



EUROPEAN 

HIV

NURSING

CONFERENCE 



18-19 November 2016 • Barcelona, Spain

PLHIV Perspectives on HIV Comorbidities – Exploring Health and Quality of Life Concerns

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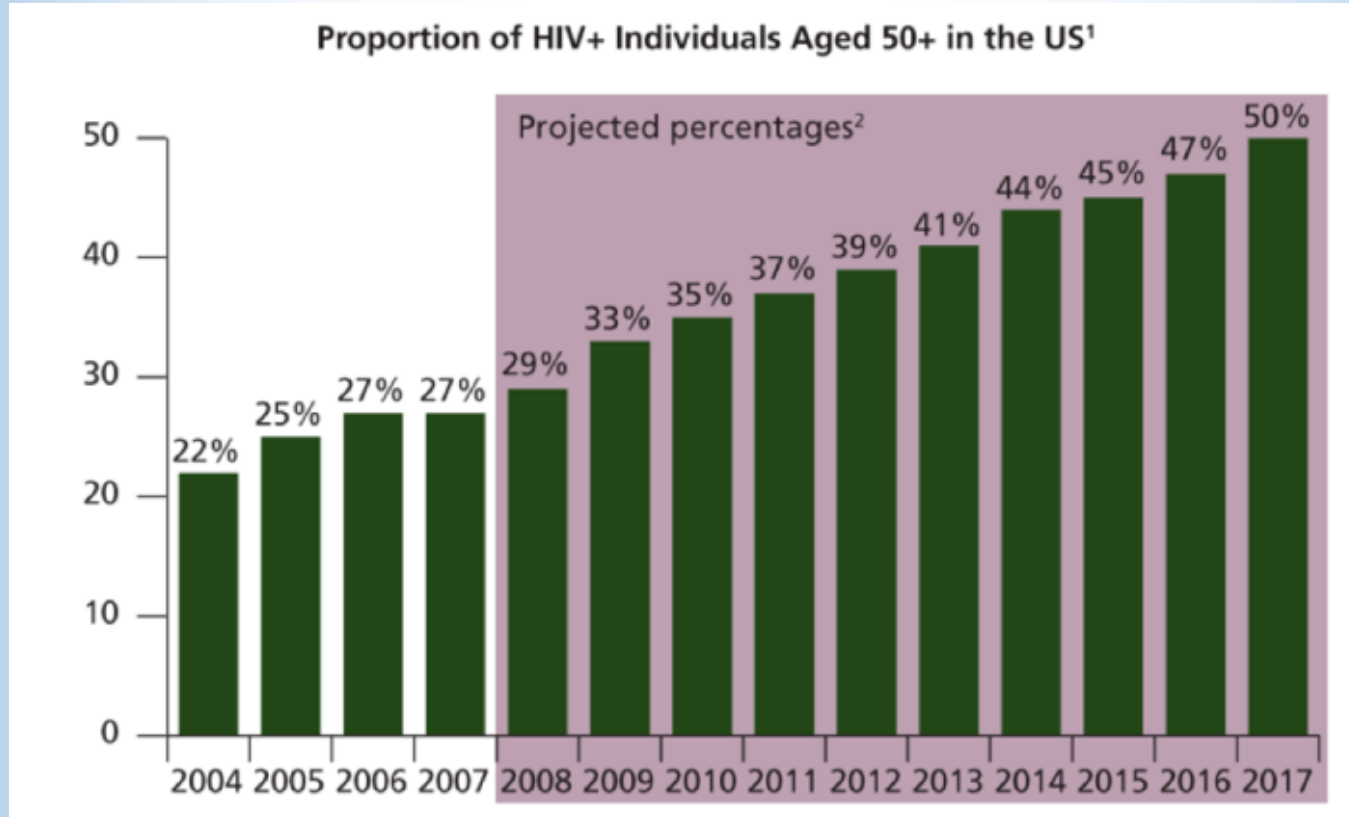


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Aging with HIV



Reference(s): 1. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2007. <http://www.cdc.gov/hiv/surveillance/resources/reports/2007report/table9.htm>. Accessed April 10, 2012. 2. Justice AC. HIV and Aging: Time for a New Paradigm. <http://www.veomed.com/va042160162011#>. Accessed April 10, 2012.



