Quality of Life in Persons Aging with HIV: Implications for Nurses

Jeffrey Kwong, DNP, MPH, AGPCNP-BC, FAANP, FAAN
Professor, Rutgers School of Nursing
Newark, New Jersey, USA
Objectives

1. Define aspects of quality of life for persons aging with HIV.
2. Discuss barriers and facilitators to successful aging with HIV.
3. Identify ways in which nurses can impact the quality of life for persons aging with HIV.

Proportion of people living with HIV who are aged 50 years and older, by region, 2000–2020.

People with HIV 50+ years increased from 5.4 million in 2015 to 8.1 million in 2020 ~UNAIDS, 2022.
Overall and Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016

Recognizing the Needs for Older PWH

Expand capacity to provide whole-person care to older adults with HIV and long-term survivors
Quality of Life

- Retaining Dignity
- Mobility
- Autonomy
- Role/Purpose
- Relationships
- Emotional comfort
- Spirituality
- Financial Security
- Health Perception

HIV & Chronic Co-Occurring Conditions

- Heart Disease
- Kidney Disease
- Neurologic Conditions
- Liver Disease
- Pulmonary Disease
- Diabetes
Mobility and Function

• Premature Frailty
• Impaired Activities of Daily Living
• Accelerated bone demineralization
• Increased fracture risk
• Falls

Fall rate 25% higher in PWH

Frailty

• Incidence of frailty higher in PLWH compared to uninfected persons and at an earlier age.
  • Unintentional weight loss
  • Exhaustion
  • Weakness
  • Slowness
  • Low levels of activity
Frailty More Prevalent in PWH

- **Risk Factors:** HIV infection, advanced age, smoking, chronic HCV infection, depression, low BMI,† and waist-to-hip ratio in the AGEhIV Cohort (n=521) and uninfected persons (n = 513)

Frequency of Geriatric Syndromes in PWH > 50 yrs old

- Frailty
- Hearing Impairment
- Mobility
- Difficulty ≥ 1 ADL
- Incontinence
- Falls
- Visual Impairment
- Depression
- Cognitive Impairment
- Difficulty ≥ 1 IADL
- Prefrailty

Polypharmacy: Potential Impact

Non-Adherence
- >10 pills/day (OR: 1.5, 95% CI, 1.3-1.7)\(^1\)

Adverse Drug Events
- Mean # of ADE increased 10% for each additional medication (95% CI, 6-15%)\(^2\)

Geriatric Syndromes
- 5% increased risk for falls for each additional medication\(^3\)
- Higher risk of cognitive decline in persons taking 5+ medications\(^4\)

Study of PLWH (≥ 50) (n=248)
- Mean # of Meds: 14.2
- 35% ≥ 16 meds
- 63% ≥ 1 in appropriate rx

Atkinson et al. (2009); Gandhi et al. (2003); Erlanson et al. (2012); Jyrkka et al. (2011); . McNicholl. Pharmacotherapy. 2017;37:1498.

Drug-Drug Interactions

https://www.hiv-druginteractions.org/checker
Cognitive Aging with HIV

Approximately 30-50% of PWH have some form of HIV-Associated Neurocognitive Disorder (HAND).

Clinical Symptoms of Cognitive Decline

- Missed appointments/forgetting appointments
- Forgetting to take medications
- Confusion/slowing
- Self-reported cognitive complaints
- Depression/apathy
- Changes in smell/poor olfaction
- Caregiver/partner/friend concerns
- Problems with everyday functioning

Concerns/Fears about Cognitive Aging & HAND

• Loss of cognitive ability is one of the major fears of aging.

• A qualitative study informed participants of their probable HAND diagnosis (N=139) – Mixed Reactions
  • 23% had a Negative Reaction (e.g., surprise, fear)
  • 25% had an Indifferent Reaction (e.g., apathy)
  • 80% had a Positive Reaction

  • 26% → Confirmation
  • 23% → Gratitude
  • 21% → Desire to Improve (i.e., do something about it)


Depression in Older Adults

• 1-5% of community dwelling older adults with major depression.

