

17th EUROPEAN AIDS CONFERENCE

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Basel, Switzerland



EACS
European
AIDS
Clinical
Society

Aging with HIV

Giovanni Guaraldi



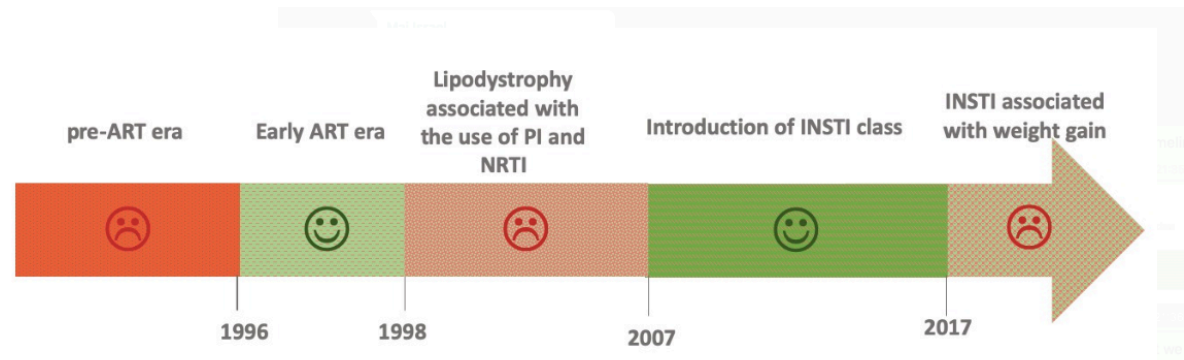
UNIMORE
UNIVERSITÀ DEGLI STUDI DI
MODENA E REGGIO EMILIA

Disclosure

Where does my “fat passion” comes from?



Modena HIV Metabolic Clinic (MHMC) is settled Emilia Romagna where you can find the most fat (and delicious) cuisine of Italy



If the program is not meeting your ...

© 2014 British HIV Association DOI: 10.1111/hiv.12159
HIV Medicine (2014)

ORIGINAL RESEARCH

The natural history of HIV-associated lipodystrophy in the changing scenario of HIV infection

G Guaraldi,¹ C Stentarelli,¹ S Zona,² A Santoro,¹ B Beghetto,¹ F Carli,¹ G Orlando,¹ A Franceschetto,² A Casolo² and C Mussini¹

¹Infectious Diseases Clinics, Policlinico University Hospital, Modena, Italy and ²Nuclear Medicine Service, Policlinico University Hospital, Modena, Italy

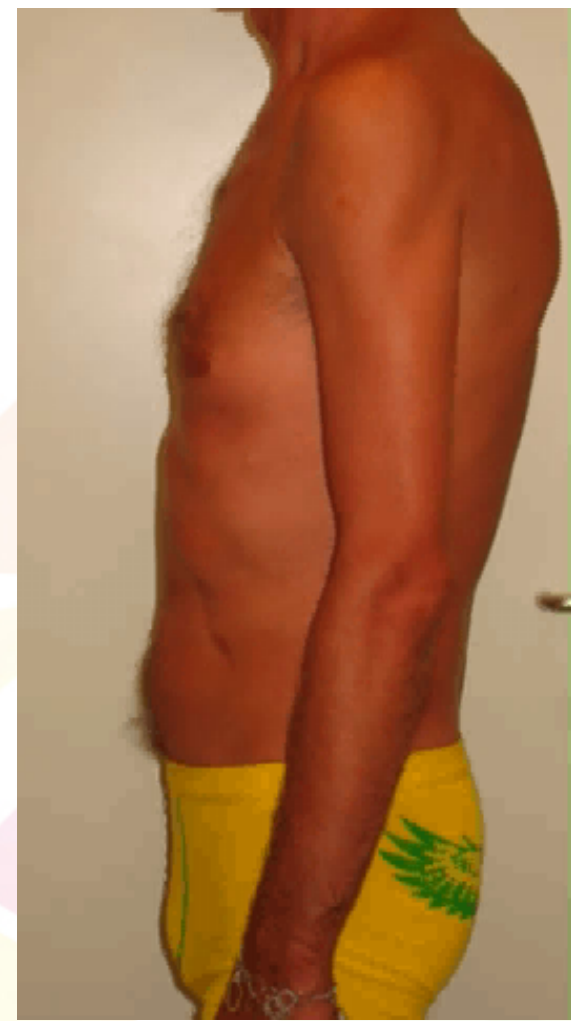
Once upon a time...



