**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 years.
- This is important because PLWH experience “age associated” diseases such as frailty, osteopenia, functional deficits, and cognitive decline at chronologically younger ages than HIV negative peers.
- High rates of co-occurring conditions (i.e. substance use, poverty) that impact aging are also observed in PLWH.
- 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 barriers of HIV providers in their care of an aging population of PLWH.

**Methods**

**Study Population and Study Design**

- From May to June 2017, we invited physician members of the Infectious Diseases Society of America Emerging Networks (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 resources.
- Respondents equally represented North American regions.
- Responders equally practiced in a range of practices and hospitals.
- Responders equally ranked the 5 most important barriers to healthy aging of 12 proposed resources.

**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)

**Perceived Barriers to Healthy Aging in PLWH**

- Most respondents (62.5%) 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.

**Useful Resources 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 remains difficult 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 some conditions like frailty and cognitive difficulties were deemed less important.
- Interestingly a growing body of evidence suggests that geriatric syndromes are common in aging PLWH.

- Previous work has demonstrated that aging related syndromes are unrecognized and undiagnosed by non-geriatric providers.
- 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.

**References**