

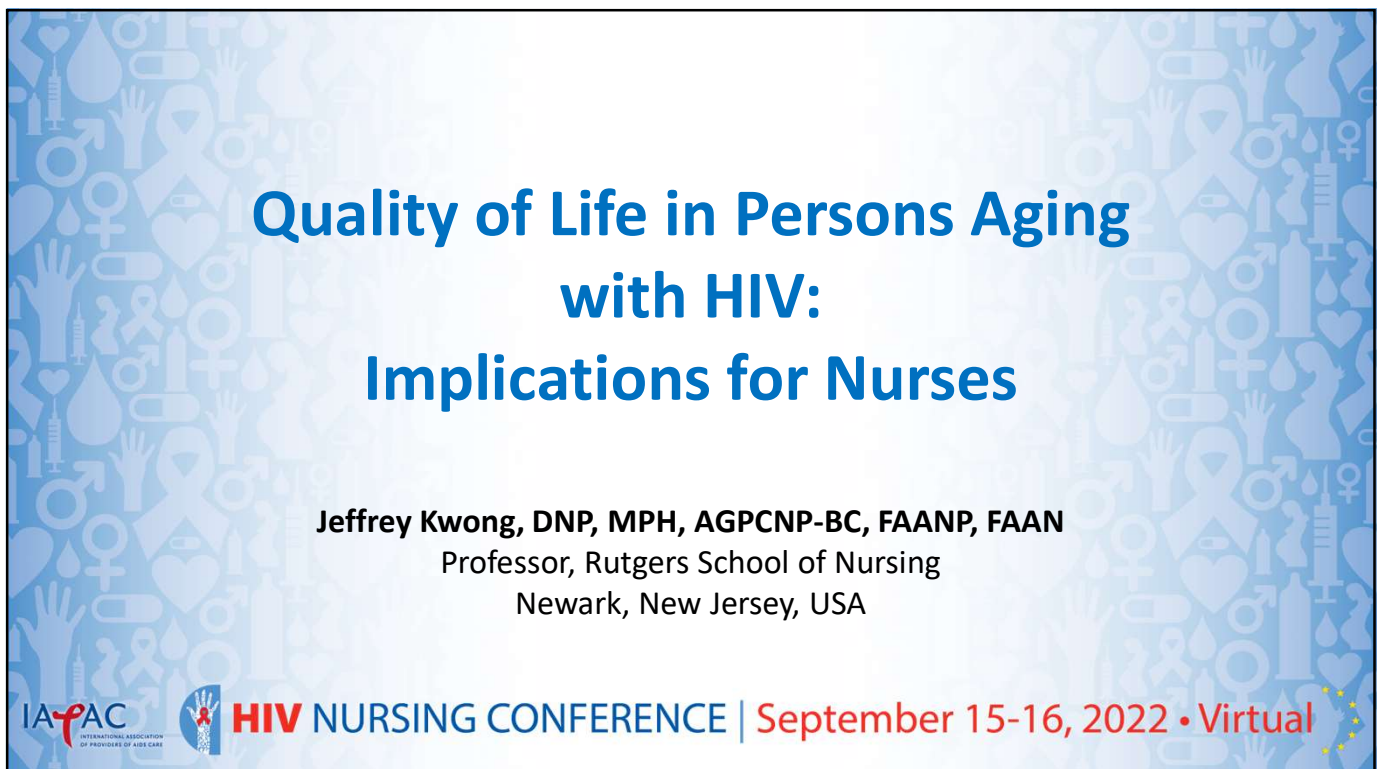


HIV NURSING 2022

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IA PAC
INTERNATIONAL ASSOCIATION
OF PROVIDERS OF AIDS CARE


September 15-16, 2022 • Virtual

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**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

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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.

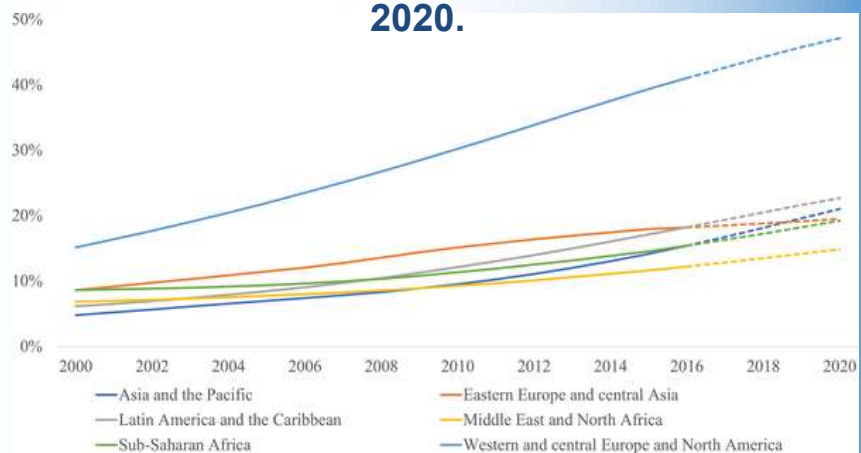


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Proportion of people living with HIV who are aged 50 years and older, by region, 2000–2020.

