

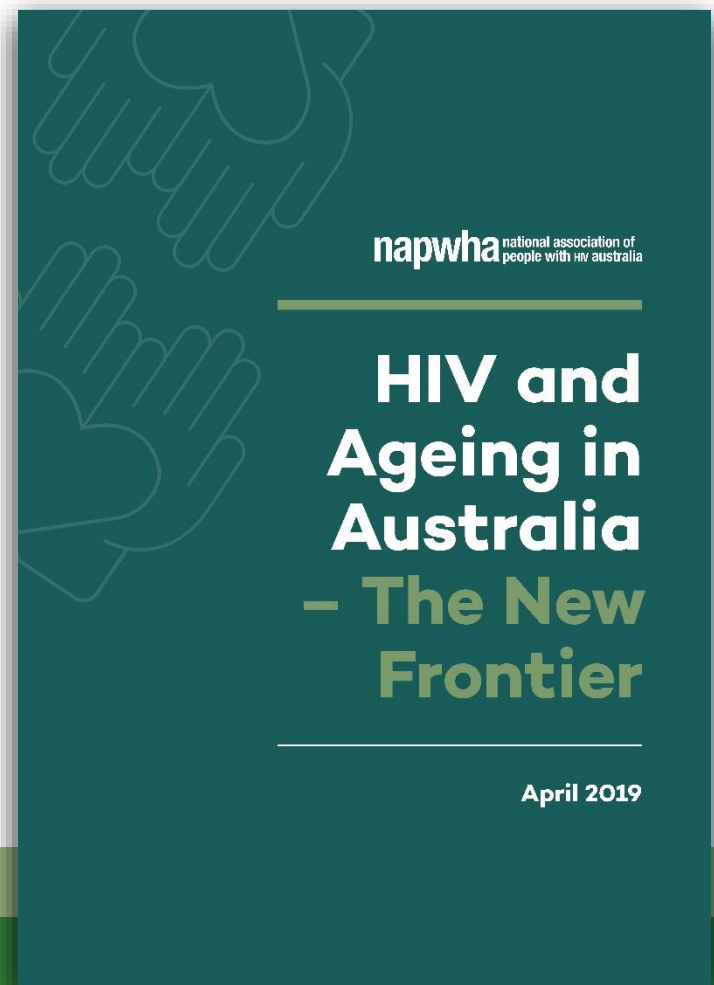


Living Longer and Ageing with HIV: The New Frontier

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Australasian HIV&AIDS
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Thanks to author, researcher Ronald Woods
(Language Discussions Living Longer & Growing Older with HIV)



Download our new
resources online

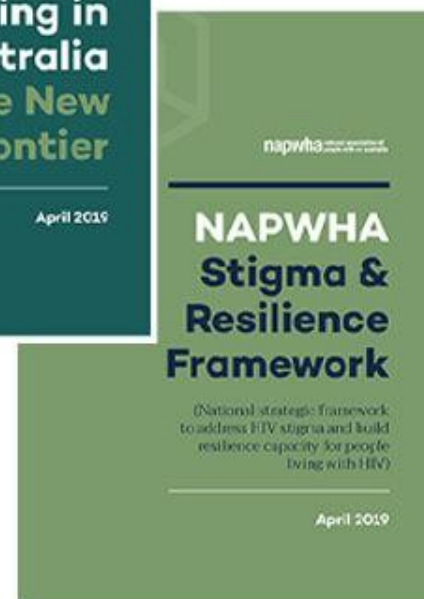


Image: NAPWHA staff and authors launch resources at Special General Meeting on 3 May 2019 (Photo by Roy Wilkins)

HIV and Ageing: Evidence

- Narrative review of literature published between 2010 and 2018
- ‘Secondary analysis’ research technique ‘formal knowledge that has been articulated, codified and stored in accessible format’ (Matheson and Lacey 2011)
- Searching for insights that contribute to policy and practice

Demographic Shifts

- In 2016 43% of PLHIV in Australia were aged over 50 (Kirby Institute 2017: 48)
- Assuming current trends in notifications, the total number of diagnosed PLHIV in Australia would increase by 38% from 24,646 in 2017 to 34,095 in 2027
- In 2027, the high proportion of PLHIV will be in the 55 – 59 age group, average age of 52 (Bretaña et al. 2018)