2006



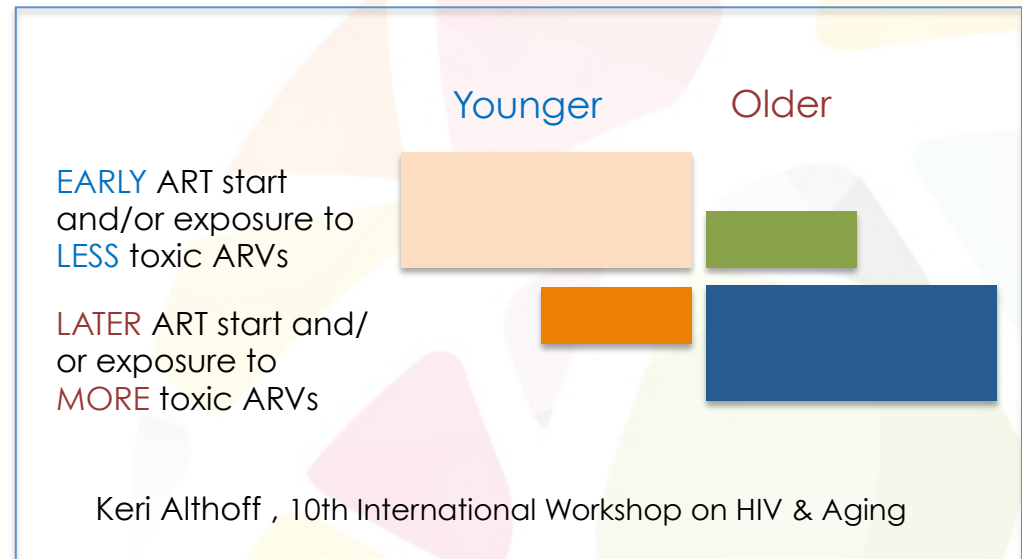
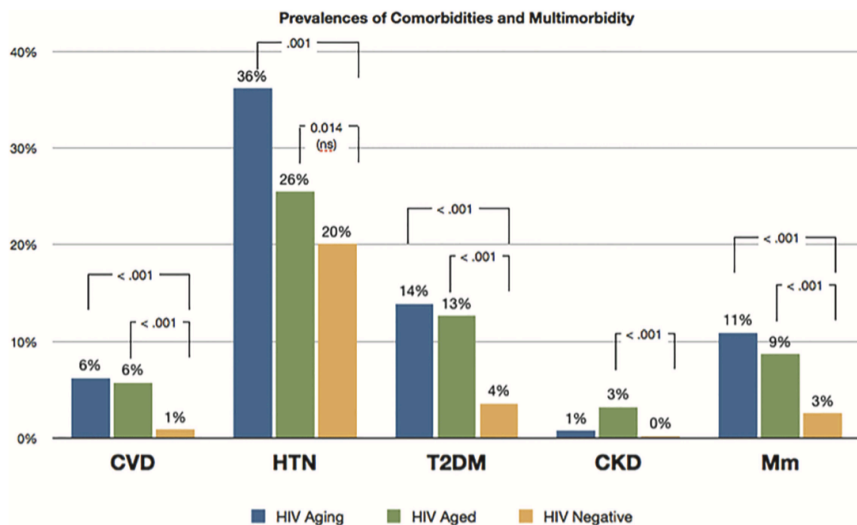
2009



Who are PAwH

Aging with HIV vs. HIV Seroconversion at Older Age: A Diverse Population with Distinct Comorbidity Profiles

Giovanni Guaraldi^{1*}, Stefano Zona¹, Thomas D. Brothers², Federica Carli¹, Chiara Stentarelli¹, Giovanni Dolci¹, Antonella Santoro¹, Barbara Beghetto¹, Marianna Menozzi¹, Cristina Mussini¹, Julian Falutz³



Who are PAWH?