People with HIV 50+ years increased from 5.4 million in 2015 to 8.1 million in 2020

–UNAIDS, 2022.

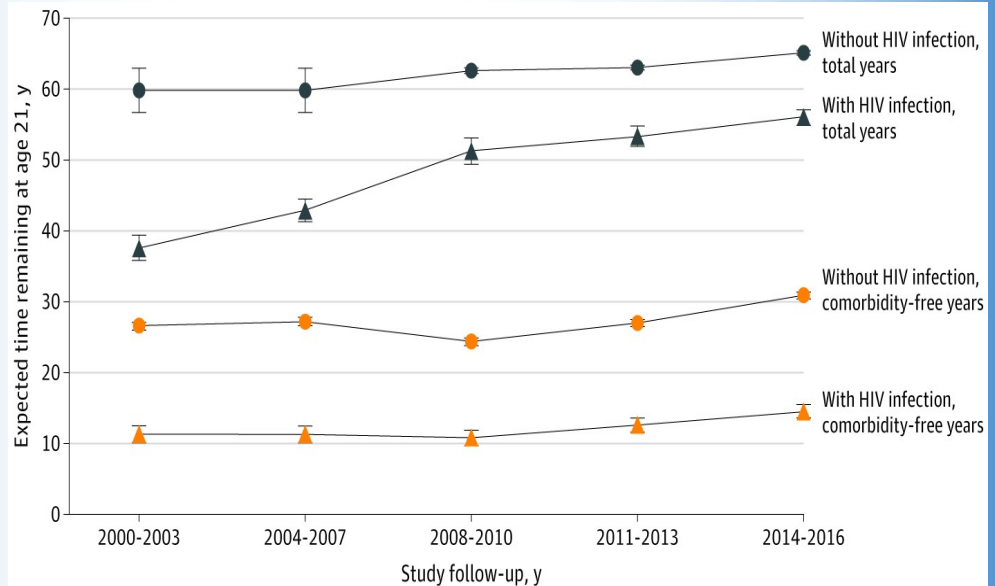


Autenrieth CS, Beck EJ, Stelzle D, Mallouris C, Mahy M, et al. (2018) PLOS ONE 13(11): e0207005.
<https://doi.org/10.1371/journal.pone.0207005>



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Overall and Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016



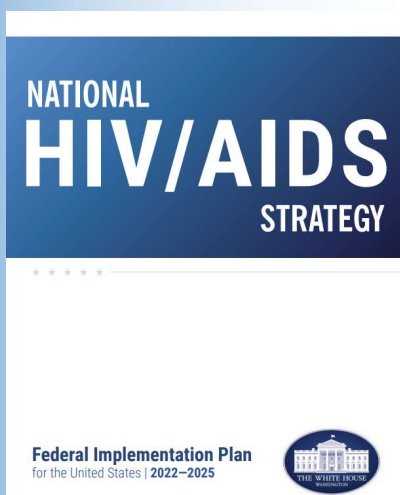
From: Comparison of Overall and Comorbidity-Free Life Expectancy Between Insured Adults With and Without HIV Infection, 2000-2016



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Recognizing the Needs for Older PWH

