



Holistic Care:

Prioritizing Primary Care to Maximize HIV Outcomes

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Conflict of interests

Provided consultancy, participated in advisory boards or was a speaker at events promoted by the following companies:

- ViiV healthcare
- MSD
- Gilead
- Abbvie

Being a Nurse is ...

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Poll

How familiar are you with the concept of Holistic care?

1. Very familiar
2. Somewhat familiar
3. Heard of it but don't know much
4. Not familiar at all

Holistic Care

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Considers the whole person — physical, emotional, mental, social, spiritual, and environmental well-being.

Recognizes that all aspects of a person's life are **interconnected and influence** overall health and quality of life.

Key Principles:

- **Person-centered:** values, preferences, and experiences matter
- **Integrated:** addresses physical, psychological, and social needs
- **Collaborative:** involves the patient in decision-making
- **Preventive:** aims to maintain well-being, not just treat illness
- **Compassionate:** fosters trust and empathy in care relationships



Poll

How familiar are you with the concept of Shared Decision-Making ?

1. Very familiar
2. Somewhat familiar
3. Heard of it but don't know much
4. Not familiar at all

Shared Decision-Making approach

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 Collaborative, patient-centered approach where clinicians and patients work together to make informed healthcare decisions that reflect the patient's values and preferences

Benefits

- Reduced anxiety
- Increased trust in clinicians
- Improved engagement in preventive care
- Enhanced treatment adherence, clinical outcomes, and patient satisfaction
- Greater patient knowledge, confidence, empowerment, and self-efficacy

HIV Infection – Evolution

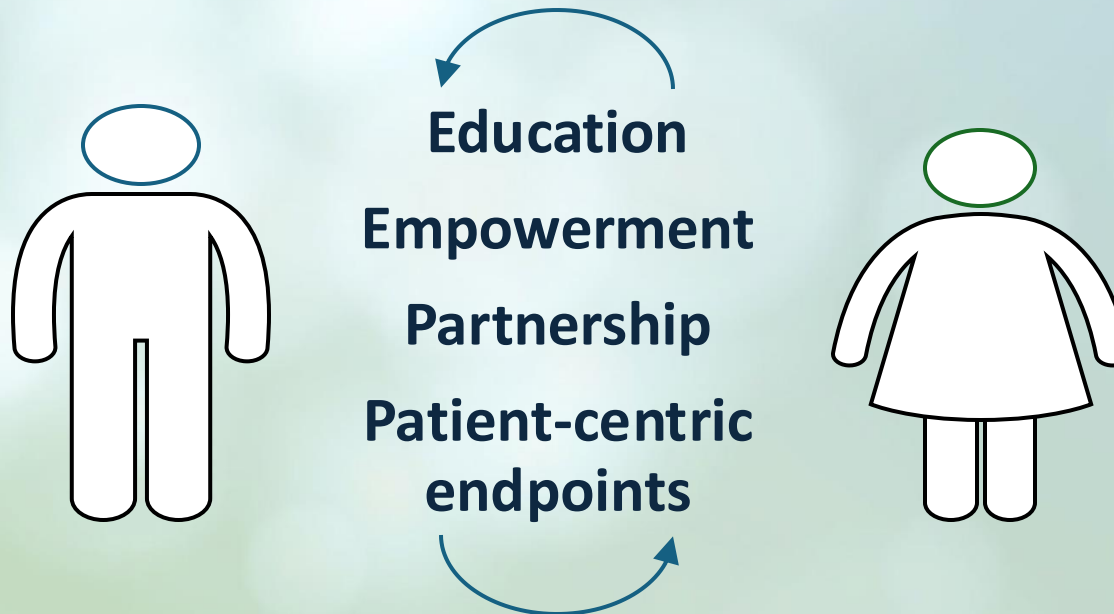
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Traditional
uni-directional
research-centered
view



New
bi-directional
patient-
centered view



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

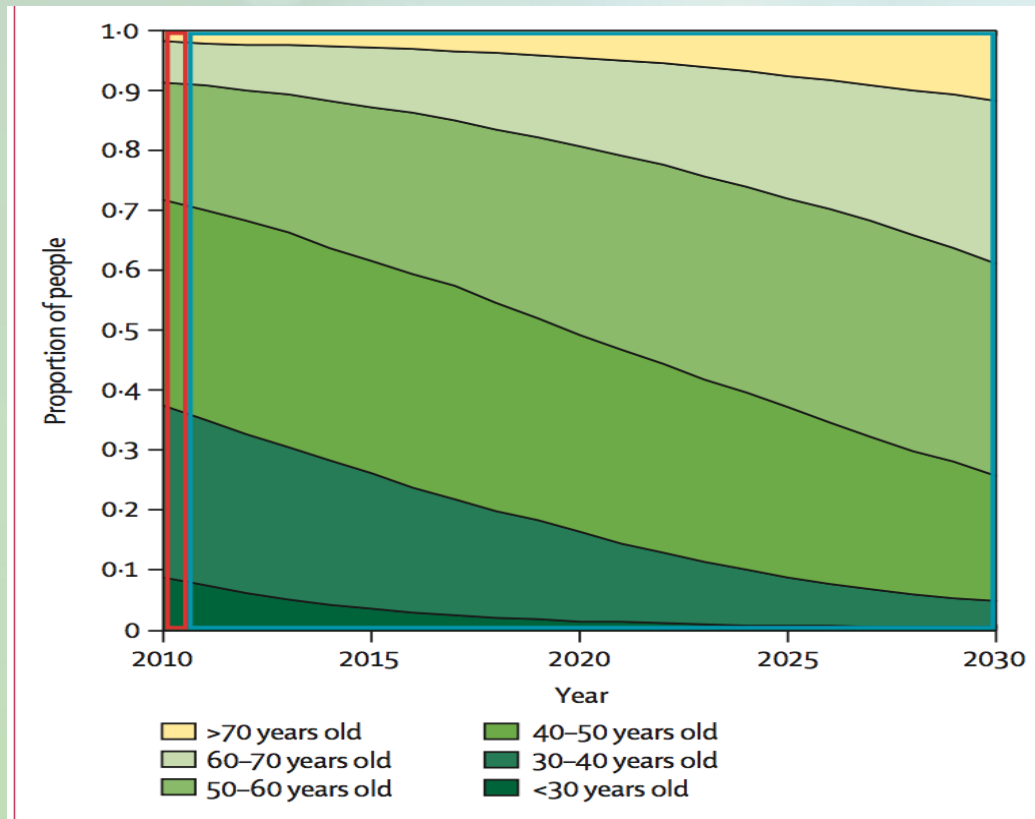
www.thelancet.com/infection Published online June 10, 2015 [http://dx.doi.org/10.1016/S1473-3099\(15\)00056-0](http://dx.doi.org/10.1016/S1473-3099(15)00056-0)