Comorbidities

- Growing evidence that the prevalence of comorbidities and other age-related conditions is higher amongst PLHIV than in the uninfected peers
(Negredo et al 2017; Petoumenous et al 2017: 8)
- Cardiovascular disease and stroke, chronic neurological complications, several types of cancer, osteoporosis and fracture/s, depression, diabetes mellitus, chronic renal disease, chronic obstructive pulmonary disease
(Escota et al 2018; Negredo et al 2017; Wing 2016; Althoff et al 2016)

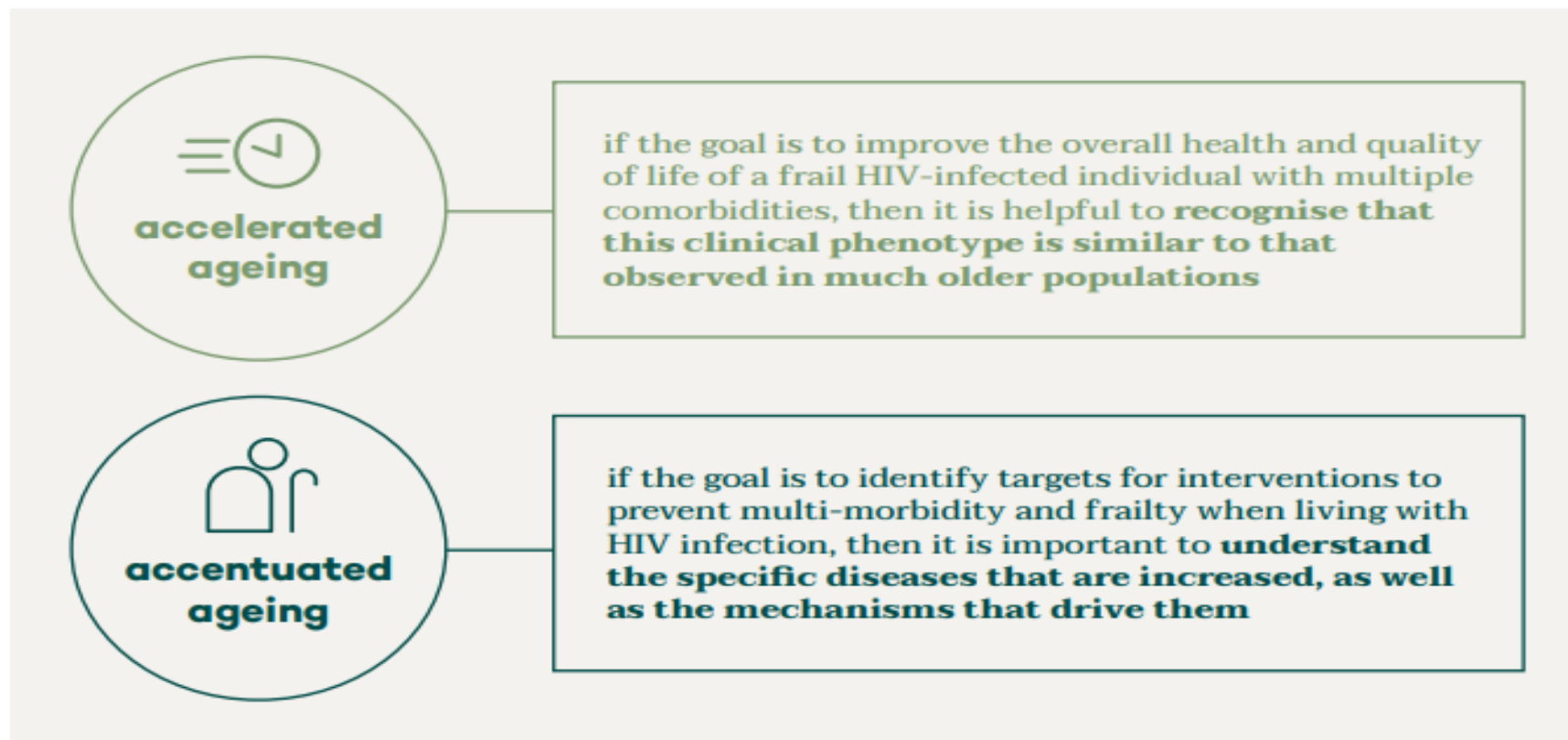
Multi-morbidities and Polypharmacy

- “...Multimorbidity leads to polypharmacy. Polypharmacy can lead to declines in neurocognitive performance, which can contribute to fall and fragility fractures causing pain, additional psychoactive medication, and increased polypharmacy.”

(Althoff et al 2016: 6)

Accelerated or accentuated?