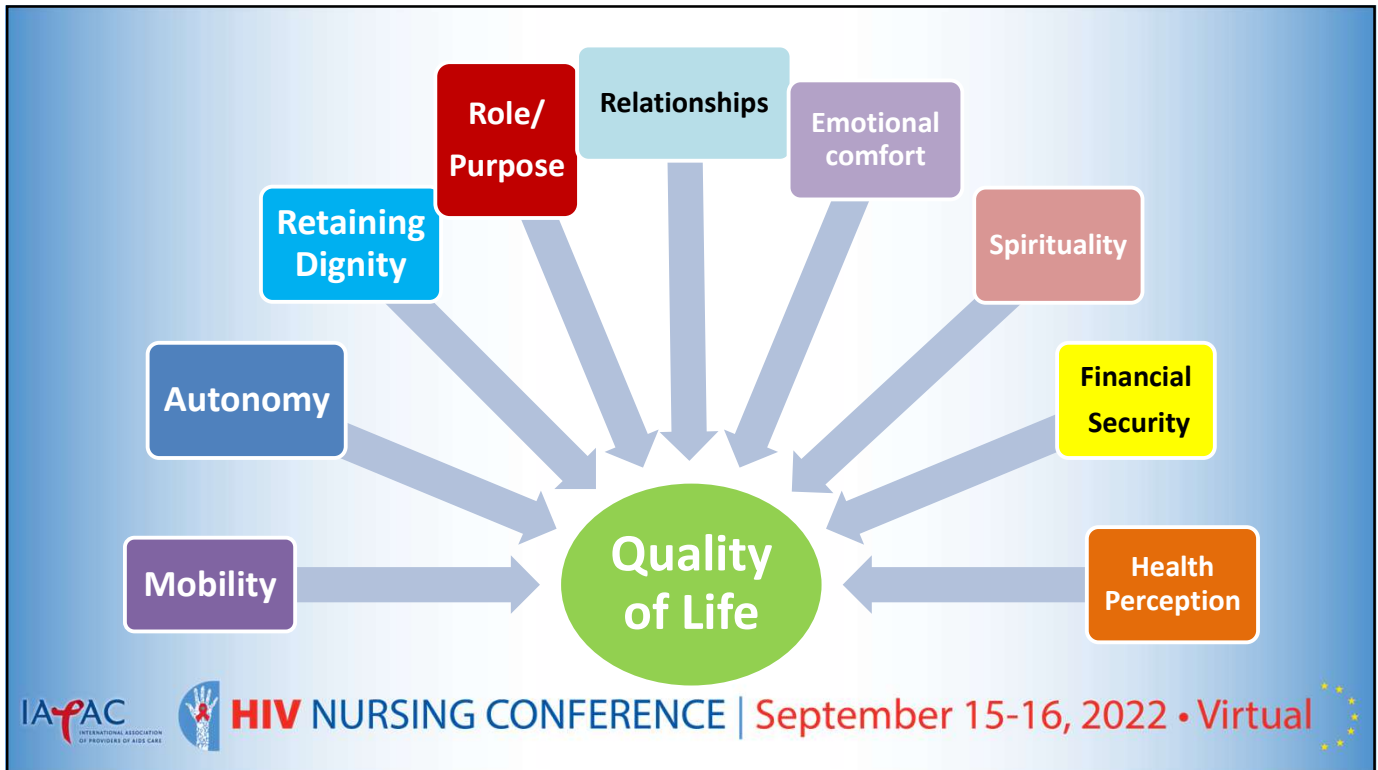


Expand capacity to provide whole-person care to older adults with HIV and long-term survivors



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Mobility and Function

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



**Fall rate
25% higher
in PWH**



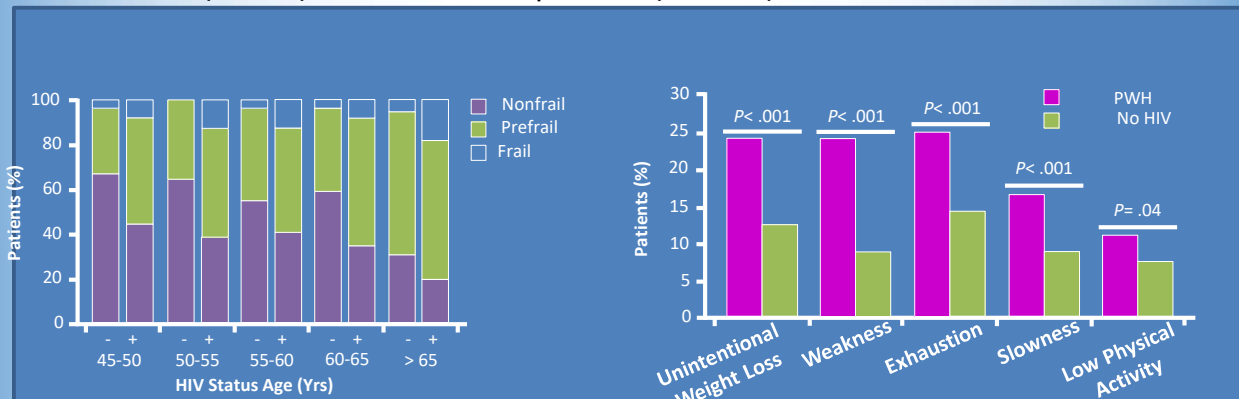
Frailty

- **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)