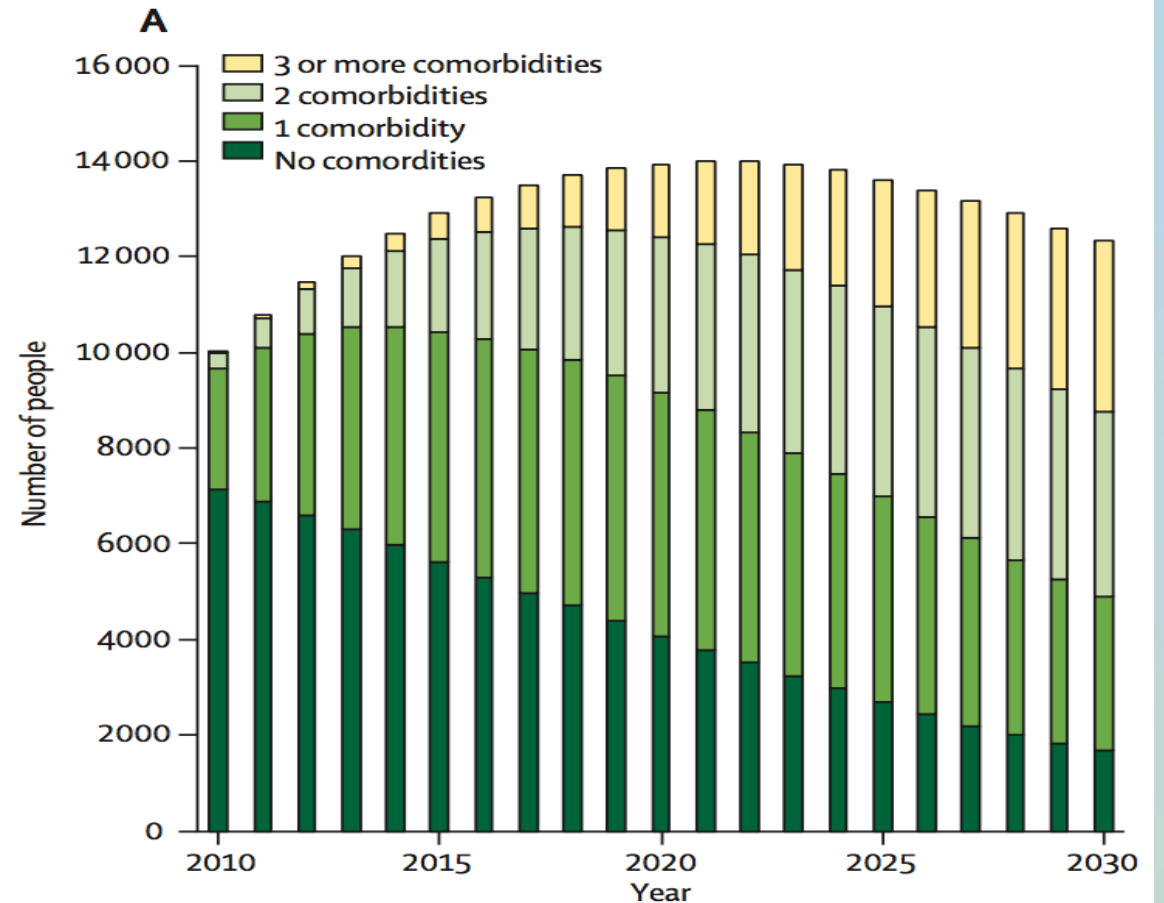
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Projected age distribution of PLHIV



Predicted burden of NCDs in PLHIV



- NCD=non-communicable disease.
- PLHIV= People Living with HIV

HIV Infection – Transformation

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OPINION

Open Access



Beyond viral suppression of HIV – the new quality of life frontier

Jeffrey V. Lazarus^{1,2*}, Kelly Safreed-Harmon², Simon E. Barton³, Dominique Costagliola⁴, Nikos Dedes⁵, Julia del Amo Valero⁶, Jose M. Gatell⁷, Ricardo Baptista-Leite^{8,9}, Luís Mendão⁵, Kholoud Porter¹⁰, Stefano Vella¹¹ and Jürgen Kurt Rockstroh¹²

HIV Infection – Transformation

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5 main concepts that define SUCCESS



HIV Infection – Transformation

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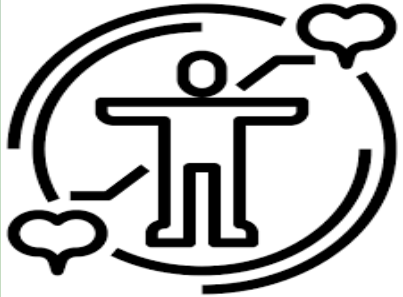


PERSPECTIVE

<https://doi.org/10.1038/s41467-021-24673-w> OPEN

Consensus statement on the role of health systems in advancing the long-term well-being of people living with HIV

