

Ageing with HIV Project – 50+



Phase: 50+ years

Conference: New challenges and unmet needs of people living with HIV/AIDS aged 50+, Berlin, Germany, 31 March – 3 April 2016 (85 participants)

Topics:

- Co-morbidities and co-infections
- Mental health and neurocognitive abilities
- Medicines 50+
- Wellbeing and quality of life
- Specific groups; drugs, migration, transgender, women's issues
- Disclosure and stigma in healthcare
- Health policies and social care 50+
- Palliative and end of life care
- Testing 50+
- Research gaps

Ageing with HIV 50+: Main findings



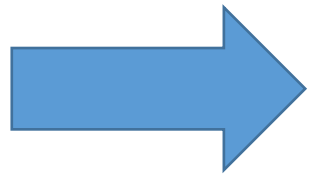
- Increasing elderly population living with HIV in Europe:
 - those diagnosed early and ageing with HIV
 - those diagnosed with HIV in older age
- Experiencing **co-morbidities and co-infections**
 - some of which are a consequence of HIV
 - some related to natural ageing and increased social/psychosocial barriers
 - those related to **mental health** particularly common and linked to adherence, drug abuse, ability to engage in self-care, quality of life, risk of suicide, especially in vulnerable groups (MSM and transgender)

Ageing with HIV 50+: Main findings



- **HIV/TB and Ageing:**

This is a neglected area with not enough knowledge or evidence



Polypharmacy, drug-drug interactions, drug toxicity, impact on pharmacokinetics and pharmacodynamics

HIV Drug Interactions Site (University of Liverpool)

- Not sufficiently accessed/used, available only in English

Ageing with HIV 50+: Main findings



- **Specific needs**
 - LGBTBI – especially transgender people are in a vulnerable situation
 - Women’s number among 50+ PLHIV is increasing, lack of research on e.g. menopause and HIV
 - IDU
- **Stigma and discrimination**
 - **Discrimination experienced when consulting other health professionals (e.g. dentists)**
- **Complexity in care management**
 - health care providers ill-equipped to absorb this complexity, missing opportunities to test and diagnose HIV (resulting in high levels of late presentations)

Ageing with HIV 50+: Recommendations



General recommendations:

- **Increase clinical research on ageing and HIV**
- Enhance knowledge and history of HIV through engagement of ageing HIV peer educators
- Raise the profile of palliative & end of life care for PLHIV

Co-morbidities:

- **Implement multi-morbidity screening tools targeted for ageing PLHIV**
- **Increase awareness of polypharmacy's impact on ageing, increasing the risk of co-morbidities, drug-drug interactions, toxicities**
- Campaign for TB as an overlooked condition

Ageing with HIV 50+: Recommendations



Specific needs:

- **Train clinicians and empower PLHIV for increased knowledge of special groups and their needs, especially women (example: menopause)**

Stigma and discrimination:

- Advocate for equality of PLHIV and equal partnerships in care to improve quality of life
- Campaign to reduce stigma and discrimination for key populations - targeting health care professionals (using evidence from Stigma Index)

Ageing with HIV 50+: Recommendations



Care management:

- **Change the delivery of existing services from a single-disease management model into a multi-dimensional programme of care**
- Assess the existing services in light of knowledge on ageing with HIV, including also social services
- Increase HIV testing across Europe to reduce late presentations