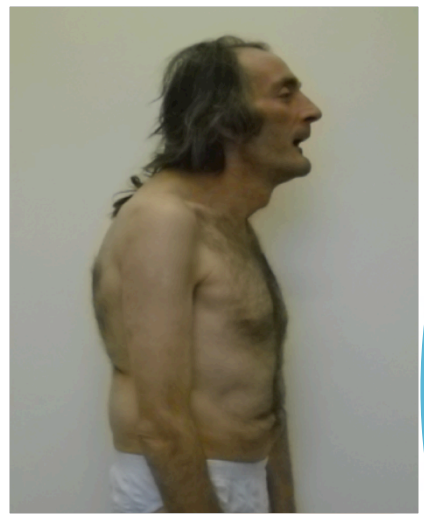
People ageing with HIV

2002
39 yrs



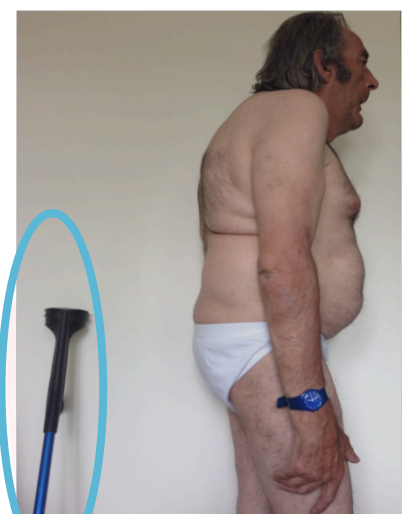
CD4=477 cells/ μ L
HIV1-RNA<400 copies/

2015
52 yrs



CD4=715 cells/ μ L
HIV1-RNA<40 copies/

2018
55 yrs



CD4=357 cells/ μ L
HIV1-RNA non detectable

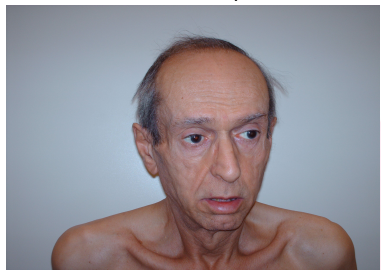
People who acquired HIV At an older age

54 yrs



CD4=232/ μ mol
VL<40 c/mL (ND)

67 yrs



CD4=279/ μ mol
HIV VL<40 c/mL (ND)

70 yrs



CD4=164/ μ mol
HIV VL<40 c/mL (ND)

Screening and treatment of co-morbidities

How to screen for comorbidities:

- 1** Collect modifiable and non-modifiable risk factors
- 2** Estimate risk probability with algorithms
- 3** Evaluate patient suitability with markers of subclinical disease