Holistic Care



Comorbidities



Self-reports of QV and PROs



Stigma and discrimination



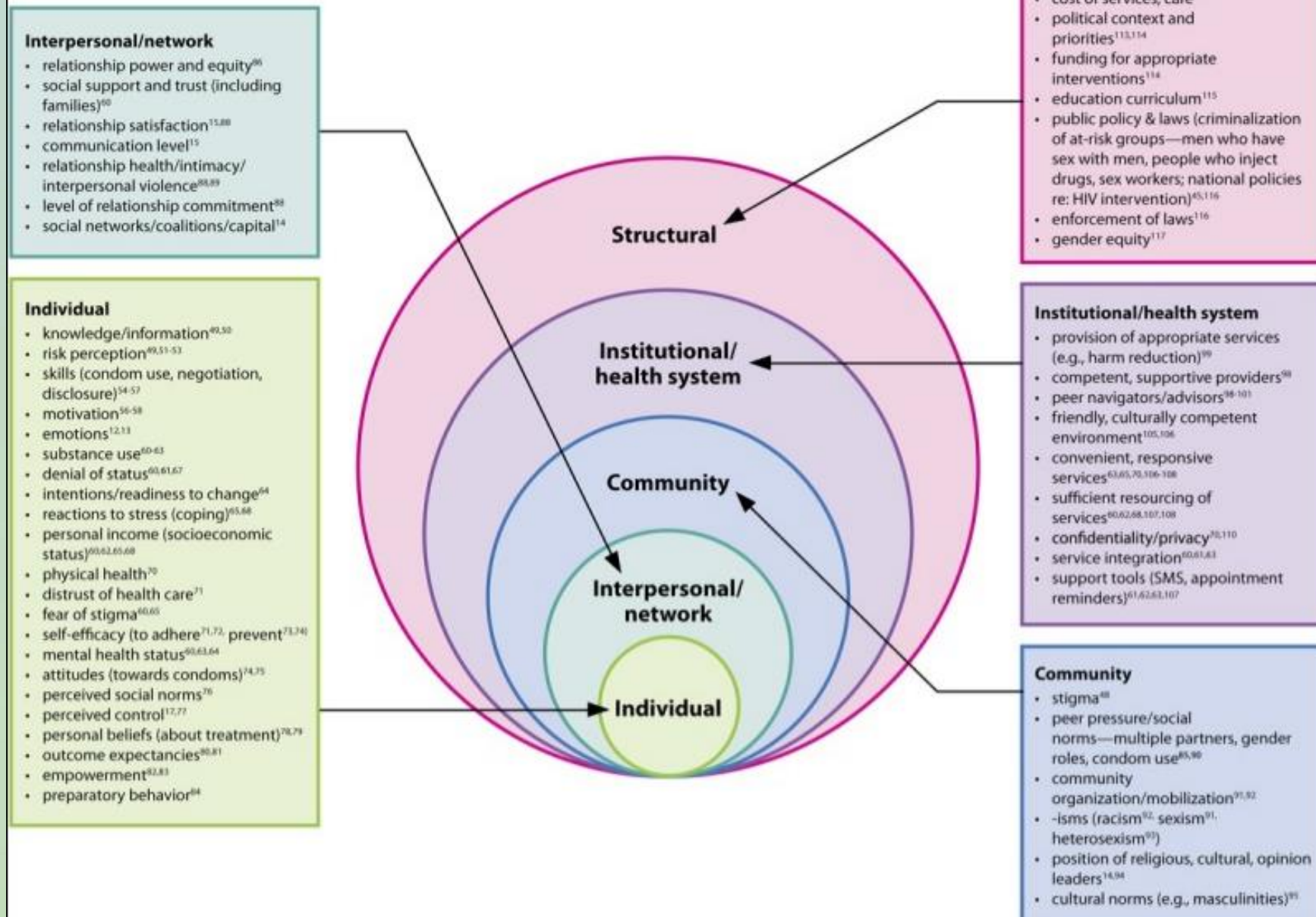
Action points in care



Identify key issues that health systems must address to move beyond a focus on viral suppression and promote the long-term well-being of PHIV from a person-centred perspective



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Five Domains to Maximize Outcomes

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Poll

What aspects in holistic HIV care are missing?

(Select all that apply)

1. Medical treatment (e.g., ART)
2. Mental health support
3. Nutrition and lifestyle advice
4. Social support (family, peer, community)
5. Spiritual or cultural considerations

Poll

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Do you routinely assess non-medical needs (mental, social, emotional) in your patients?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely/Never

Have you been offering non-medical support (e.g., counseling, nutrition guidance, peer support)?

- ☐ Yes, and I do it regularly
- ☐ Yes, but I don't do it
- ☐ No, but I would like to do it
- ☐ No, and I'm not interested



Holistic Tools in Practice

❑ Patient Reported Outcome (PRO):

User-reported outcomes - measurement based on the patient's self-report of their health status without alteration or interpretation of the response by a physician or anyone else¹



ALLOWS THE
PERSON'S
**NEEDS TO
GUIDE**
CLINICAL
DECISIONS



**FACILITATE
CONVERSATIONS**
ABOUT MENTAL
HEALTH, SEXUALITY
AND ADHERENCE



CAPTURE
**SUBJECTIVE
SYMPTOMS**
(FATIGUE,
ANXIETY,
STIGMA)
WHICH TESTS
DO NOT
DETECT



SUPPORT
**PERSONALIZED
CHOICE** OF ART
REGIMENS BASED
ON COMFORT AND
QUALITY OF LIFE



IDENTIFY *WHO*
NEEDS MORE
ATTENTION
AND WHO IS
STABLE



PROVIDE A
360° VIEW OF
A PERSON'S
HEALTH

Reshaping care – A center experience

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Cascais Hospital

- Out patient unit
- Public-private partnership



Location

- In the main entrance
- 4 consultation offices
 - 1 waiting room
 - Secretariat



Team

- 3 internal medicine doctors
Coordinator: Inês Vaz Pinto
- 1 specialist nurse in mental health and psychiatry
 - 1 ID
- 1 administrative



Organisation

- 1,280 active patients
- Scheduled appointments (4–6 months)
 - Unscheduled appointments (acute events)

Integrated and embedded nurse

focused on holistic care

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Allows:

- Identifying unmet needs
- Ensuring the Linkage to Care
- Promoting Retention in Care
- Ensuring Adherence
- Evaluate health outcomes
- Intervene in changing lifestyles