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**WHEN
IT COMES
TO SEX...**

AGE IS NOT A CONDOM

Talk to your doctor about your sex life.
Learn more. Be safe. Get tested.

NYS 800-541-AIDS NYC 800-TALK-HIV
800-541-2437 800-825-5448

ageisnotacondom.org



ACRIA

**CUANDO
SE TRATA
DE SEXO...**

LA EDAD NO ES UN CONDÓN

Hable con su médico de su vida sexual.
Infórmese. Protéjase. Hágase la prueba.

NYS 800-541-AIDS NYC 800-TALK-HIV
800-541-2437 800-825-5448

Laedadnoesuncondon.org



ACRIA



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Aging with HIV – Different groups

1. Infected for HAART: aids survivors
2. Infected and detected in the nineties and started with cART, with serious adverse effects and long term problems
3. Infected and detected in current period with short time infection and treatment with better tolerance to cART
4. Not yet infected, concentrated epidemic, high risk key populations, who are detected during acute phase of infection and start cART immediately



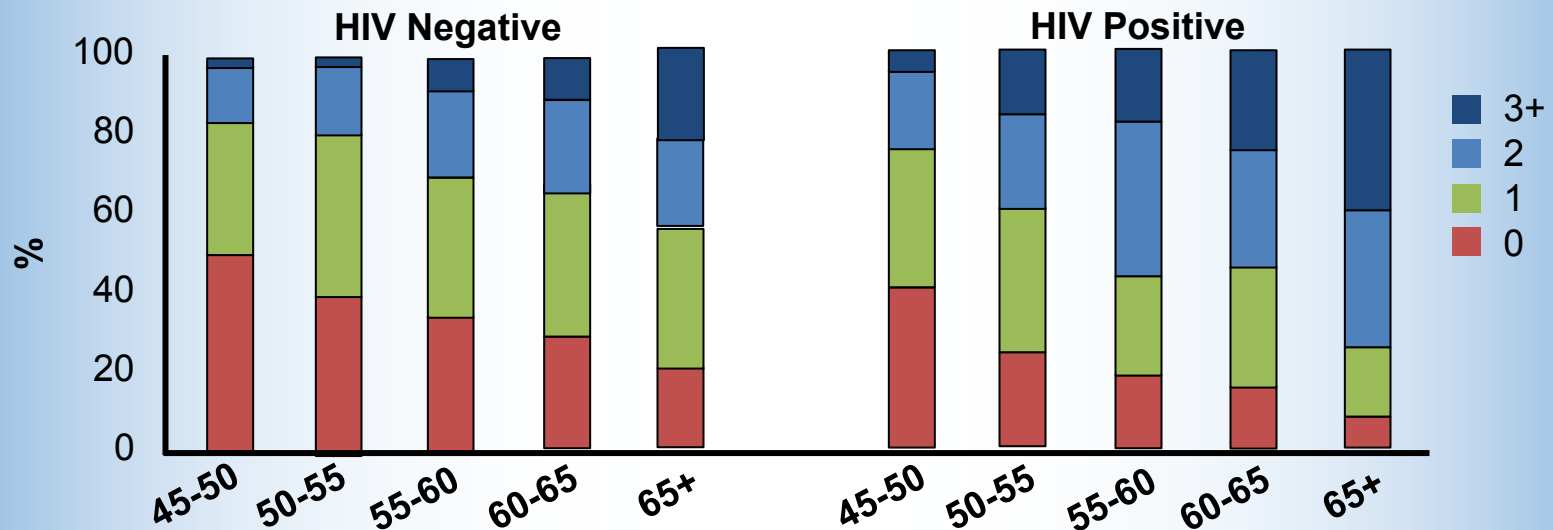
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Aging with HIV – More comorbidities