• 13.5% in those who require home healthcare.

• 11.5% in older hospitalized patients.

Rates of Depression significantly higher in older persons living with HIV
Barriers to healthy aging

- Double invisibility
- Financial barriers
- Discrimination by care/service providers
- Social isolation
- Housing
- Historic prejudice
- Care giving
Caregiving

• 32% worried about **being lonely and growing old alone** vs 19% of non-LGBTQ+

• 30% very or extremely concerned about **not having someone to take care of them**, versus 16% of non-LGBTQ+ people.
6Ms of Geriatrics

- Mobility
- Medications
- Multi-Complexity
- Modifiable
- Matters Most
- Mind

Comprehensive Geriatric Assessment

- Assesses multiple domains
- Best done over several visits
- Use of interprofessional teams can facilitate completion
Patient Education, Screening, & Support Services

- Diet and Exercise
- Exercise and activity
- Fall Risk Assessment
- Use of walking devices
- Home safety
- ADLS/IADLS

Adherence
- Advanced Directives
- Immunizations
- Oral Health, Hearing & Vision Screening

Cognitive Prescriptions

<table>
<thead>
<tr>
<th>LIFESTYLE BEHAVIOR</th>
<th>GOALS</th>
<th>FREQ</th>
</tr>
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<tbody>
<tr>
<td>PHYSICAL ACTIVITY</td>
<td>Walk</td>
<td>30 minutes a day</td>
</tr>
<tr>
<td>MENTAL EXERCISE</td>
<td>Read a book</td>
<td>Two books a month</td>
</tr>
<tr>
<td>SLEEP HYGIENE</td>
<td>Sleep 6-7 hours/night</td>
<td>Daily</td>
</tr>
<tr>
<td>SOCIAL ACTIVITY</td>
<td>Join a friend for lunch</td>
<td>2X week</td>
</tr>
<tr>
<td>STRESS REDUCTION &amp; MINDFULNESS</td>
<td>Meditate early in the morning</td>
<td>Daily</td>
</tr>
<tr>
<td>DIET &amp; NUTRITION</td>
<td>Avoid sweets and carbs</td>
<td>Restrict during the week</td>
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Nurse-Led Care Coordination: Proven Benefits

- Improved access
- Appropriate treatment
- Reduced costs
- Improved clinical outcomes
- Improved quality of care
- Improved communication between staff
- Increased safety during transitions
- Reduced unplanned readmissions

Karam et al., (2021) Int J Integ Care

Care Coordination for PWH

- Homophobia
- Immigration
- Incarcerated
- Transphobia
- Stigma
- Substance Use
- Ageism

Trauma Informed Care
### Integrating the needs of older patients with HIV into Medical Settings

Source: [https://www.hivguidelines.org/hiv-care/aging-guidance/#tab_2](https://www.hivguidelines.org/hiv-care/aging-guidance/#tab_2)

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Assess</strong></td>
<td>Assess the clinic’s ability to meet the needs of older patients with HIV</td>
</tr>
<tr>
<td><strong>Engage</strong></td>
<td>Engage older patients with HIV in program planning</td>
</tr>
<tr>
<td><strong>Consider</strong></td>
<td>Consider options and develop protocols for identifying patients in need of aging-related care and services.</td>
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<tr>
<td><strong>Develop</strong></td>
<td>Develop an assessment strategy</td>
</tr>
<tr>
<td><strong>Develop</strong></td>
<td>Develop protocols for referral</td>
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### Take Home Points

- Providers should become familiar with the **unique aspects of aging** and HIV.
- **Modification of risk factors** may improve or reduce risk of co-morbidities.
- Take into account **physiologic and psychosocial** aspects of aging when providing care.
- Use a **holistic and comprehensive approach** for success.
Thank You

Contact Information:
Jeffrey Kwong, DNP, MPH, AGPCNP-BC, FAANP, FAAN
Email: kwongj@sn.rutgers.edu