Challenges of living with HIV and (many) other comorbidities: What do we know and what can we do?

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“The HIV-infected client often finds himself/herself stigmatized in many ways - for having a fatal, transmittable disease; for being ‘crazy’; for being gay; for being sexual; for being a substance user; for being African-American; for being poor; for being Hispanic; for being an illegal immigrant; for being unemployed; for being homeless; or for being an ex-offender.”

(Acuff et al., 1999).
Multiple [concurrent] Challenges

- **Psychological**: History of mental illness, adjustment and management of chronic medical condition(s)
- **Developmental**: Ageing
- **Structural**: Gender (female)
- **Social**: Stigma and discrimination
- **Relational**: Changes in relationships, social support networks [disclosure]
- **Contextual**: IDU, MSM
- **Socioeconomic**: Poverty
- **Therapeutic**: Treatment adherence, polypharmacy
Psychopathological symptoms

HIV
HIV/HCV
Psychopathological symptoms: Gender differences

HIV/HCV women
HIV/HCV men
Total sample

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Quality of life

- Physical
- Psychological
- Independence
- Social relationships
- Environment
- Spirituality

HIV vs HIV/HCV

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Quality of life

![Graph showing the quality of life in physical, psychological, independence, social relationships, environment, spirituality, and overall QOL with different comorbidities.]

- No comorbidities
- Hepatitis C
- Other comorbidities
The goal of care is to help people living with HIV to **age as healthy as possible**. Integrating the disease prevention and management of this wide range of issues will be a challenge to clinicians and HIV support services. Healthcare providers caring for people living with HIV must be **knowledgeable** not only about HIV itself but also about the management of (many) other comorbidities in the context of HIV.
Keyword(s)

- Synergy
- Cumulative
- Interdisciplinary
It is important to note that not all individuals with HIV face the above-mentioned challenges, but for those who have co-occurring problems, attentive and targeted treatment is vital.
... what can we do?

- High quality care for HIV+ individuals requires **vigilance** and **recognition** - not only of the medical problems resulting from HIV infection itself, but also the **broad individual context** and **mental health needs** of patients.

- We have the **knowledge** that HIV+ individuals with co-occurring mental problems are at risk for numerous negative outcomes. As a result, the **responsibility** is also on us as health providers to take care of their health needs, both physical and mental [to promote their quality of life].

**empowerment & self-management**

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... and why quality of life is important?

The presence of HIV, alone or in combination with other medical conditions, can seriously affect the patient’s quality of life. Understanding the areas of a patient’s life that are affected by these comorbidities will enable health professionals to “make adjustments in treatment or develop new interventions that can limit the negative impact and/or enhance the positive impact of treatment”.

(Groessl et al., 2007, p. 169)
Assessment of quality of life

QUALIDADE DE VIDA
QUALIDADE DE VIDA
QUALIDADE DE VIDA

QUALITY OF LIFE
WHICH AGE OF LIFE
PROPER QUALITY

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