LUNCH PANEL: LONG-TERM LIVING WITH HIV-SHIFTING HIV NURSING PRACTICE TO MEET THE NEEDS OF « OLDER » PLWHIV

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Projected age distribution of HIV-positive individuals in the Netherlands

Red box shows the age distribution of individuals on ART in clinical care in the Netherlands in 2010; blue box shows model output from 2011 to 2030 ART, antiretroviral therapy

Mortality due to non-AIDS and CVD events in ART era

**Non-AIDS Causes of Death 2005-2015**
Meta-analysis of 19 studies reporting deaths in cohorts on ART
53% high income settings, 34% developing country settings, 18% Sub Saharan African setting
Among non-AIDS deaths, CVD, cancer, liver disease were most common

Adapted from Farahani, M et. al. Int J STD AIDS OnlineFirst, published on February 10, 2016
Predicted burden of comorbidities in HIV-positive individuals

Mathematical model to forecast the future clinical burden of ageing for HIV-positive population to Italy between 2015 and 2035 (based on ICONA cohort data)

- Patients on ART with ≥ 3 NCDs will increase from 10% on 2015 to 46% in 2035

Projected burden of non-communicable diseases in HIV+ patients on ART between 2015 and 2035

Changes in relative numbers of patients with specific NCDs over time

A. 2015

B. 2025

C. 2035

Smit et al, HIV Drug Therapy 2016
Glasgow 2016, UK. P156
Future challenges for clinical care of an ageing population infected with HIV: a modelling study

Mikaela Smit, Kees Brinkman, Suzanne Geerlings, Colette Smit, Kalyani Thyagarajan, Ard van Sighem, Frank de Wolf, Timothy B Hallett, on behalf of the ATHENA observational cohort

Predicted burden of co-medications in HIV-infected patients between 2010 and 2030

In the ATHENA cohort (Netherlands), proportion of patients on ART aged ≥50 years old will increase from 28% to 73% between 2010 and 2030

Polypharmacy (PP) in the HIV infected older adult population

DEFINITION

• The use of 6 or more medications
• Or the use of a potentially inappropriate drug for which the medication does not match the diagnosis


NEGATIVE CONSEQUENCES OF PP

• Increased risk of falls
• Adverse drug events (ADE)
• Drug–drug interactions (DDIs)
• Increased costs
• “Pill burden,” which can potentially affect compliance because patients simply get tired of taking their medications and miss doses as a result
• Mortality