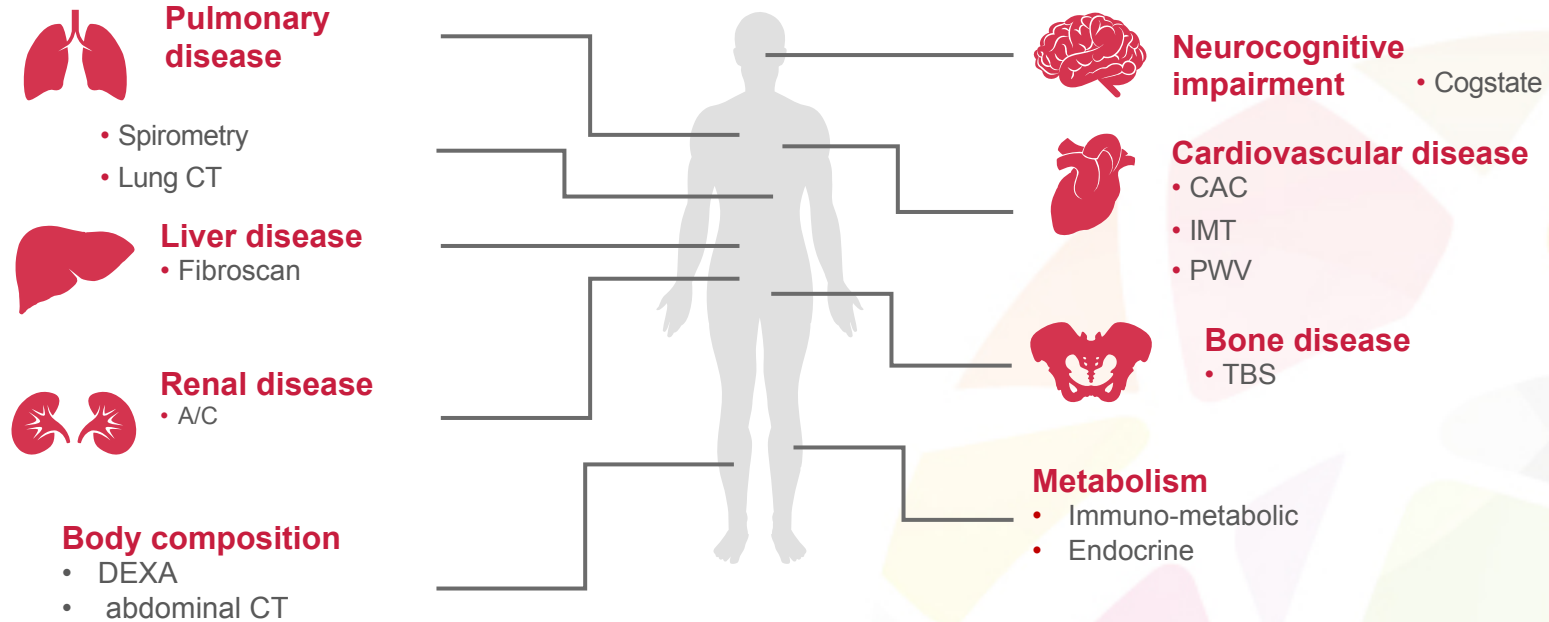


Before and beyond HIV undetectability

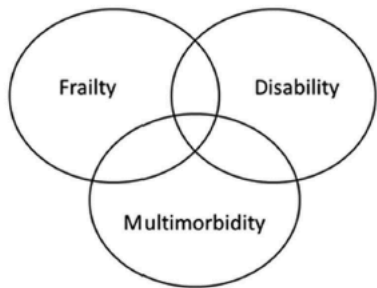
How to treat comorbidities:

- 1** Get HIV un-detectability
- 2** Reactive or pre-emptive ARV switch
- 3** Treat risk factors or existing comorbidities
- 4** Empower the patients for lifestyle changes

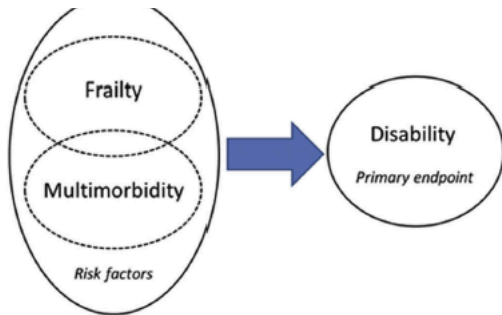
Screening and treatment of co-morbidities