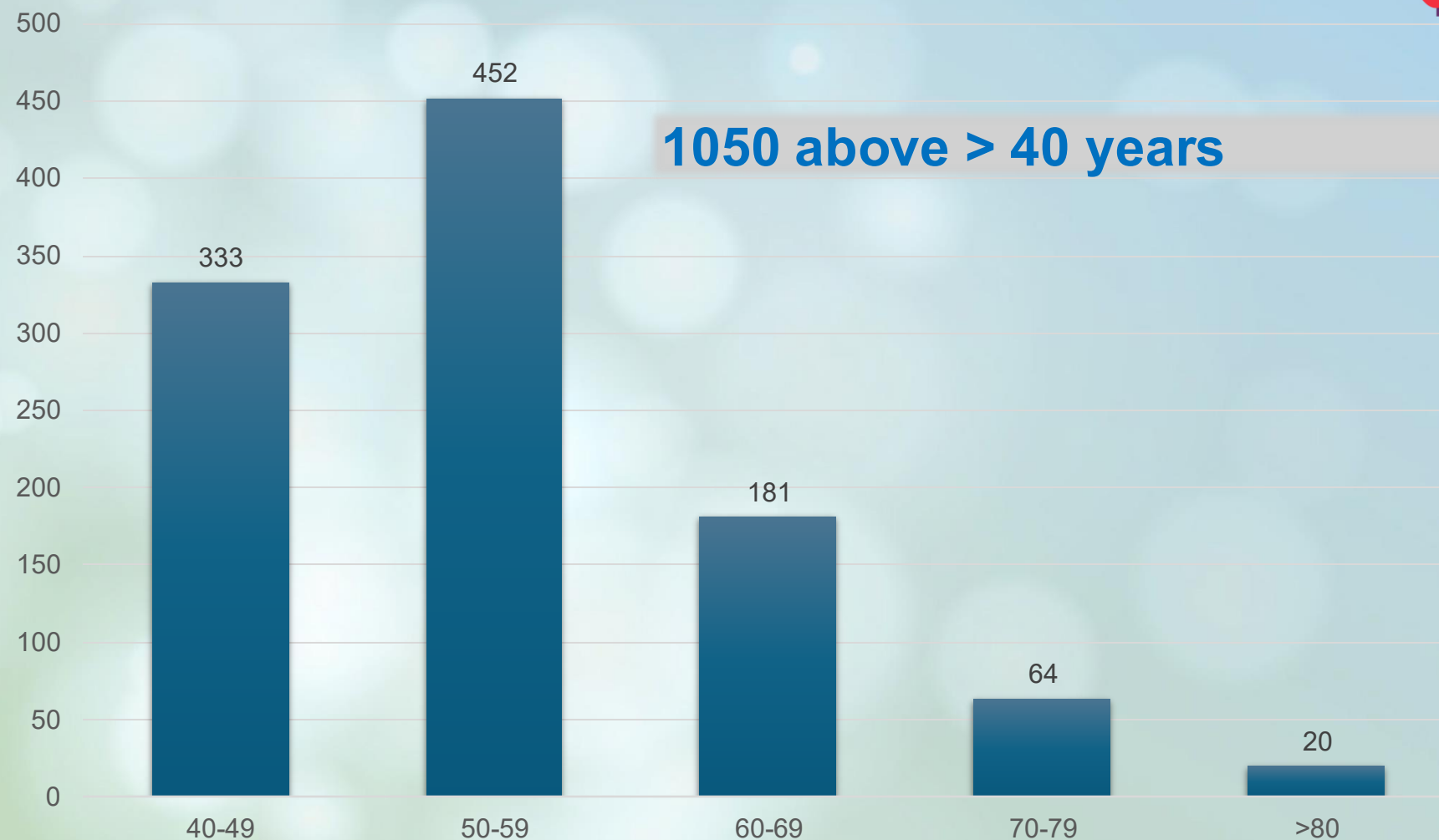


Cascais Hospital

N = 1280

1270

**Linked and retained in
care**



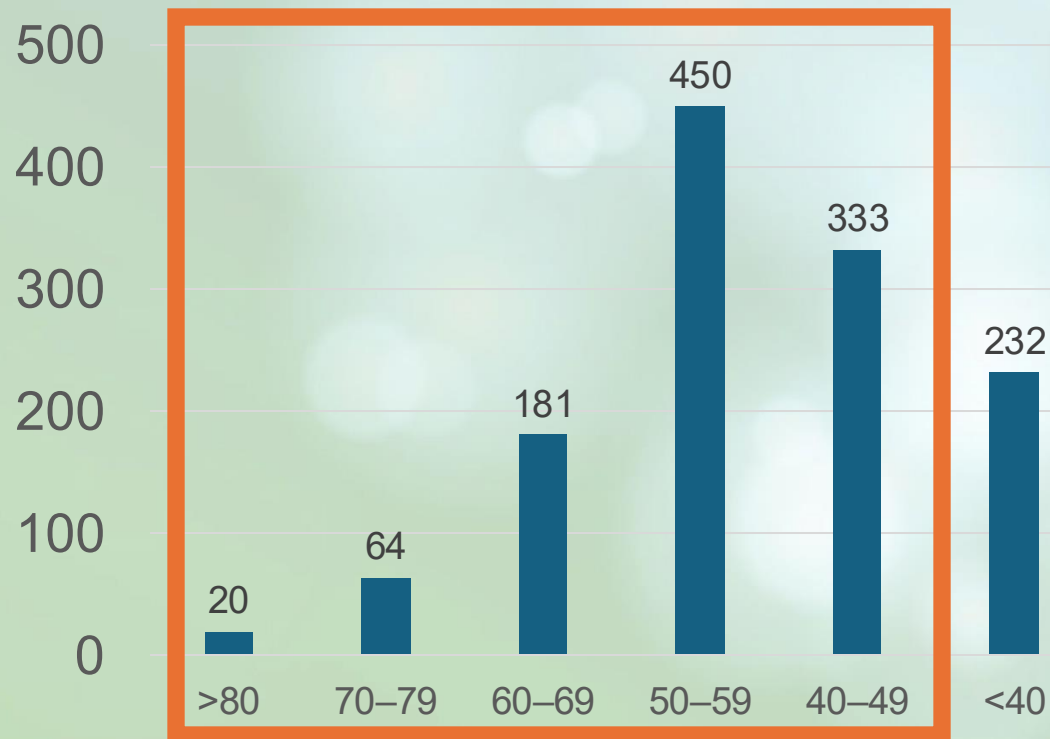
A center experience by an embedded nurse

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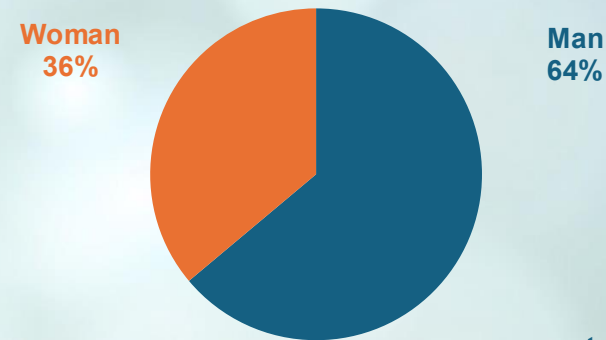


40+ (n=1,048):

