

“Undetectable, Now What?”

HIV Provider Opinions on Barriers to Healthy Aging for People Living with HIV ≥ 50 Years

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Introduction

- In the U.S. by 2020 70% of people living with HIV (PLWH) will be older than age 50 years¹.
- This is important because PLWH experience “age associated” disease such as frailty, osteopenia, functional deficits, and cognitive decline at chronologically younger ages than HIV negative peers²⁻⁵.
- High rates of co-occurring conditions (i.e. substance use, poverty) that impact aging are also observed in PLWH²⁻⁵.
- Thus HIV care must now include issues related to HIV (i.e. optimization of antiretroviral therapy to maximize virologic control) AND associated with aging.

Objective

- To determine opinions and perceived barriers of HIV providers in their care of an aging population of PLWH.

Materials and Methods

Study Population and Study Design

- From May to June 2017, we invited physician members of the Infectious Diseases Society of America Emerging Infections Network (EIN) with an adult practice to participate in an online survey if they also 1) reported interest or practice in HIV medicine, 2) answered a previous EIN survey on HIV care or 3) were HIV Medical Association members.
- The survey queried practice characteristics, attitudes and perceived barriers in caring for aging PLWH.

- Respondents ranked the 5 most important barriers to healthy aging of 12 proposed barriers.
- Respondents ranked the 3 most valuable resources to assist in the care of aging PLWH of 6 proposed resources
- Respondents provided written in feedback regarding barriers and resources not otherwise represented

General practice demographics are collected as part of the EIN.

Statistical Analyses

- Wilcoxon rank-sum and Fisher’s exact tests were used for univariable analyses between non-responders and respondents.

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Results

Characteristics of Respondents

- 345 (51%) responses were collected across North America
- Responders equally represented North American regions
- Responders were equally employed by a range of practices and hospitals
- Non-responders were significantly more likely than respondents to have < 25 years of Infectious Diseases experience ($p = 0.0004$)

Table 1. Responders as percent of overall members in each category

Region:	New England	24 (57% of 42 members)
	Mid Atlantic	45 (46% of 97 members)
	East North Central	50 (49% of 103 members)
	West North Central	32 (49% of 65 members)
	South Atlantic	73 (55% of 132 members)
	East South Central	19 (59% of 32 members)
	West South Central	23 (47% of 49 members)
	Mountain	13 (46% of 28 members)
	Pacific	64 (50% of 129 members)
	Canada	2 (50% of 4 members)
Years' experience since ID fellowship:	<5 years	64* (47% of 135 members)
	5-14	110* (44% of 252 members)
	15-24	63* (50% of 126 members)
	≥25	108 (64% of 168 members)
Employment:	Hospital/clinic	113 (51% of 223 members)
	Private/group practice	96 (47% of 206 members)
	University/medical school	110 (52% of 212 members)
	VA and military	25 (66% of 38 members)
	State government	1 (50% of 2 members)
Primary hospital type:	Community	97 (48% of 201 members)
	Non-university teaching	84 (47% of 179 members)
	University	119 (54% of 221 members)
	VA hospital or DOD	29 (64% of 45 members)
	City/county	16 (46% of 35 members)