Figure 1: Relative focus on accelerated or accentuated ageing influenced by clinical goals

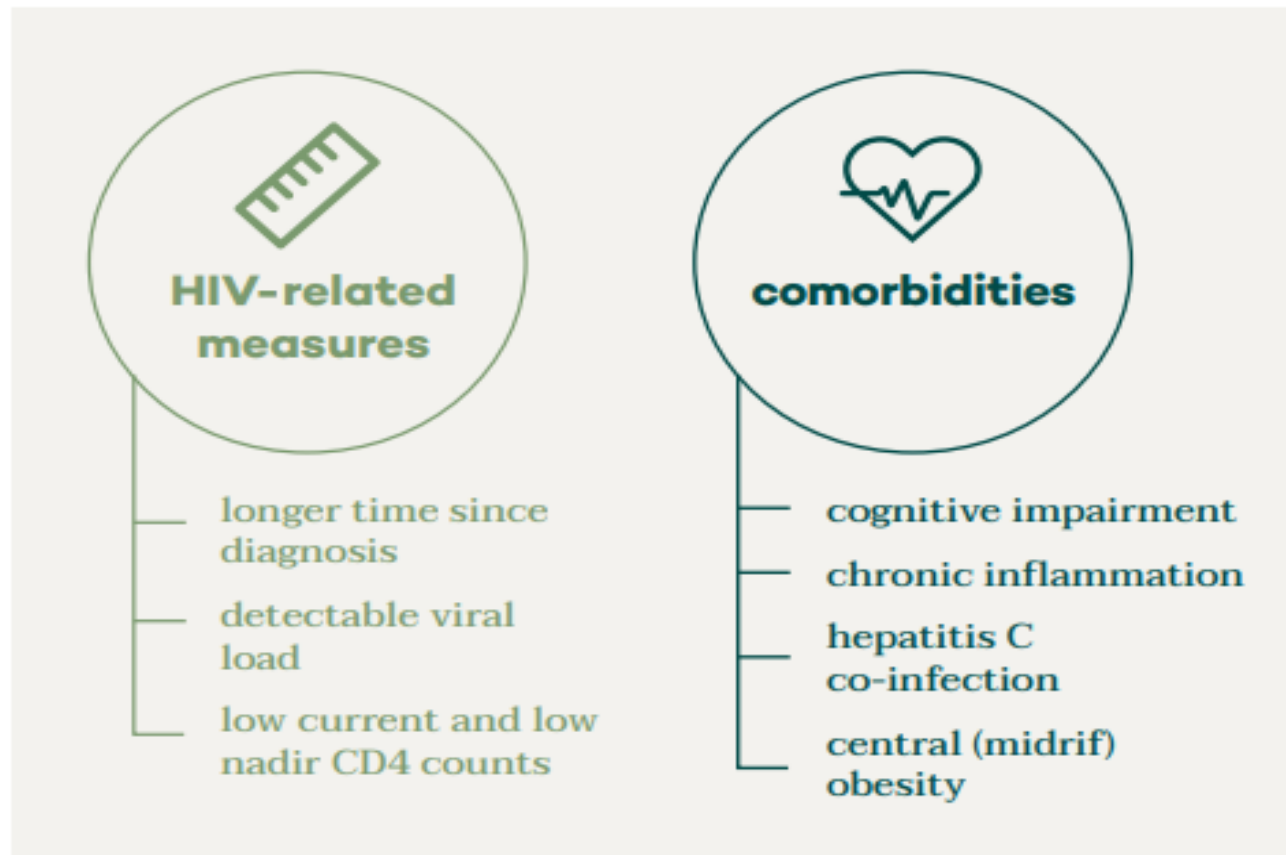


Source: based on Hunt (2014: 3)

Fragility

A state of vulnerability arising from an accumulation of non-specific but age-related health deficits – a measure we think is useful

