

# Ageing with HIV Project

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1. HIV is an “Time modulator” which impact Age as an health condition
  - What are clinically relevant “age questions” in clinical practice
  - Can we use “HIV age” independently from “chronological age” to inform risk prediction algorithms
2. Co-morbidities are not sufficient to describe aging complexity
  - Introduce Frailty (and other geriatric syndromes) to describe the **disease centred construct of aging**
  - Move to a **Functional centred construct** describing functional ability
3. Polypharmacy is more than DDI. Prescribers are in front of a crossroad:
  - we still need to cover the gap of under-prescription of co-morbidities as primary prevention (i.g. statins)
  - in the geriatric setting deprescribing must be considered to avoid unappropriated drug prescription
  - Are 2DR ARV a “deprescribing strategy”?

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4. Older adults living with HIV face a double stigma: HIV+Aegism
5. We need to reshape HIV health system in the context of the greying HIV epidemic
  - Chronic care model implies a strong participation of the community
6. What is the role of HIV community now:
  - raise health awareness
  - promote healthy aging domains: locomotion, cognition, sensory, psychosocial, vitality
  - teach self treatment
  - foster inclusion of PRO in healthy aging definition and assessment