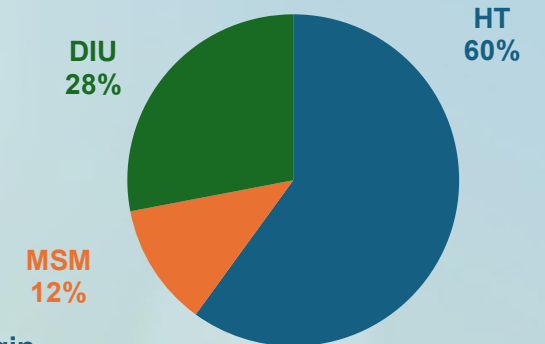
Age distribution



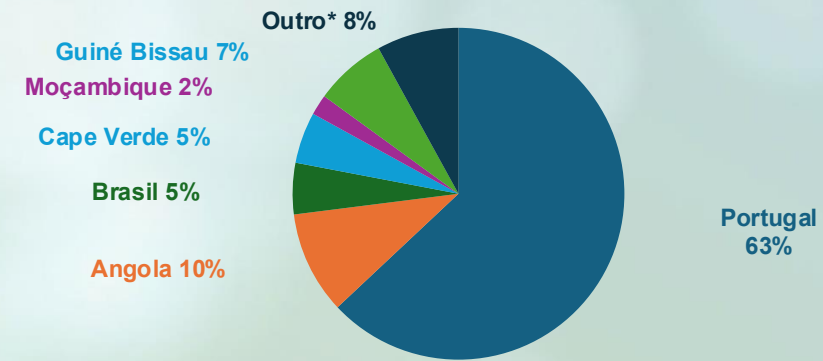
Gender at birth



Route of transmission



country of origin



*Belgium, Lithuania, Cuba, Moldova, Colombia, Sao Tome and Principe, Senegal, England, USA, Sweden, Swaziland, Spain, Venezuela, Germany, France, Russia, Ukraine, Romania, South Africa, Bulgaria and Italy

A center experience by an embedded nurse

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Measure:

Weight

Height

BMI

Waist circumference

Blood pressure

Smoking/alcohol consumption

Mental health screening

Measure/ Monitor:

Adherence and side effects

Sleep

Vaccination

Concomitant medication/
multivitamins

ISTs risk

Lifestyle Interventions:

Brief intervention for smoking/
alcohol cessation

Food balance

Exercise promotion

Harm reduction

Knowledge of U=U

GOAL: Reinforce and educate about health **protective** factors to reduce risk factors associated with non-communicable diseases

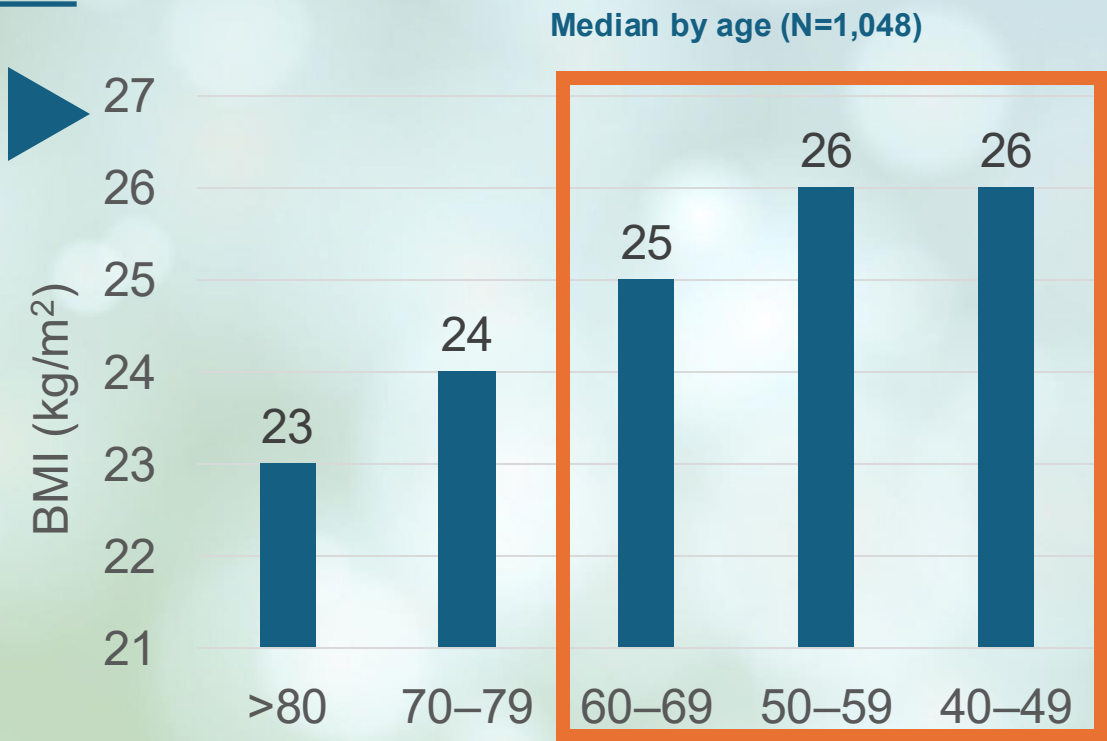
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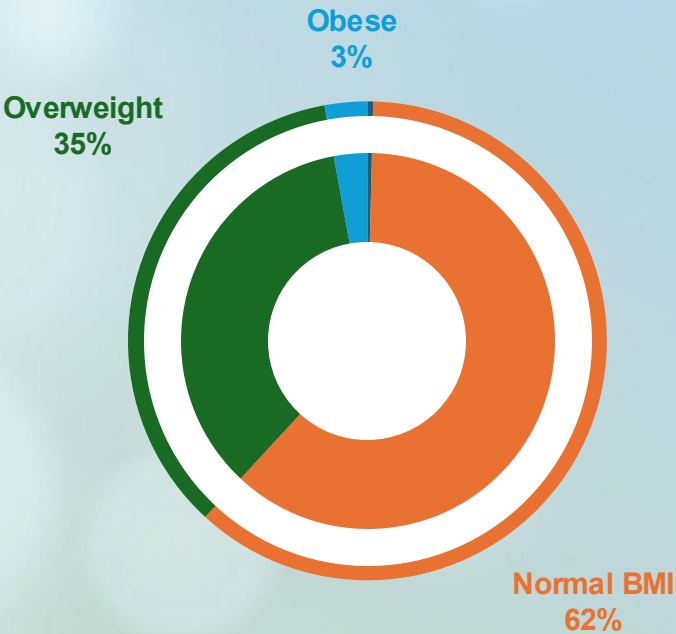


MEASURE:

BMI



Maximum	26	30	40	42	32
Minimum	19	19	19	19	20



underweight BMI <18.5 kg/m2; normal BMI: 18.5–24.9 kg/m2;
overweight BMI: 25–29.9 kg/m2; Obese: BMI >30 kg/m2

