
- Community organizations
- Long term care

To Be
Determined

The field of HIV/Aging is evolving



Take home points: How to get started

- ❑ Understand the demographics of your patient population:
How many are over 50? Over 60?
- ❑ Determine what existing services and functions are available:
Programs, personnel, funding sources, EMR
- ❑ Present the topic of aging to your community advisory board
to determine their priorities
- ❑ If feasible, link with geriatrics
- ❑ Choose one aspect of aging and develop a screening and
referral protocol

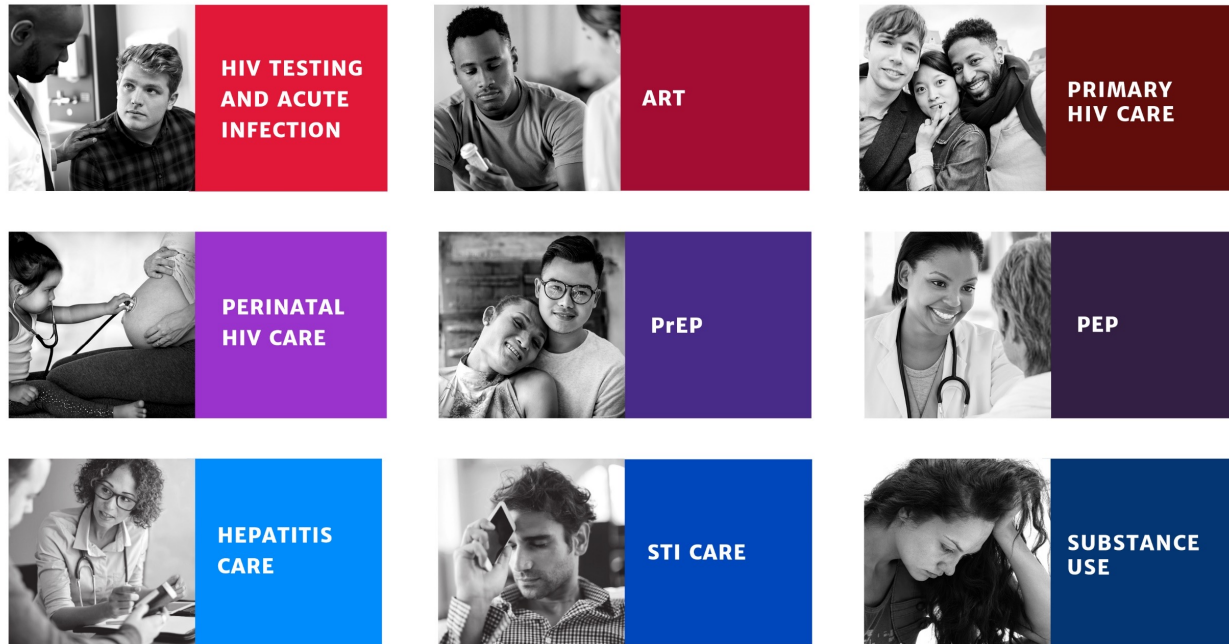
HIV and Aging toolkit - <http://www.necaaetc.org/node/149>

<http://agrayingpandemic.org>

<https://aahivm-education.org/hiv-age>

<https://www.cdc.gov/hiv/group/age/olderamericans/index.ht>

Visit hivguidelines.org for clinical practice guidelines that address:



HIV and Aging Resources

Selected References

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5. Singh HK, Del Carmen T, Freeman R, et al. From one syndrome to many: Incorporating geriatric consultation into HIV Care. *CID.* 2017 Aug 1;65(3):501-506. PMID: 28387803
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