Figure 2: Risk factors for PLHIV in developing frailty

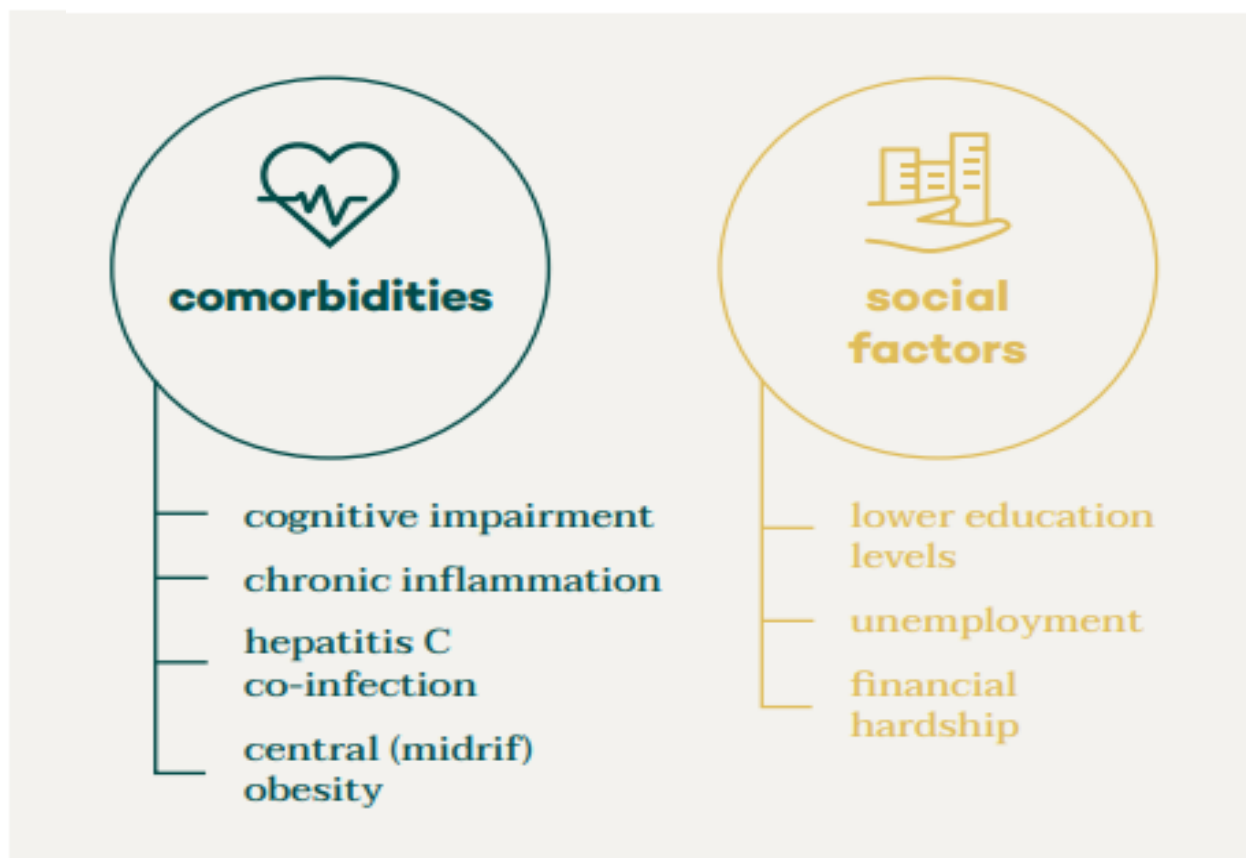


Sources: Brothers et al (2014); Wing (2016)

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Lived experience of older PLHIV

- **Australian Positive and Peers Longevity Evaluation Study**
(Petoumenos et al 2017)
- **Qualitative study in regional Queensland**
(Gardiner 2018)
- **HIV Futures 8**
(Powers et al 2016)

On the basis of the findings from HIV Futures 8, the researchers conclude, in respect of older PLHIV:

People who were older were more likely to report poorer physical health, more likely to have co-morbidities and more likely to report limitations in their capacity to undertake daily tasks due to poor health. This points to a need for the HIV sector and the mainstream health and aged care sectors to ensure appropriate services are available to PLHIV. This will require clinical and support staff to have skills in HIV management as well as an understanding of social issues related to HIV, including stigma and discrimination.

(Power et al 2016: 5)

International Research UK

HIV and Later Life (HALL) study

(Rosenfeld et al 2015)

Challenges similar to younger PLHIV

- HIV-related stigma
- Difficulties of disclosure
- Uncertainties of living with a chronic condition
- The impact of HIV on work, social relations, sexual and romantic relationships, and financial security

Unique experiences and concerns of the later years

- Ageism intersecting with HIV stigma, and its potential impacts on the quality of long-term care
- Fear or difficulty in disclosing HIV status to their children and grandchildren
- Uncertainties over how HIV, HIV medications, and 'normal ageing' intersect to influence physical and mental health
- Dealing with the consequences of career interruptions and the need to reformulate plans for retirement