Number de Comorbidities per patient



The AGE_hIV Cohort Study of HIV and Co-morbidities in the Netherlands

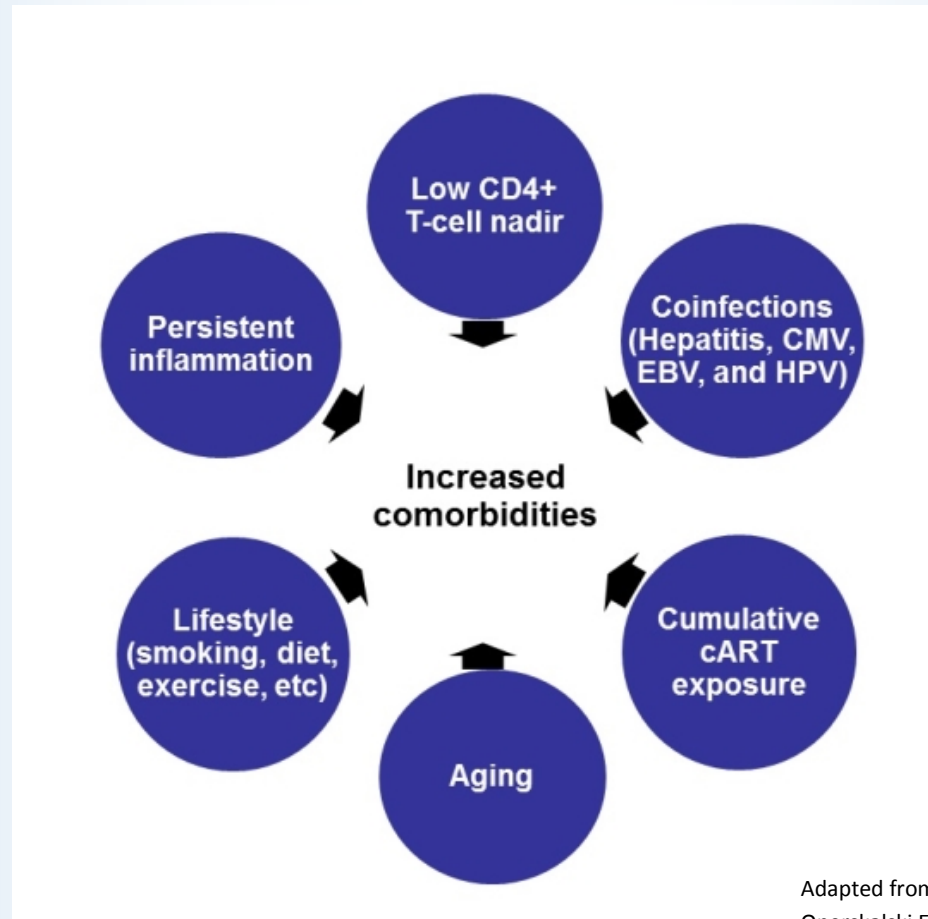
Schouten J, et al. AIDS 2012. Abstract THAB0205.



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Causes of increased comorbidities



Adapted from Deeks SG, et al. *BMJ*. 2009;338:a3172.
Operskalski EA. *Curr HIV/AIDS Rep*. 2011;8:12-22.



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Clusters in persons infected with HIV

- HIV, depression and pain
- HIV, depression and non-adherence
- HIV and hypertension
- HIV, hypertension and pain treatment
- HIV, depression, hypertension, non-adherence and mental disorders
- HIV and cardiovascular risk factors such as dyslipidemia and hypertension
- HIV and drug dependency, addiction and hepatitis

Helping the HIV Physician through the challenges of co-morbidities in decision making
E. Battegay Department of Internal Medicine, University Hospital Zurich
HIV Glasgow 2016 Oct 23-26