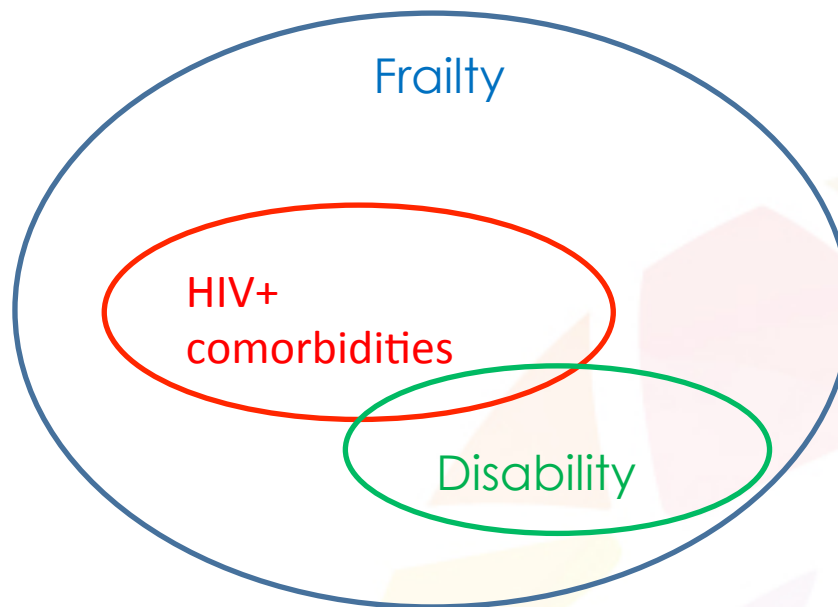
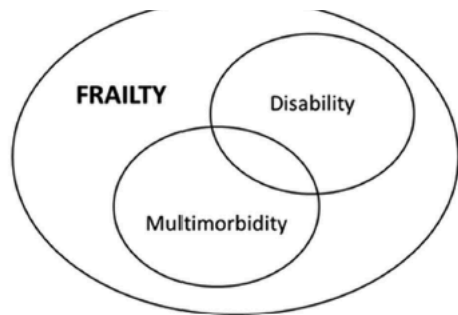
Phenotype Model