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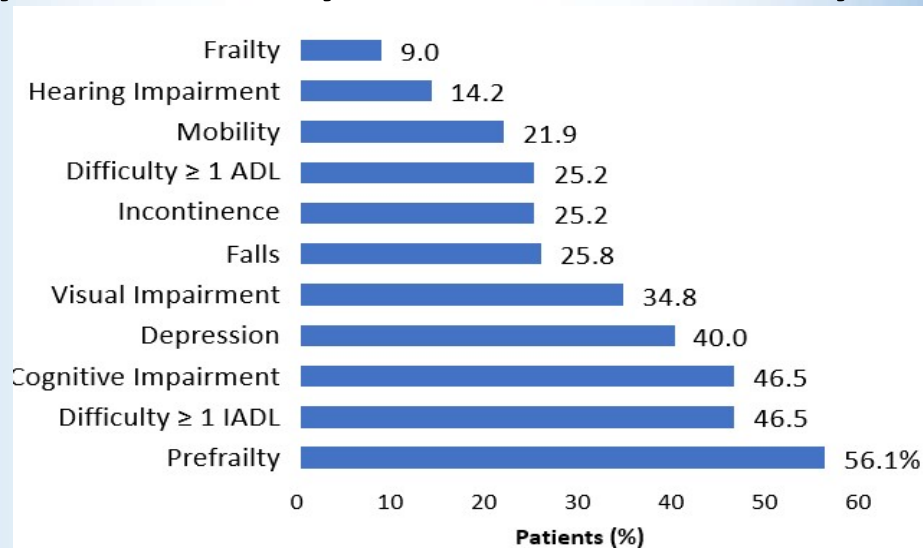
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Kooij KW, et al. AIDS. 2016;30:241-250.

Slide credit: clinicaloptions.com

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Frequency of Geriatric Syndromes in PWH > 50 yrs old



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Greene. JAIDS. 2015;69:161.

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Polypharmacy: Potential Impact

Study of PLWH (≥ 50) (n=248)

- Mean # of Meds: **14.2**
- 35% ≥ 16 meds
- 63% ≥ 1 in appropriate rx

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 medication³
- **Higher risk of cognitive decline** in persons taking 5+ medications⁴



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¹Atkinson et al.(2009); ²Gandhi et al. (2003);Erlandson et al. (2012);Jyrkka et al. (2011); . 2. McNicholl. Pharmacotherapy. 2017;37:1498.



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Drug-Drug Interactions

<https://www.hiv-druginteractions.org/checker>



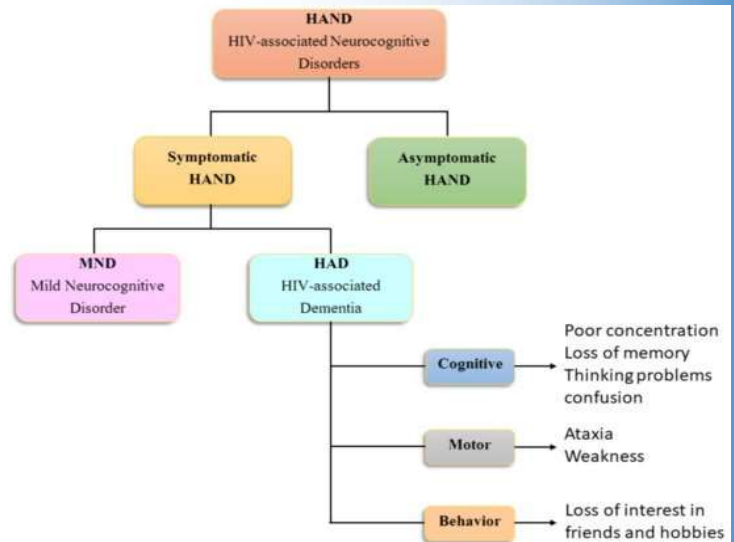
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Cognitive Aging with HIV

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



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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

Vance, e tal.. *Journal of Gerontological Social Work.*



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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)

Vance, et al.. (2020). *Journal of the Association of Nurses in AIDS Care*, 31(3), 279-289



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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



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CDC, 2021

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NEARLY
TWO-THIRDS
OF OLDER
ADULTS
WITH HIV
EXPERIENCE
BOTH HIV
STIGMA AND
AGEISM.