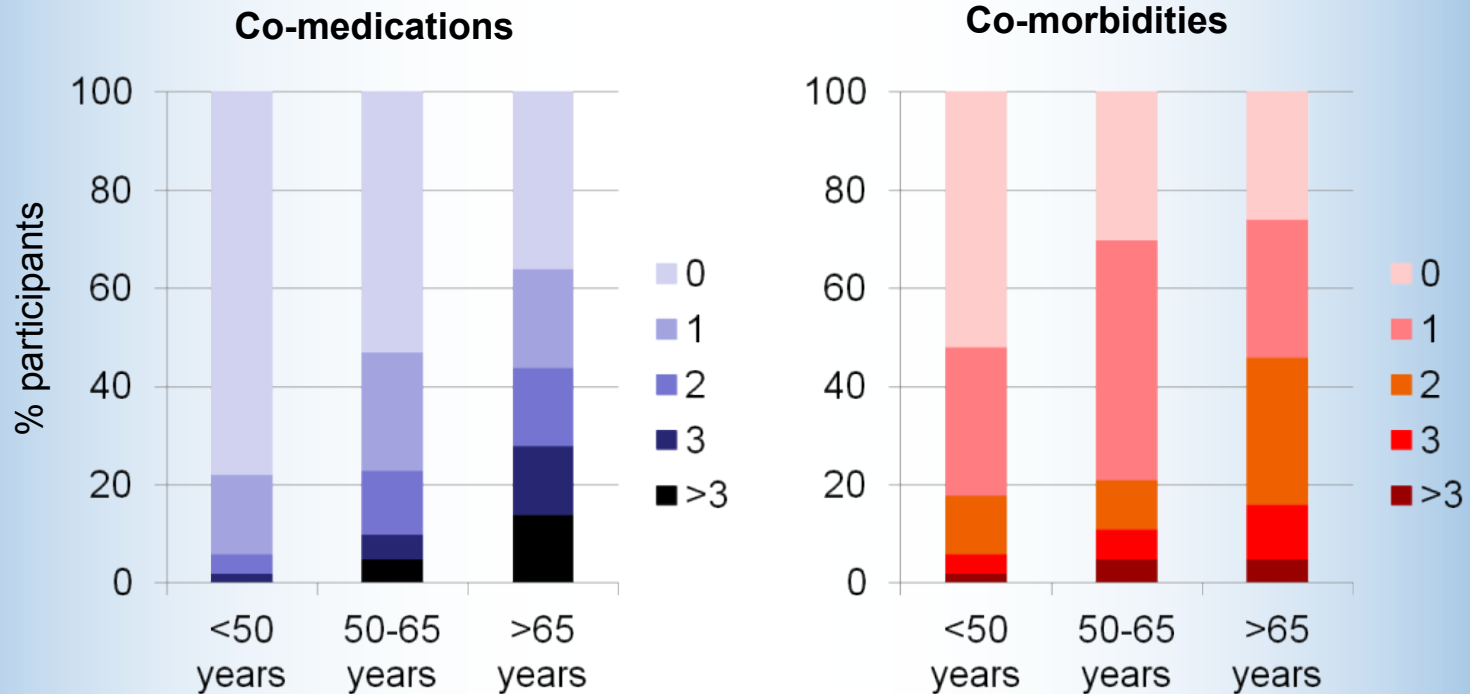


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Polypharmacy: Adherence and DDI



Hasse B et al. Clin Infect Dis 2011; 53: 1130-1139



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Polypharmacy: Adherence and DDI