Pre-Disability Model

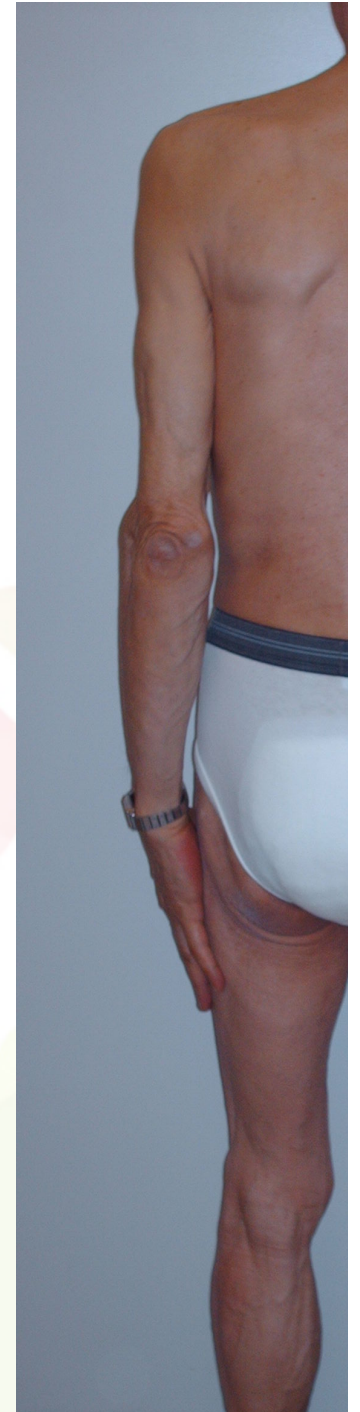


Model for adapted care



Frailty in HIV-
Frailty and HIV-

HIV in Frailty



Whom to screen for frailty

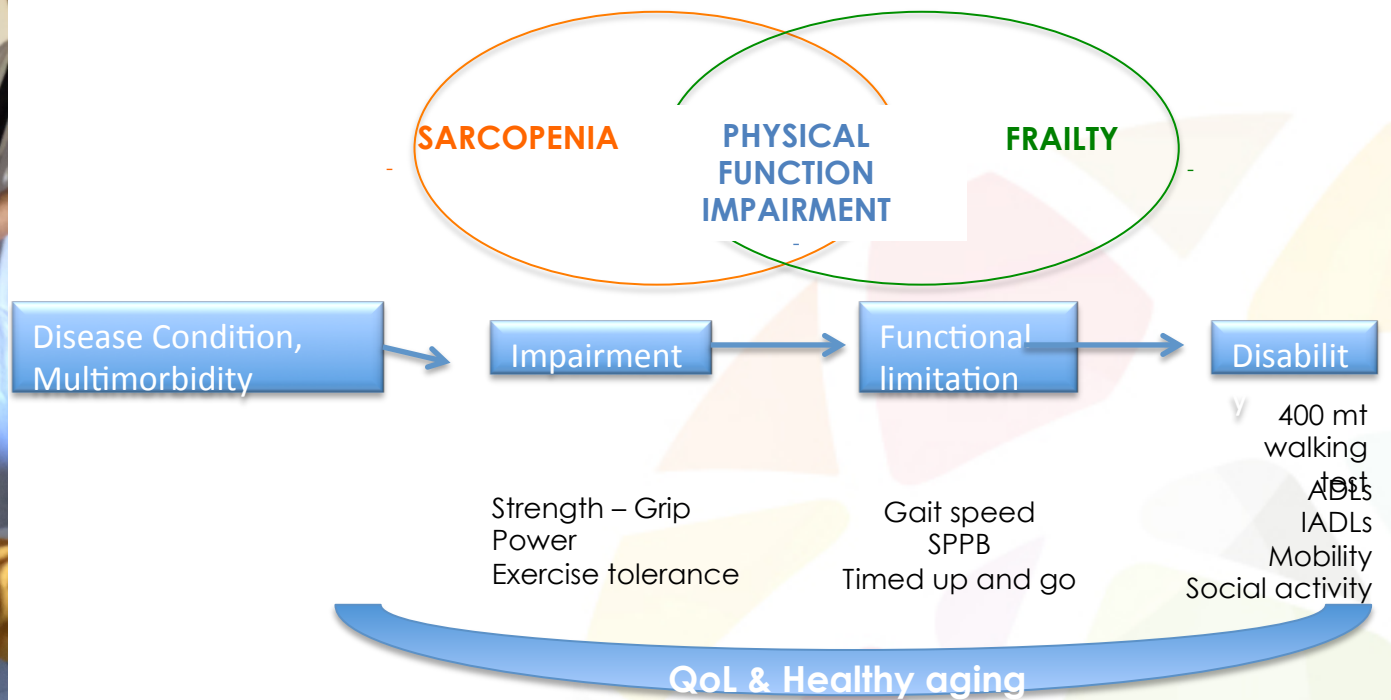
JFA THE JOURNAL OF FRAILITY & AGING

THE MANAGEMENT OF GERIATRIC AND FRAIL HIV PATIENTS. A 2017 UPDATE FROM THE ITALIAN GUIDELINES FOR THE USE OF ANTIRETROVIRAL AGENTS AND THE DIAGNOSTIC-CLINICAL MANAGEMENT OF HIV-1 INFECTED PERSONS