National Study of Ageing and HIV (50 Plus)

Terrence Higgins Trust – 2010 and 2016, n = 246 (22% women)

- ‘unchartered territory’
- Housing a key problem
- Declining welfare & social systems for all
- Need for someone to take on a coordination clinical support role
- Social isolation, loneliness, and poverty

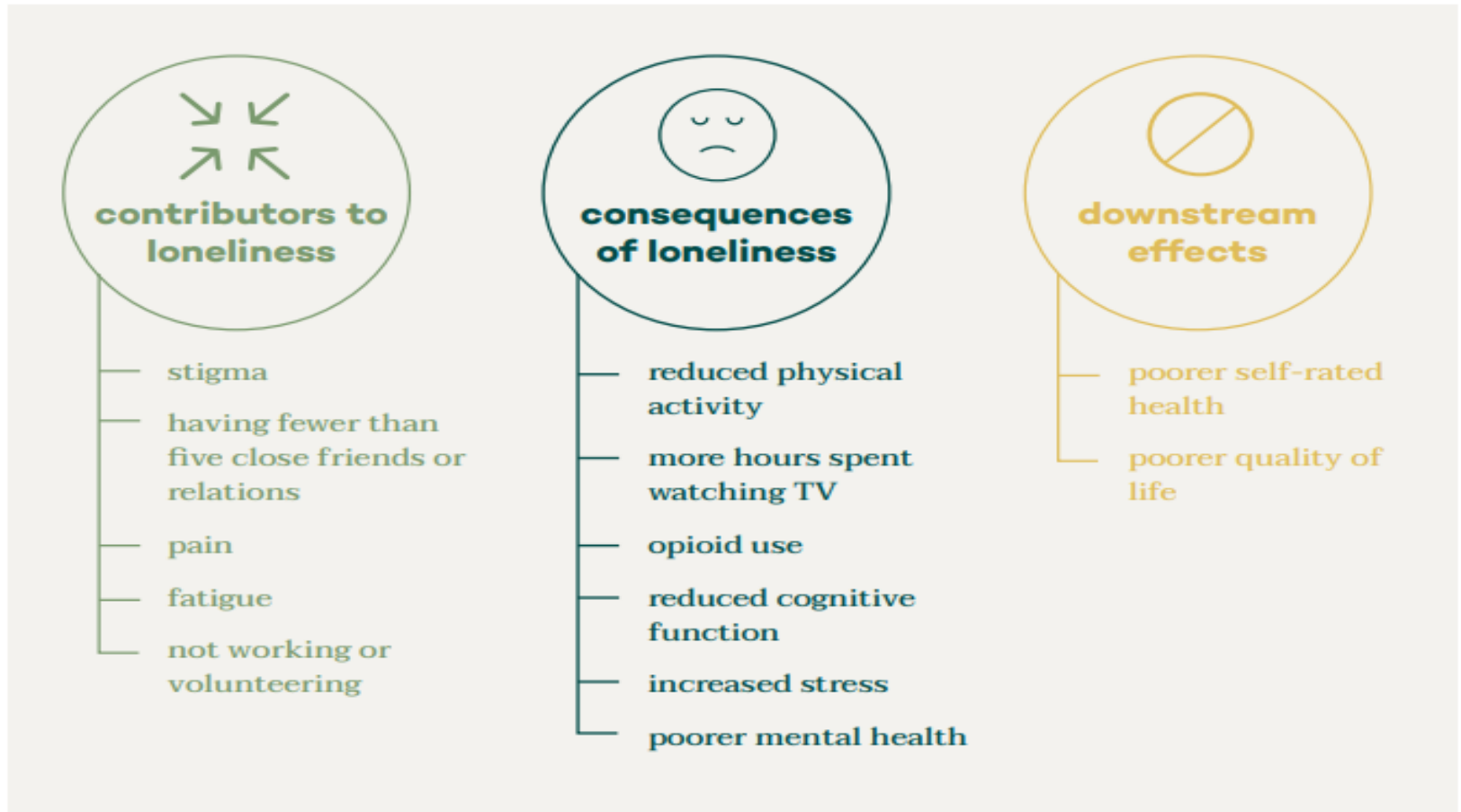
Canada

- **Maintaining a sense of control** – self-management focusing on the basics such as nutrition and getting enough sleep, and maintaining focus or establishing purpose
- **Adopting positive attitudes and beliefs** – for example, 60% agreed with the statements 'I consider myself healthy living with HIV'; and 'I accept and value who I am, good and bad'; slightly more (61%) acknowledged that health fluctuates, with 'good' and 'bad' days