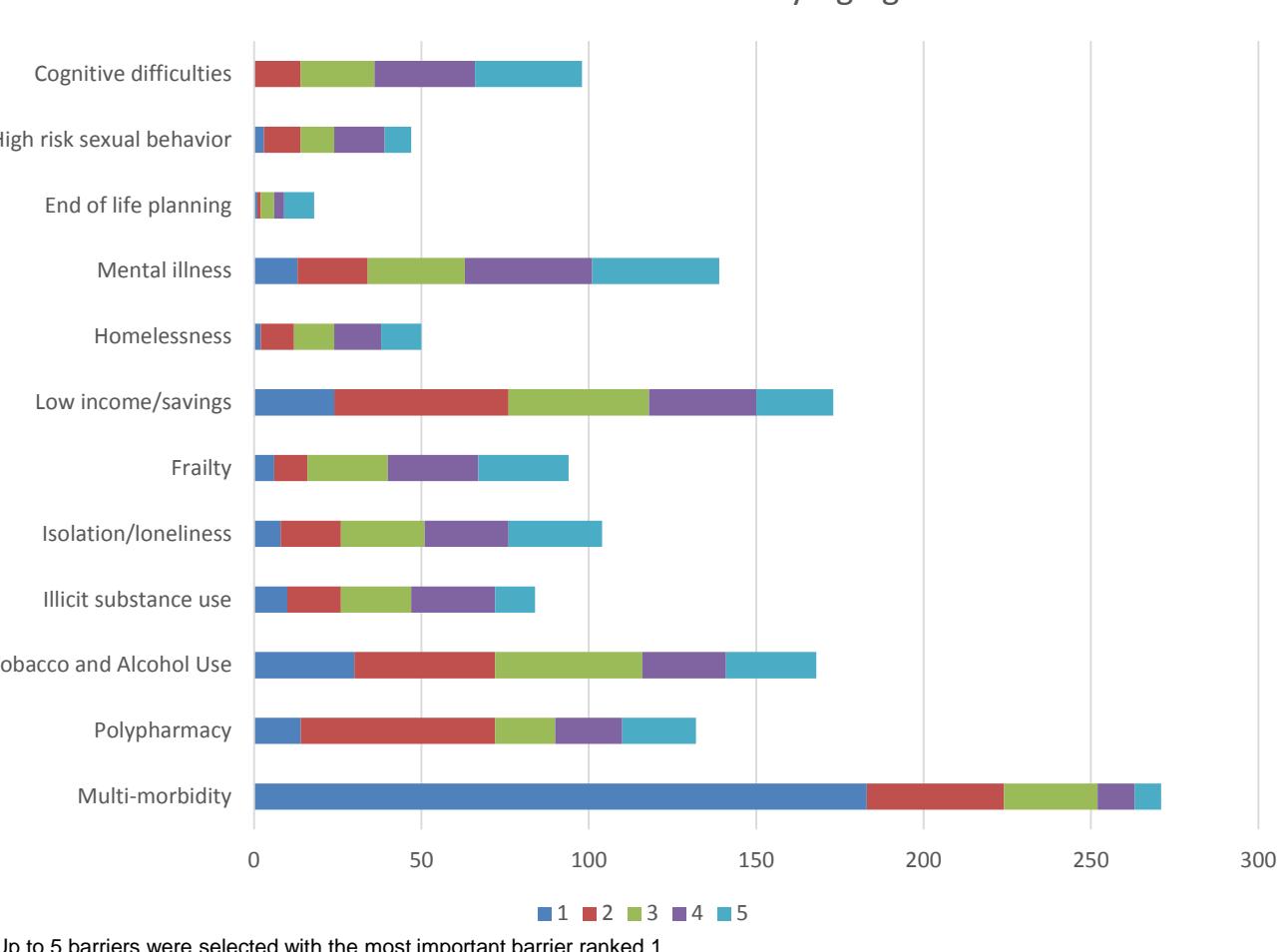
HIV Provider Characteristics and Opinions about Caring for PLWH

- 294 (43.1%) respondents provided answers for the remainder of the survey as 51 did not treat PLWH in the outpatient setting
- 52% provided primary care to PLWH
- 47% provided care in a Ryan White HIV/AIDS Program funded facility
- 57% practiced in a multidisciplinary clinic
- Providers perceived 35% (IQR 25-50%) of their population were > 50 years old
- 71.8% agreed that it is difficult to care for aging PLWH but 84.3% were confident in their ability to do so
- 55.4% recognized that a lack of time and multidisciplinary support (58.5%) limited their ability to effectively manage aging PLWH

Perceived Barriers to Healthy Aging in PLWH

- Most respondents (62.2%) ranked multi-morbidity as the most important barrier to healthy aging in PLWH.
- Respondents also ranked as a primary barrier tobacco/alcohol use (10%), low income (8.2%), polypharmacy (4.8%), mental illness (4.4%), isolation (2.7%) and frailty (2%).
- Cognitive difficulties, homelessness, high-risk sexual behaviors and end of life planning were perceived as not important.