J Frailty Aging 2019;8(1):10-16

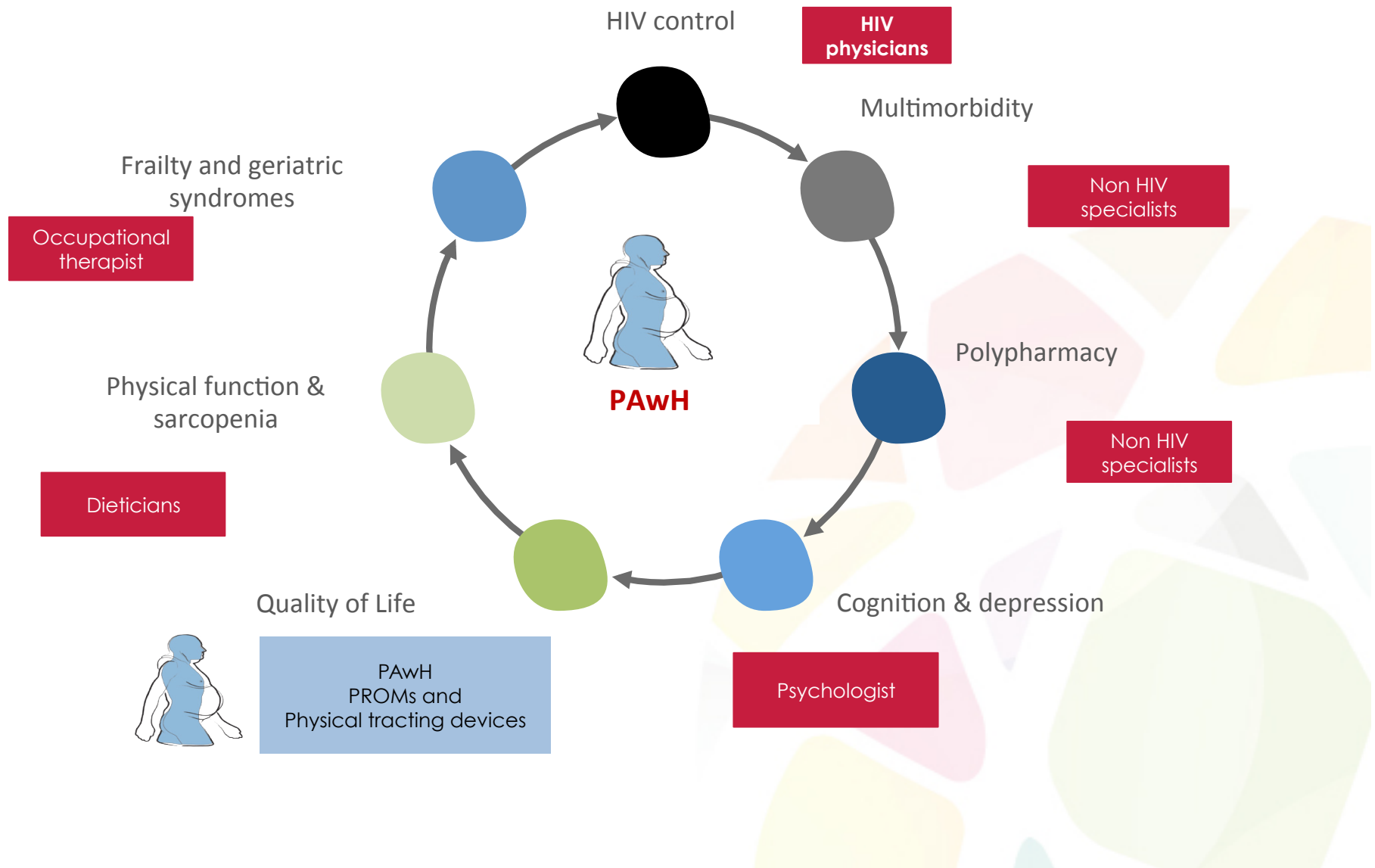
- ✓ PAwH older than 65 years
- ✓ PAwH older than 50 years with multimorbidity and/or polypharmacy
- ✓ PAwH who complain of being slowed down or are dependent on others for activities of daily living (e.g. activities such as banking, transportation, cooking, cleaning, medication management, shopping).