- O'Brien et al (2018)
n = 935
- Exploring living strategies

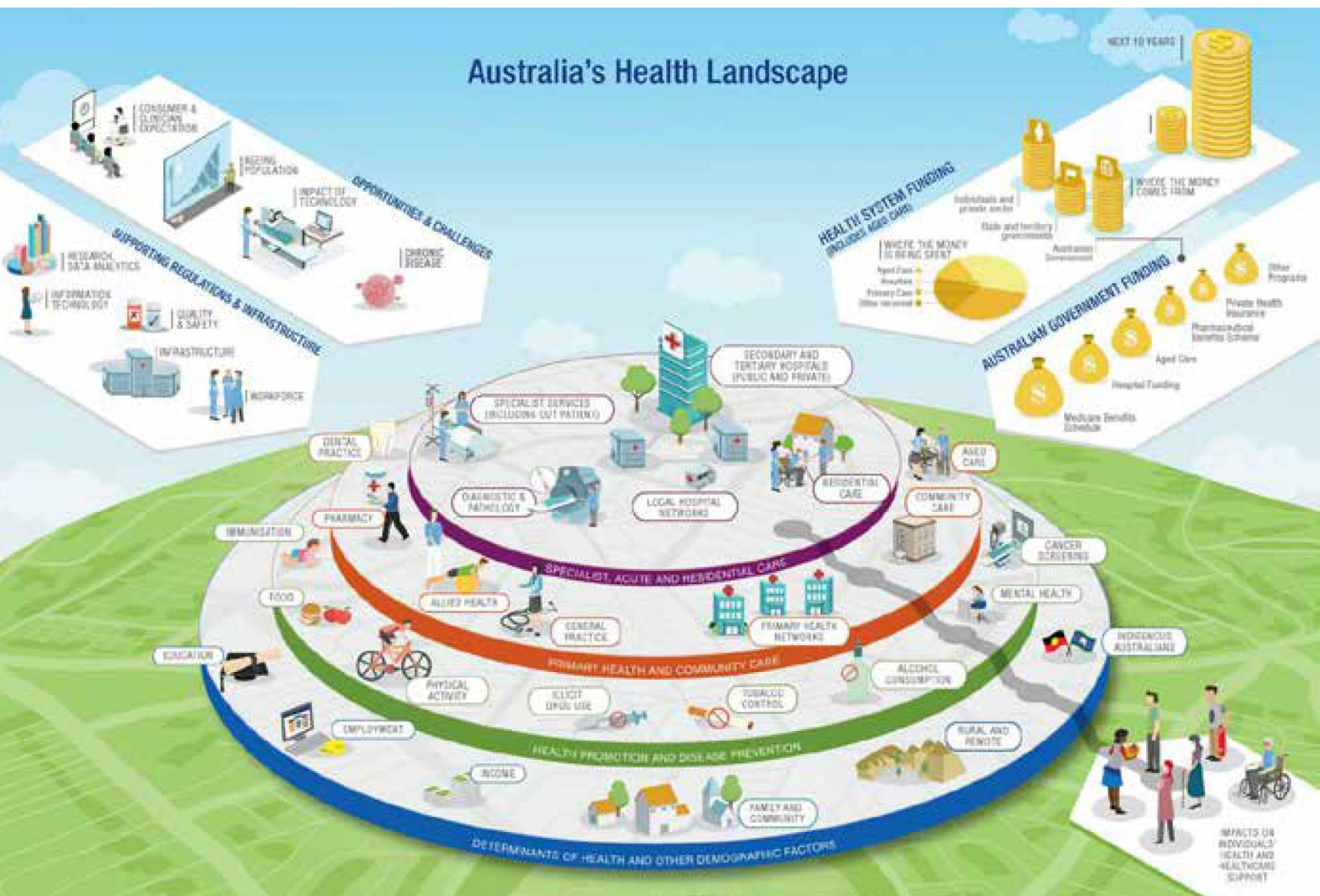