www.HRC.org

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Barriers to healthy aging



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

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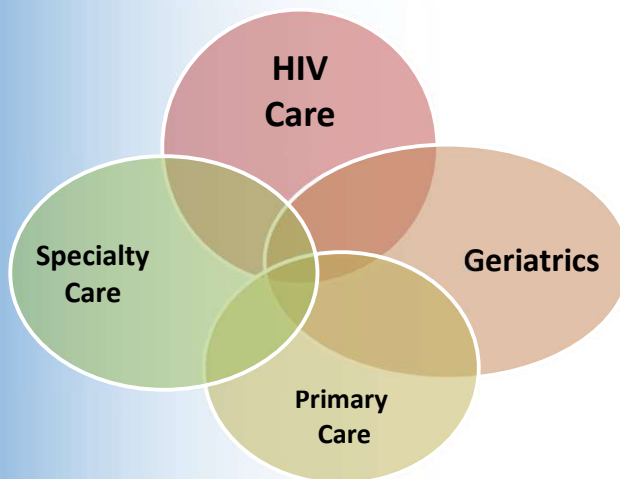
Caregiving

- 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.



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Barriers to Care



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6Ms of Geriatrics

Mobility

Medications

Multi-Complexity

Modifiable

Matters Most

Mind

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Comprehensive Geriatric Assessment



Assesses multiple domains



Best done over several visits



Use of interprofessional teams can facilitate completion

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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



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Cognitive Prescriptions



Vance, et al. (2017). *Journal of the Association of Nurses in AIDS Care*

LIFESTYLE BEHAVIOR	GOALS	FREQ
 PHYSICAL ACTIVITY Exercise improves circulation in the brain.	Walk	30 minutes a day
 MENTAL EXERCISE Mental exercise is just as important as physical exercise on the brain.	Read a book	Two books a month
 SLEEP HYGIENE While you sleep, the brain removes harmful neurotoxins	Sleep 6-7 hours/night	Daily
 SOCIAL ACTIVITY Being around people exercises our brains.	Join a friend for lunch	2X week
 STRESS REDUCTION & MINDFULNESS Negative emotions creates stress hormones which damage the brain over time	Meditate early in the morning	Daily
 DIET & NUTRITION Foods high in carbs cause inflammation and damage the body and the brain	Avoid sweets and carbs	Restrict during the week



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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

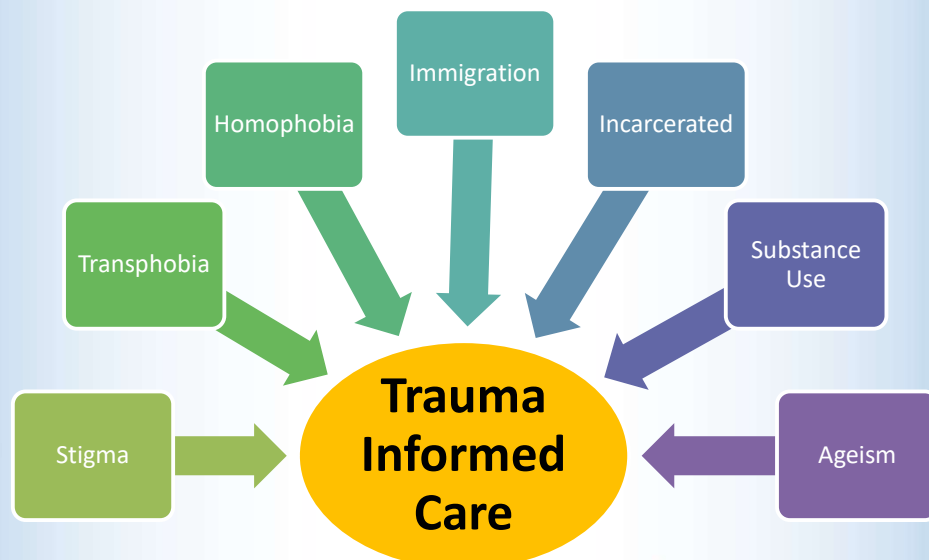


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Care Coordination for PWH



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Integrating the needs of older patients with HIV into Medical Settings

Source: https://www.hivguidelines.org/hiv-care/aging-guidance/#tab_2

Assess

Assess the clinic's ability to meet the needs of older patients with HIV

Engage

Engage older patients with HIV in program planning

Consider

Consider options and develop protocols for identifying patients in needs of aging-related care and services.

Develop

Develop an assessment strategy

Develop

Develop protocols for referral



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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.



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Thank You

Contact Information:

Jeffrey Kwong, DNP, MPH, AGPCNP-BC, FAANP, FAAN

Email: kwongj@sn.rutgers.edu



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