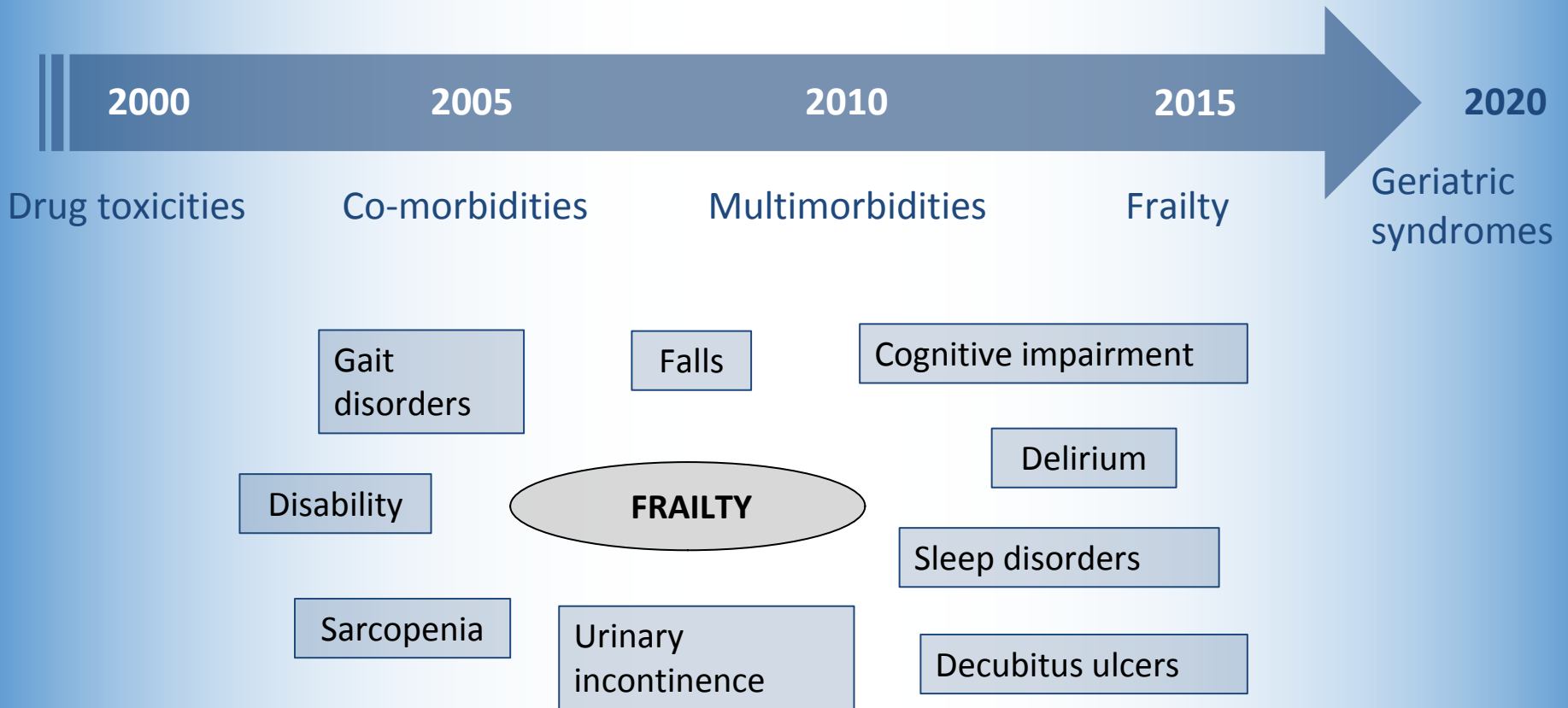
Atorvastatin 10 mg



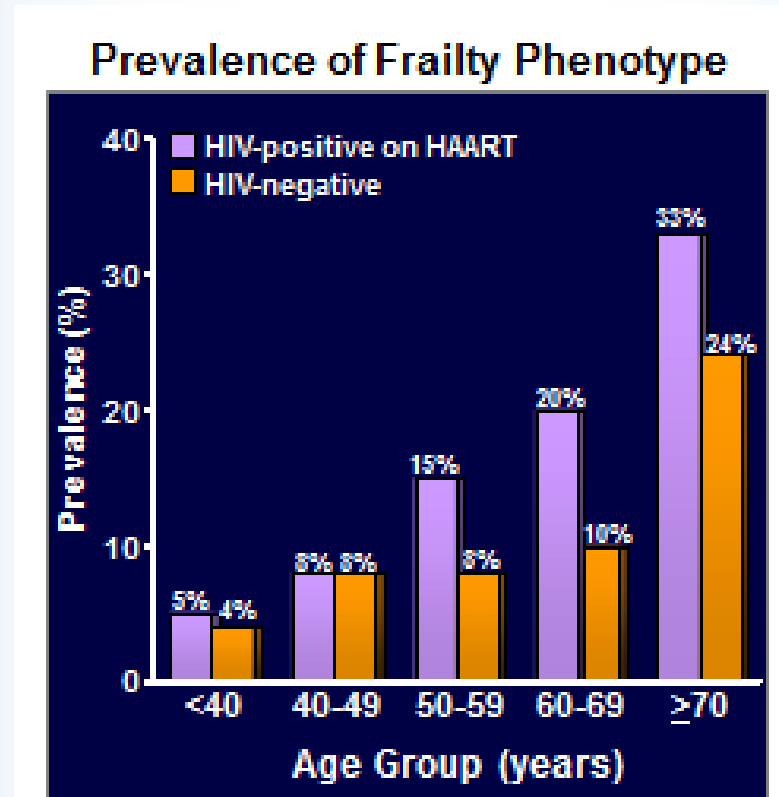
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Frailty and Geriatric Syndrome



