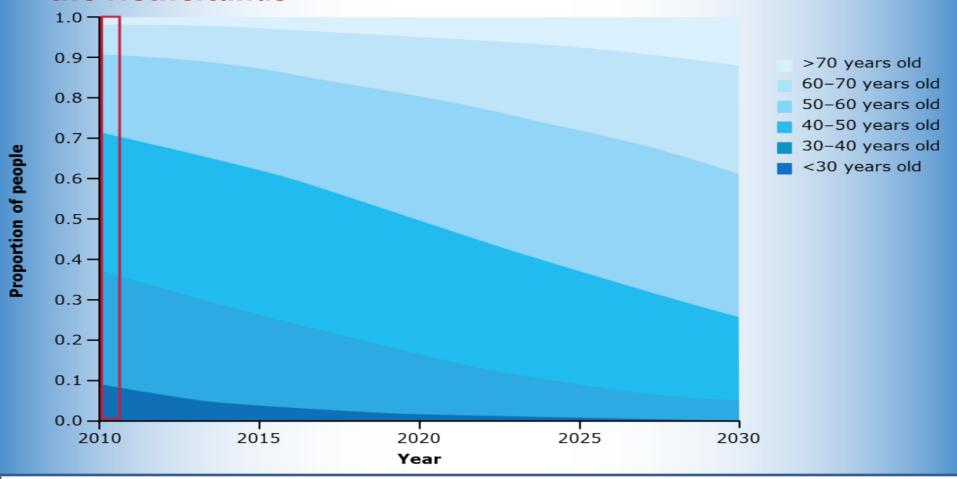


# LUNCH PANEL: LONG-TERM LIVING WITH HIV-SHIFTING HIV NURSING PRACTICE TO MEET THE NEEDS OF « OLDER » PLWHIV

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#### **Projected age distribution of HIV-positive individuals in the Netherlands**



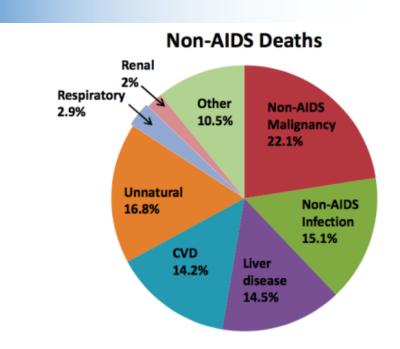
Red box shows the age distribution of individuals on ART in clinical care in the Netherlands in 2010; blue box shows model output from 2011 to 2030 ART, antiretroviral therapy

Adapted from: Smit M et al. Lancet Infect Dis 2015;15:810-818



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



Antiretroviral Therapy Cohort Collaboration (ART-CC). CID 2014:59282-97

#### 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

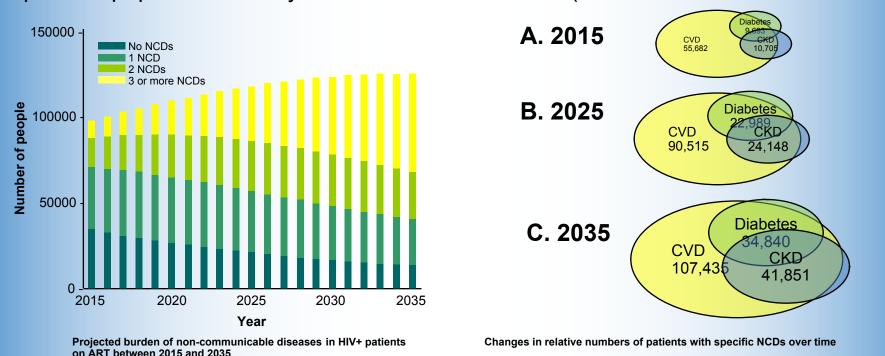
Among non-AIDS deaths, CVD, cancer, liver disease were most common

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



## Future challenges for clinical care of an ageing population infected with HIV: a modelling study

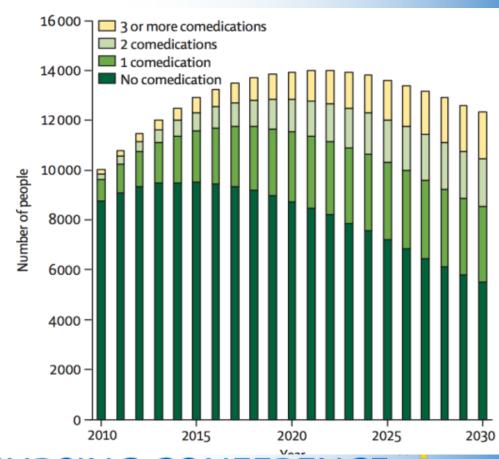


Mikaela Smit, Kees Brinkman, Suzanne Geerlings, Colette Smit, Kalyani Thyagarajan, Ard van Sighem, Frank de Wolf, Timothy B Hallett, on behalf of the ATHENA observational cohort

Predicted burden of comedications in HIVinfected 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

Smit M, Lancet Infect Dis. 2015 Jul;15(7):810-8





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## 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

Bushardt RL, Massey EB, Simpson TW, Ariail JC, Simpson KN. Polypharmacy: misleading, but manageable. Clin Interv Aging. 2008;3(2):383–389

#### **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

Gleason LG, Clin Interv Aging. Dove Press; 2013;8:749-63









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