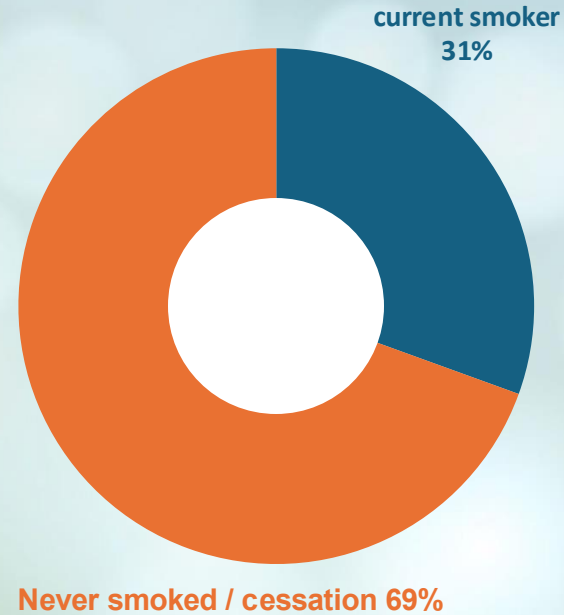
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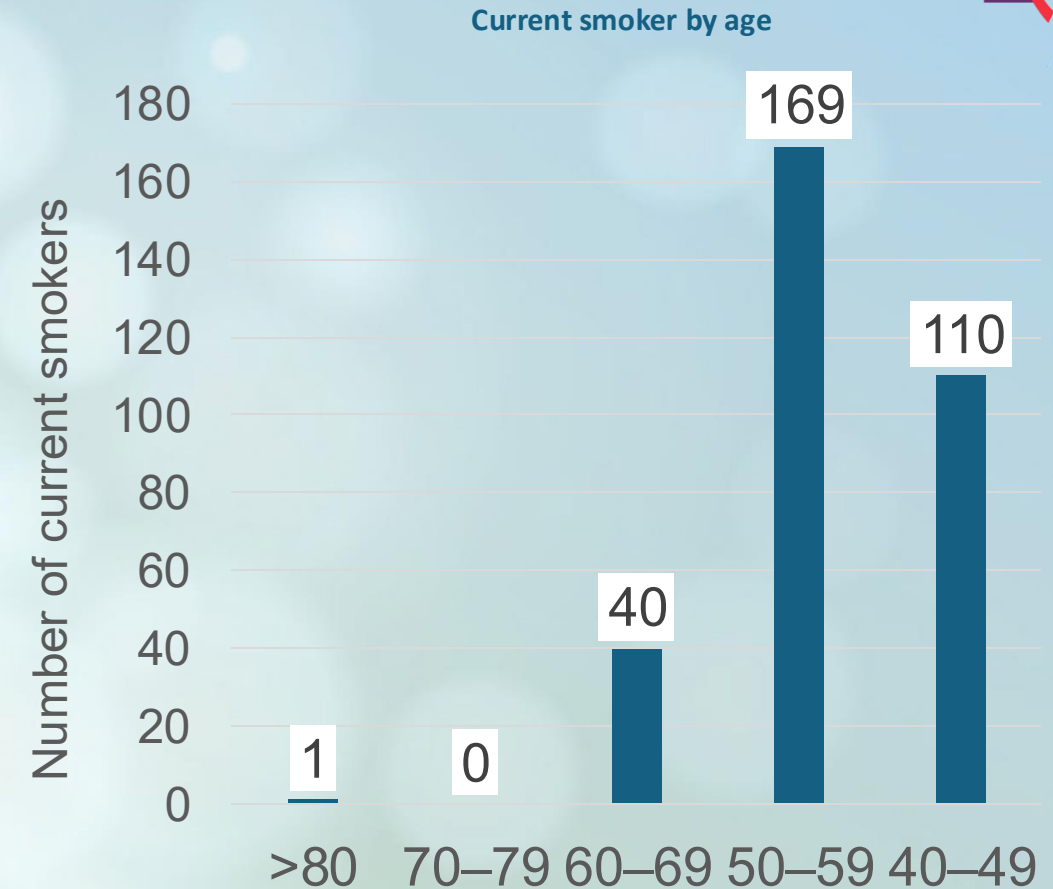
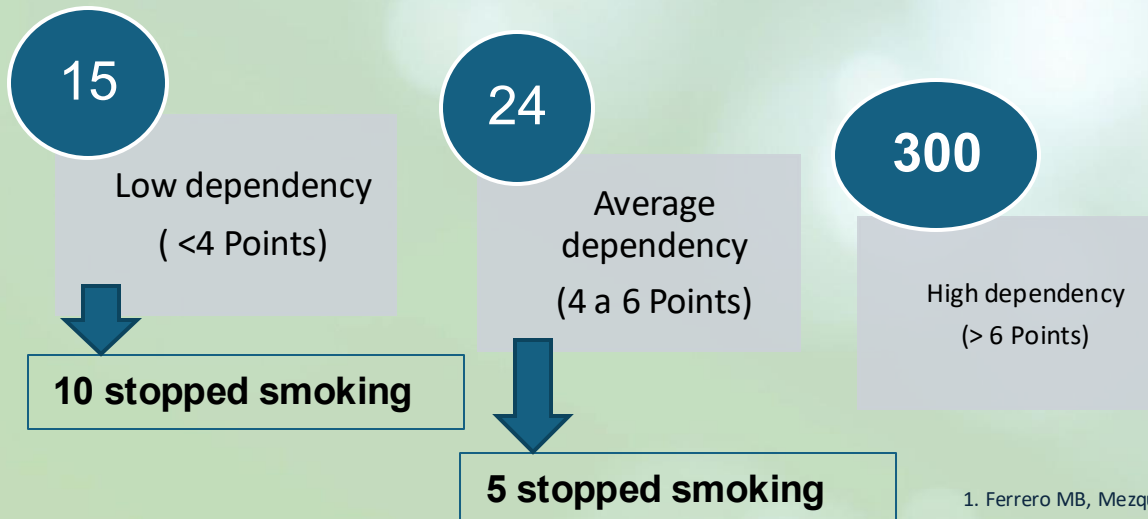


MEASURE:

Smoking consumption



Physical dependence assessment by Fagerström (N= 320)



PROs

Richmond Test: Assessment of motivation for smoking cessation

and Fagerstrom Test : Physical dependence assessment

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Screening for depressive disorder (PHQ-2) and anxiety (GAD-2)¹⁻⁴