Loneliness

Carter (2018) – n = 836



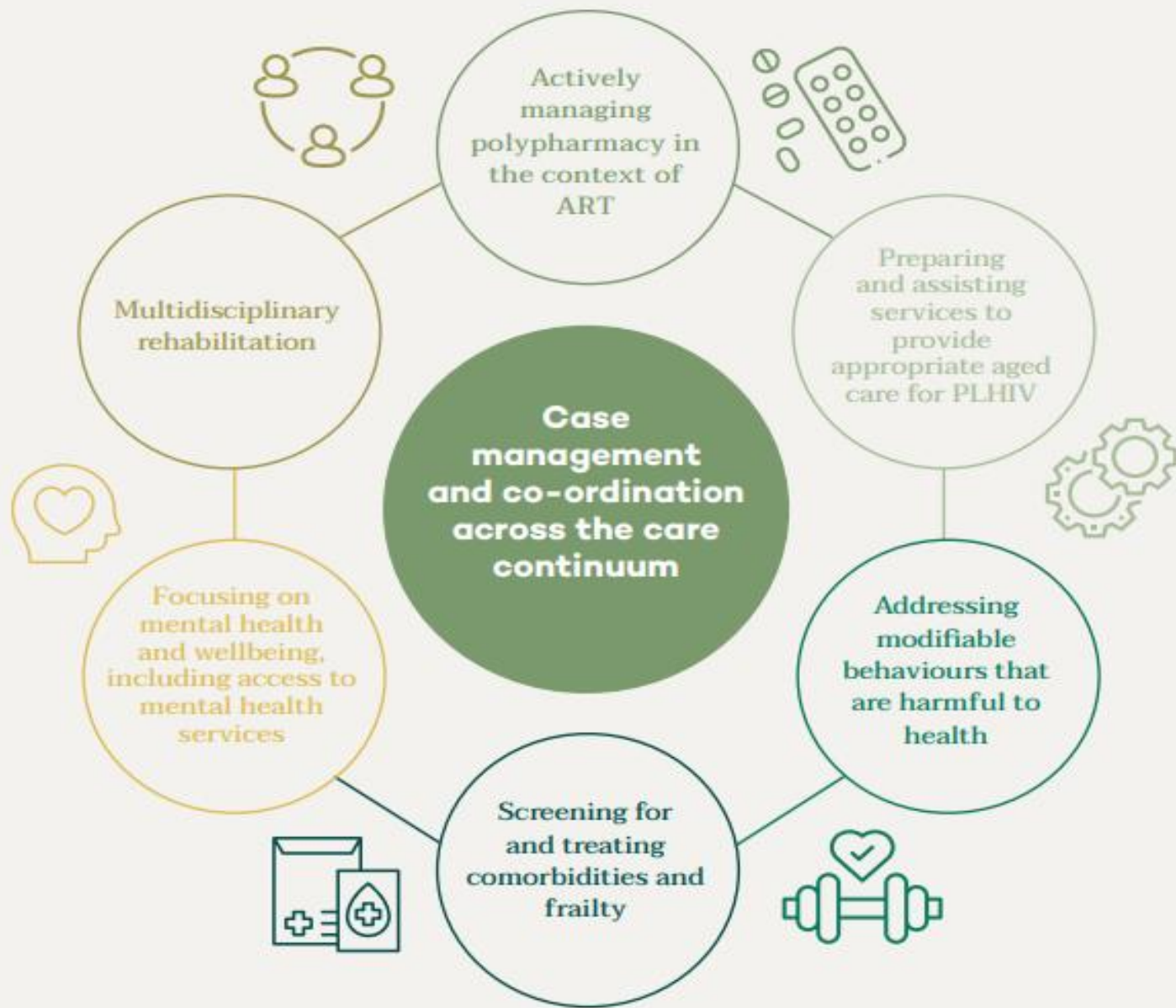
Australia's 'Health Landscape'