Geriatric outcomes and tests to depict the pathway from disease to disability



G. Guaraldi et al. (eds.), *Managing the Older Adult Patient with HIV*. Springer International Publishing Switzerland 2016

Modena HIV Metabolic Clinic (MHMC) model of care: Multidimensional patient-centred approach to PAwH

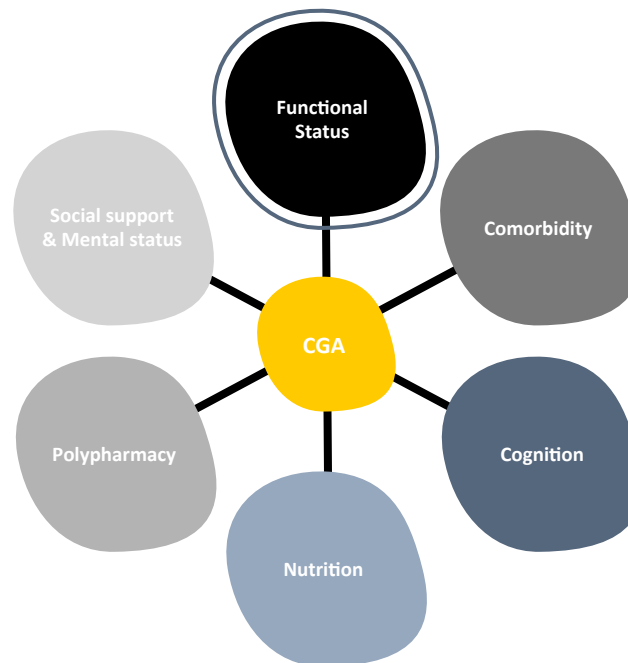
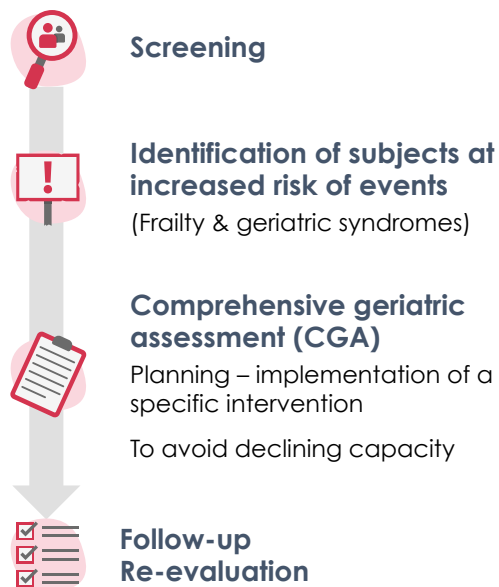




GERiatric Patients living with HIV/AIDS: a Prospective Multidimensional cOhort (GEPPO) is a prospective observational multi-centric cohort including more than 1300 HIV-positive geriatric patients (above 65 years) in care in 10 HIV Clinics in Italy. They are matched (2:1) to **HIV-negative geriatric individuals** followed at Geriatric clinics throughout Italy.

- Baseline patients characteristics are:
 - a median age of **71 years**,
 - **25% of female** patients,
 - a median duration of HIV of **17 years** (with 27% of patients infected for longer than 20 years).
 - **MM** and **PP** were present in **64%** and **37%**, respectively.

The scope of geriatric care is to preserve functional status avoiding geriatric syndromes



Geriatric syndromes:

Conditions which don't fit into discrete disease categories, have multifactorial etiologies, & involve multiple organ systems:

- Polypharmacy
- Sensory impairment
- Impaired mobility and falls
- Cognitive impairment
- Urinary incontinence
- Sarcopenia
- Frailty

Take-home message

How to manage HIV beyond viral suppression?

PawH

require a multi-disciplinary management of co-morbidity and assessment of QoL

PawH require

a multidimensional assessment of physical function, cognition and geriatric syndrome assessment including frailty