Frailty and Geriatric Syndrome



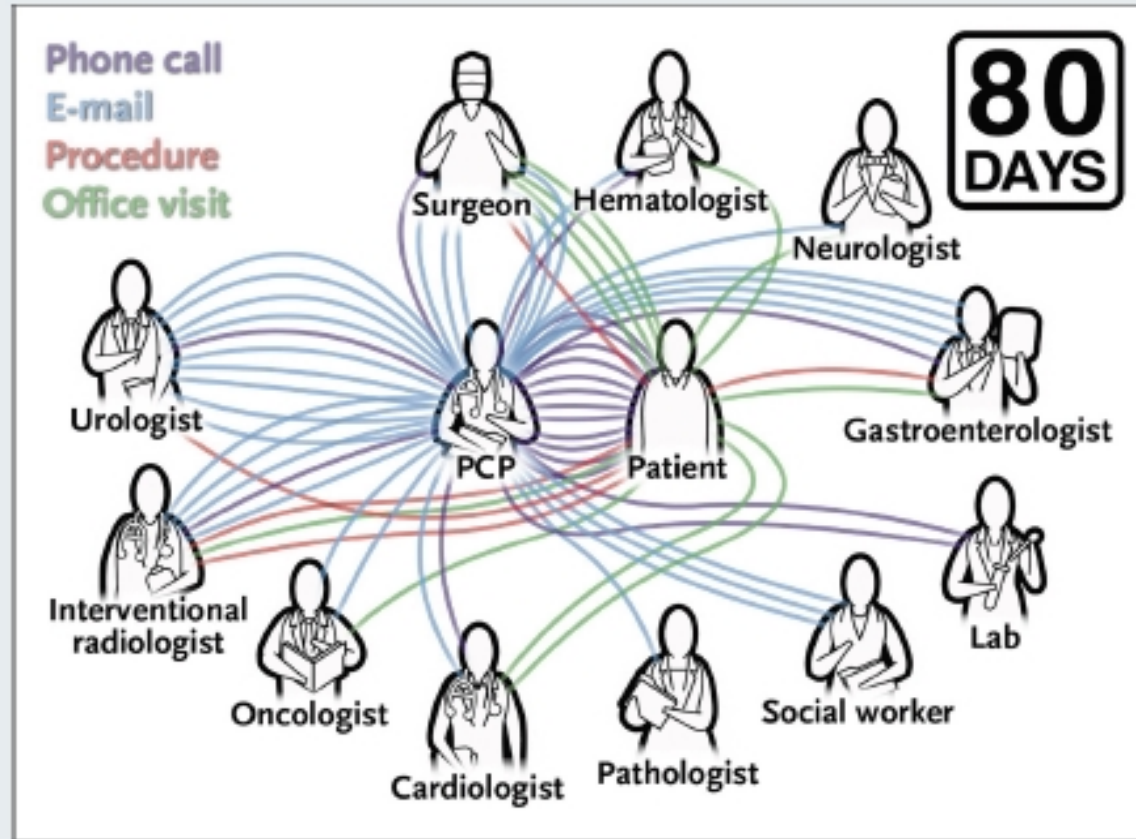
Desquilbet L, et al. 18th CROI. Boston, 2011. Abstract 794.



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Care coordination



Press N Engl J Med 2014;371:489-491



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Aging with HIV

- So many non-HIV conditions can be difficult to manage for HIV specialists (visits twice per year)
- Specialists in geriatrics and primary care often don't have much knowledge in the management of HIV
- Fragmentation of care: neurology, cardiology, urology, etc
- Difficulty coordinating care, pills, pharmacy, ...
- Difficulty dealing with loneliness, depression and suicidal ideas
- Difficulty with Stigma related to HIV (People on Treatment are NOT Infectious)
- Coordination between Health Care Team and Patient Organization



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