Australia's Health Landscape



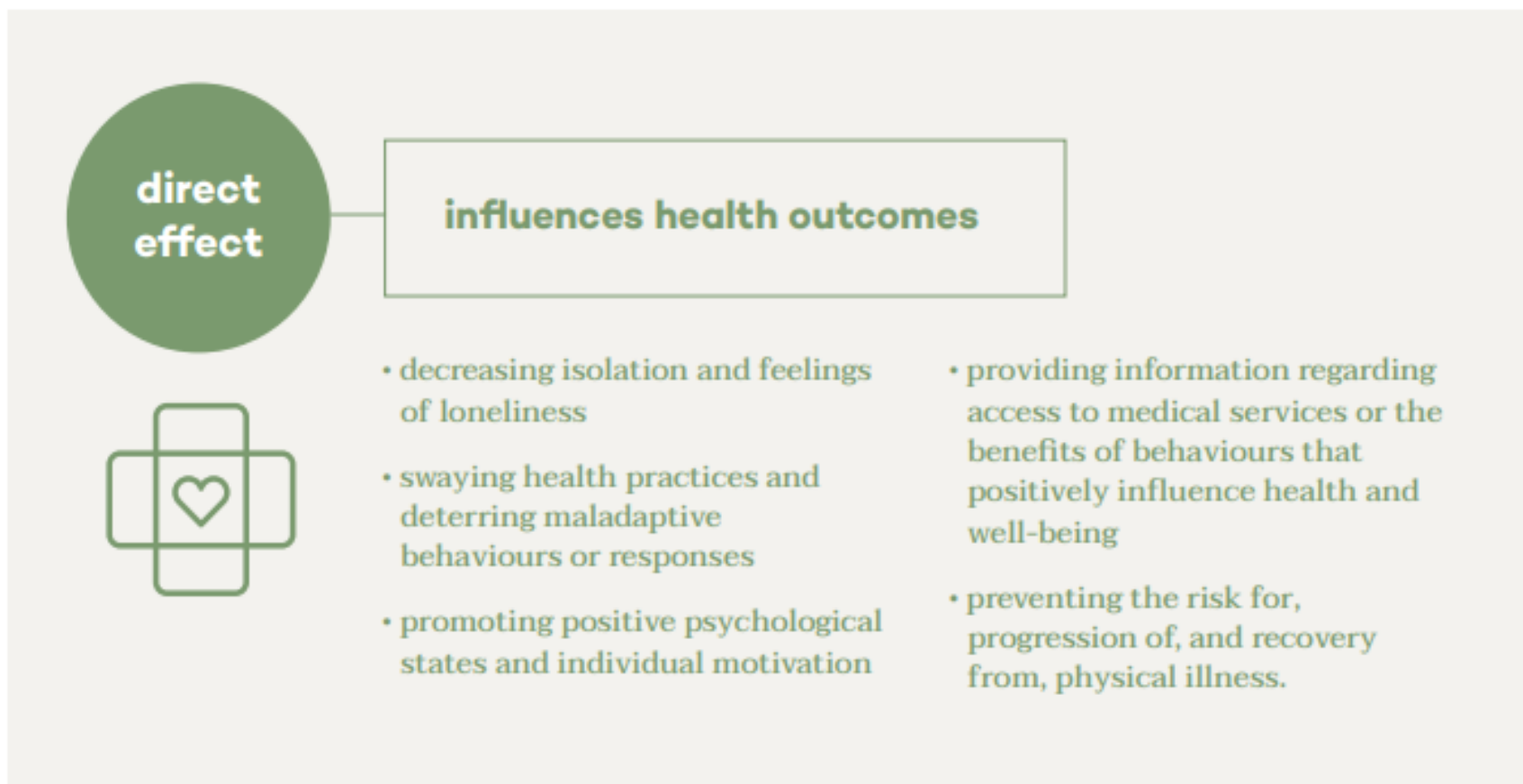
Pathways to improvement

- Promoting successful ageing
- Towards integrated HIV and geriatric care
- Focusing on wellbeing and quality of life
- Rehabilitation
- Multidisciplinary and integrated care
- Peer supports, especially peer navigation



What peer supports might offer

Figure 7: Benefits of peer support in contributing to positive health and wellbeing outcomes



buffering effect



protects against the influence of stress on health

- redefining and reducing the potential for harm posed by the stressor
- broadening the number of coping resources
- discussing coping strategies, problem-solving techniques, and counter-responses thereby moderating the initial appraisals of the stressor
- highlighting norms through social comparison which prescribe adaptive behaviour
- inhibiting maladaptive responses, and counteracting the propensity to blame oneself for causing the stressor or adversity

mediating effect

peer relationships can indirectly influence health by



- assisting in the interpretation and positive reinforcement of performance accomplishments
- providing vicarious experience and observational learning through role modelling
- offering opportunities for social comparisons to promote self-evaluations and motivation
- teaching coping strategies and conveying information about ability
- positively interpreting emotional arousal
- encouraging cognitive restructuring through anticipatory guidance

NAPWHA Initiatives

Our aim: March 2020 to December 2020

Funders and partners needed!

1. Growing older with HIV

Nationwide Outreach and Health Promotion Campaign

2. Healthy ageing peer support

Development of training materials

3. Collaboration on promoting models of HIV geriatric care

4. Reaching out to long-term survivors