Patient Health Questionnaire-2 (PHQ-2) [Share](#)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a “first-step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐ 0	☐ +1	☐ +2	☐ +3
2. Feeling down, depressed or hopeless	☐ 0	☐ +1	☐ +2	☐ +3

Generalized Anxiety Disorder 2-item (GAD-2) [Share](#)

The Generalized Anxiety Disorder 2-item (GAD-2) is a very brief and easy to perform initial screening tool for generalized anxiety disorder.¹

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	☐ 0	☐ +1	☐ +2	☐ +3
2. Not being able to stop or control worrying	☐ 0	☐ +1	☐ +2	☐ +3

Complete PROMs: depression -> PHQ-9 and Anxiety -> GAD-7

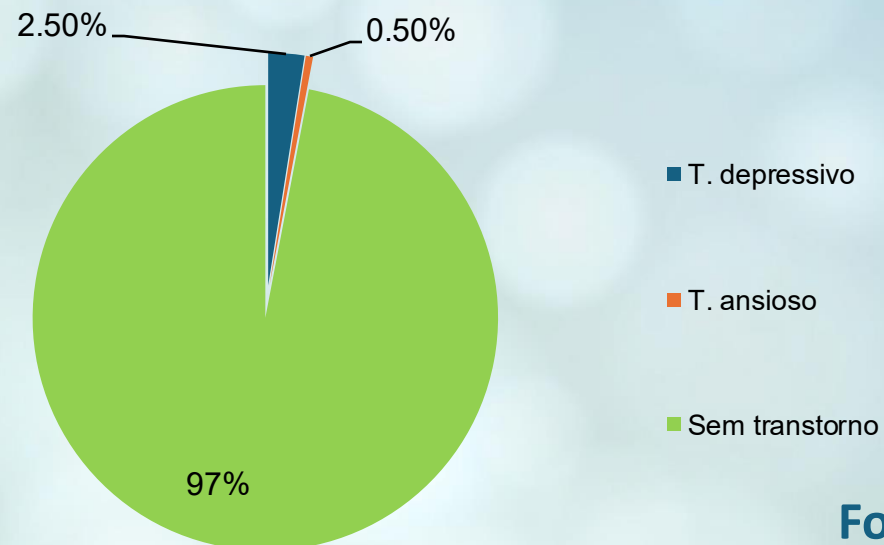
It focuses on non-physical symptoms so it can be used to assess depression and anxiety disorders.

- 1. Mapi Research Institute. (2006). Certificate of linguistic validation certificate: general anxiety disorder-7 (GAD-7). Lyon, FR: Mapi Research Institute; 2. Spitzer RL et al. *Arch Intern Med* 2006;166(10):1092-1097; 3. de Lima Osório F et al. *Perspect Psychiatr Care* 2009;45(3):216-227; 4. Kroenke K et al. *J Gen Intern Med* 2001;16(9):606-613.

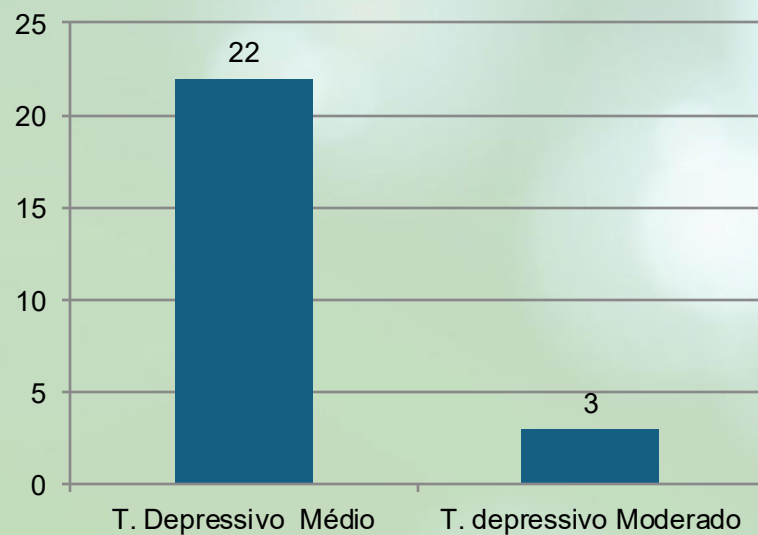


Anxiety and Depressive Disorder Screening

Resultados (N= 1048)