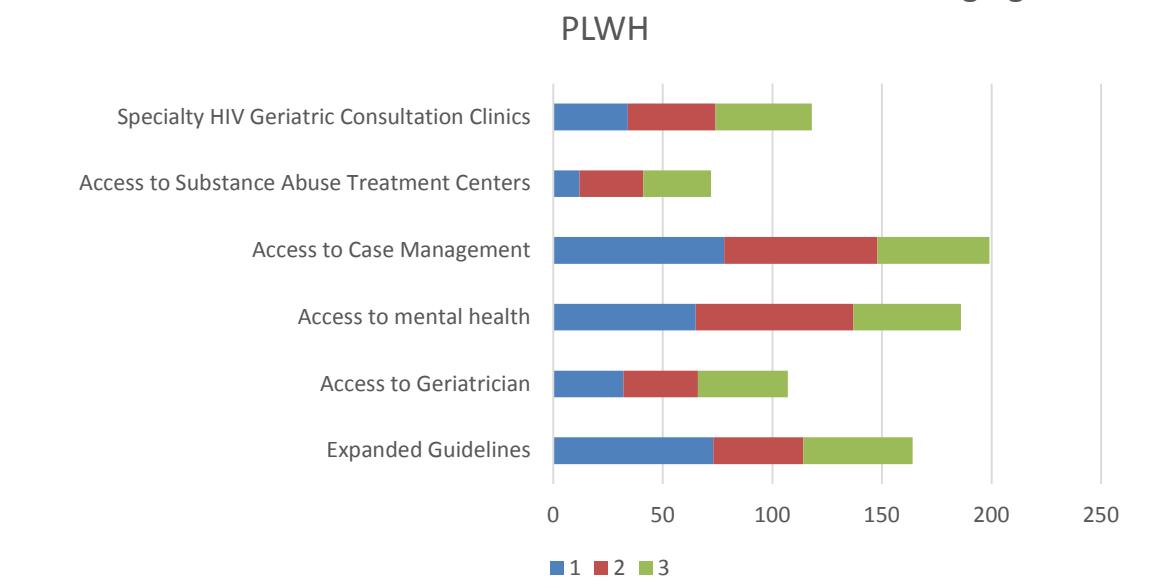
Table 2. Perceived Barriers to Healthy Aging in PLWH



Useful Resources in the Care of Aging PLWH

- Respondents viewed access to case management as the most valuable resource in the care of aging PLWH (26.5%) but this was closely followed by expanded guidelines (24.8%) and access to mental health services (22.1%).
- Access to a specialty HIV geriatrics clinic (11.6%) and geriatricians (10.9%) were perceived as less important

Table 3. Ranked Resources to Assist in the Care of Aging PLWH



Common Themes in Provider Comments

- Inadequate coverage for medications and procedures “better access to medications”, “inadequate coverage for screening tests”, “lack of coverage with Medicare.”
- The value of and often insufficient support “involvement of the family is very important”, “support groups.”
- A general lack of resources specific for this population “Lack of other specialties that are out there helping this group”, “need community-based case management ... that is knowledgeable about elderly care issues”, “better housing.”
- The need for better data “more studies around undetectable, now what”, “specific guidelines to standardize care.”

Discussion

- HIV providers recognize that caring for aging PLWH is complex yet remain confident in their ability to care for this population
- Based on national data, most respondents likely underestimated the proportion of aging PLWH in their practice
- Multi-morbidity was identified as a major barrier to healthy aging while syndromes like frailty and cognitive difficulties were deemed less important
- Interestingly a growing body of evidence suggests that geriatric syndromes are common in aging PLWH⁷⁻⁹.
- Previous work has demonstrated that aging related syndromes are unrecognized and undiagnosed by non-geriatric providers⁶⁻⁹.
- Thus there may be benefit in geriatricians pairing with HIV providers to assist in diagnosis and management of these syndromes despite access to geriatric expertise being a lower valued resource in this study.

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