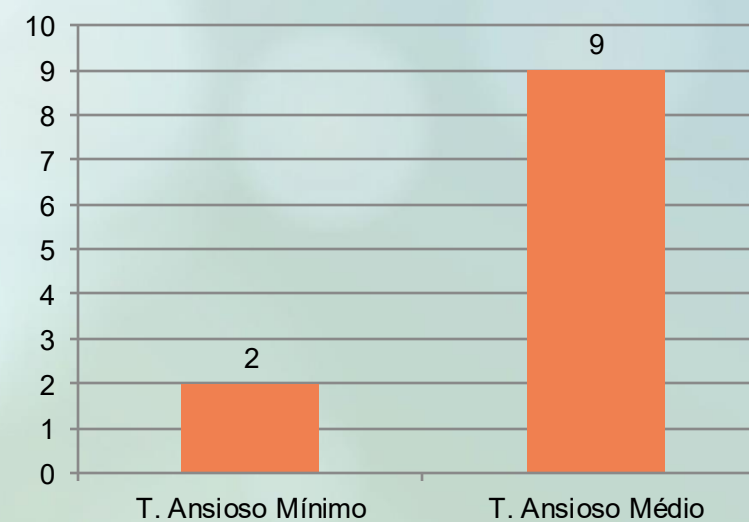


For Depressive disorder



Referral

For Anxiety disorder



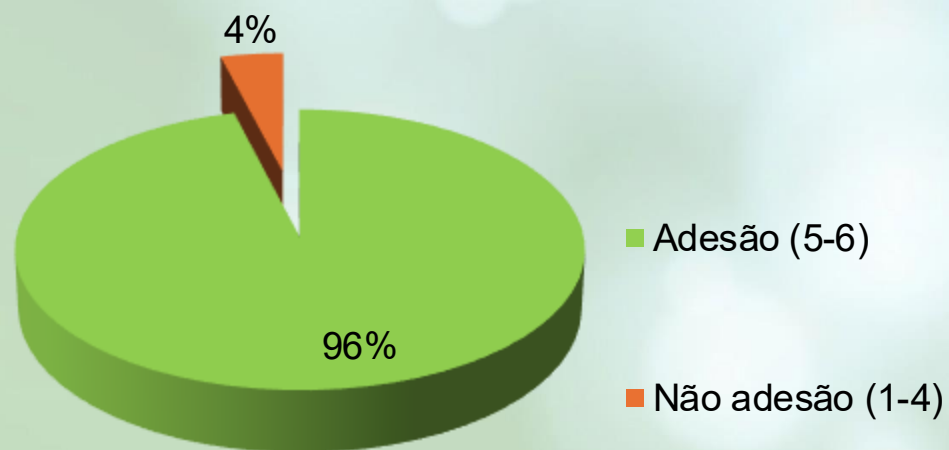
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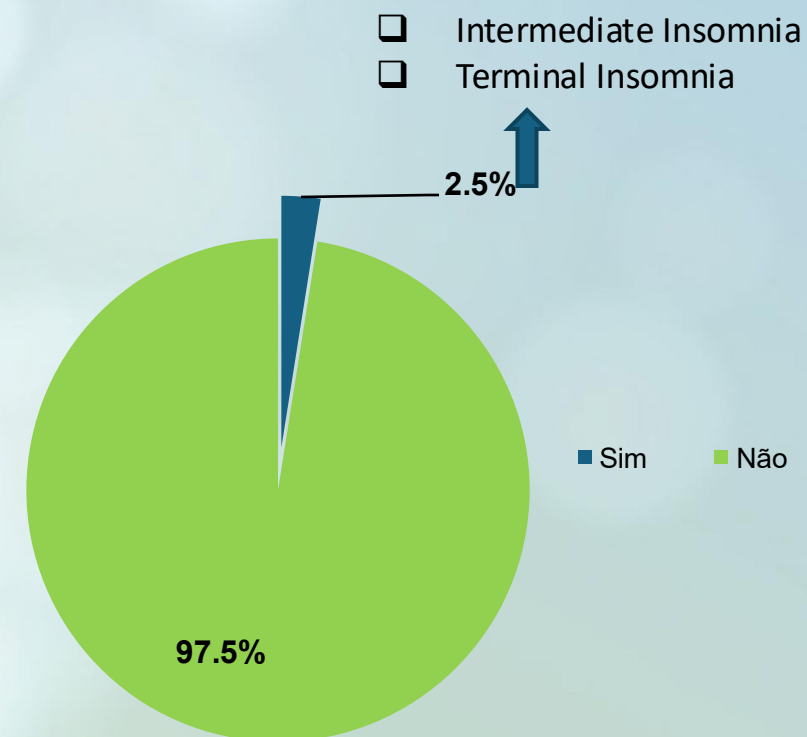


Resultados (N= 1048)

**Adherence to ARV medication:
Treatment Adherence Measure (MAT))**



Sleep Assessment



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Avaliar: a adesão

Avaliar: a adesão

Data de Registro:

—Adesão

Regime Terapêutico:

Regime Medicamentoso:

Regime Dietético:

Regime de Exercício Físico:

Precauções de Segurança:

Presente
Parcial
Ausente
Nenhum

Monitor Adherence to:

- Care plan
- Medication
- Diet
- Exercise
- Safety precautions

Ensinar: sobre regime medicamentoso

Ensinar: sobre regime medicamentoso

Data de Registro:

Reforço da toma da medicação e do cumprimento do esquema terapêutico

Esclarecimento de dúvidas sobre o esquema terapêutico

Aconselhamento de estratégias de ajuda no cumprimento do esquema terapêutico

Aconselhamento de estratégias de ajuda na gestão dos efeitos secundários

Outras ajudas/recursos

☐ Sim

☐ Não

Obs.:

Health education regarding
drug regime

Validar: capacidade para melhorar sobre adesão

Validar: capacidade para melhorar sobre adesão

Data de Registro:

Caracterização

Não Abuso

Técnica

Regime - Exercício

Regime - Dietético

Regime - Medicamentoso

☐ Necessita de mais ensino

☐ Adquirido conhecimento

☐ Adquirida competência

Especificar:

Validate the ability to improve on:

- Adherence
- Drugs
- Diet
- Exercise

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Age 70+



Registo de Escalas

W045857

Pergunta	Avaliações
Lavar a roupa	☐ Lava a sua roupa 1
Preparar a comida	☐ Só pequenas peças 2
Compras	☐ Incapaz 3
Telefone	☐
Transporte	☐
Dinheiro	☐
Lavar a roupa	☐

**Performance capacity
(Lawton):**

Evaluate level of independence in performing the **Instrumental Activities of Daily Living** comprising eight tasks such as: using the telephone, shopping, food preparation, housework, laundry, transportation, preparing medication and managing the money^{1,2}

A center experience by an embedded nurse

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Age 70+



Registo de Escalas

W045857

Pergunta	Avaliações
Alimentação	☐ Independente 10
Banho	☐ Parcial 5
	☐ Dependente 0
Controlo intestinal	☐
Uso da casa de banho	☐
Transferência	☐
Vestir e despir	☐
Alimentação	

Ability to perform self-care (Barthel):

Independence level of individuals in ten activities of daily living: eating, personal hygiene, bathing, dressing and undressing, sphincter control (urinary and intestinal function), ambulation, transfer and climbing and descending stairs

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Quality of life (WHOQOL-BREF)

Evaluates 4 domains: Psychological, Physical, Social Relations and Environment

Health Status Questionnaire (SF-36v2) 4

Measure and assess the health status of populations and individuals with or without disease (comparative); monitor users with multiple conditions in physical functioning, physical performance, body pain, emotional performance, general health, vitality, social functioning and mental health.

AUDIT-C for Alcohol Use

Identifies at-risk drinkers (i.e., binge drinking) who may not be alcohol-dependent

Why Holistic Care in HIV is Difficult

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Holistic HIV care is challenging because it goes beyond treating the virus—it requires addressing the whole person within their social, cultural, and economic context.



Multidimensional Needs

medical,
psychological,
social
spiritual



Stigma and Discrimination

fear of
judgment,
provider bias



Fragmented Healthcare Systems

lack of
integration



Resource Limitations

shortages of
trained staff,
inadequate
funding



Lack of Cultural Competence

insensitivity
to diverse beliefs
identities



Privacy Concerns

confidentiality
between
providers



Barriers



TRAINING TO VALUE

PATIENTS' VOICES



COMMUNICATION

SKILLS AND EMPATHY



Conclusions





Thank You & Contact

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#HolisticLet'sdothistogether

#continuum2025 @IAPAC

The aerodynamic body of
bumblebees is not fit to
fly, but it's good that the
bumblebee doesn't know
about it.

