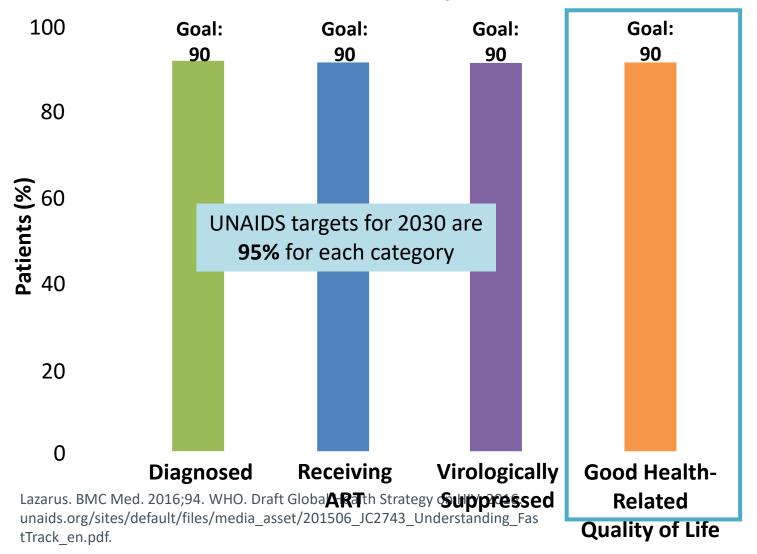
Infezione da HIV / AIDS. Aspetti clinici ed assistenziali

6 febbraio 2025

The "Fourth 90": Health-Related Quality of Life



Comorbidities

Self-perceived C

Paradigm Shift Beyond Viral Suppression



Focus on ART and viral suppression



Focus on longterm well-being and HRQoL

5 Pillars to Support Vision for Longterm Success

Desired outcome

- Getting HIV-1 RNA to undetectable was identified as primary treatment goal
- Sustained undetectable HIV-1 RNA
- Treatment-related factors and excessive clinic visits were identified as most notable burden of living with HIV

Minimal impact of treatment and clinical monitoring

Maintaining "optimal" health-related QoL was identified as important goal for people living with HIV

Optimized health-related quality of life

Consistency of care among different HCPs was identified as key factor in improving healthcare outcomes

Stigma and discrimination were identified as key barriers to achieving optimal healthcare outcomes for people

Lifelong integration of healthcare

Freedom from stigma and discrimination

living with HIV

HIV Care: Priority Areas Moving Forward



Integrate patientreported outcome
measures and
patient-reported
experience
measures into
clinical practice



People-centered, integrated health service delivery models



Availability of digital health technologies and tools



Recognizing importance of social determinants of health and inequity, stigma and discrimination, mental health, disability, and life rehabilitation

HIV and Aging Health Issues

Medical¹

- Late diagnosis
- Polypharmacy
- Multimorbidity
- Other geriatric syndromes
 - Cognitive impairment³
 - Falls³
 - Frailty⁴

Psychosocial²

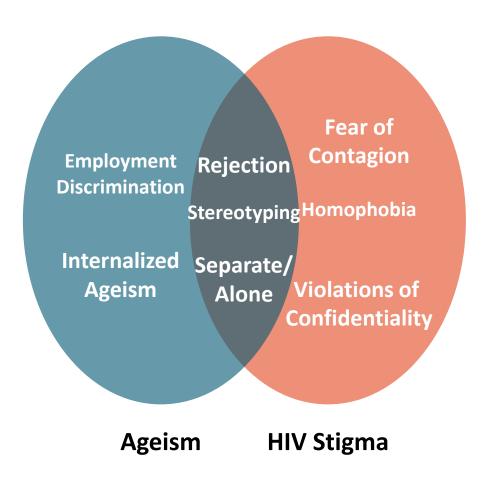
- Mental health
- Substance use
- Stigma
- Loneliness
- Social isolation

^{1.} hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv.

^{2.} Rueda. Curr Opin HIV AIDS. 2014;9:325. 3. Greene. JAIDS. 2015;69:161. 4. Brothers. Eur Geriatr Med. 2019;10:219.

Ageism and Intersectional Stigmas

Ageism and Intersectional Stigmas

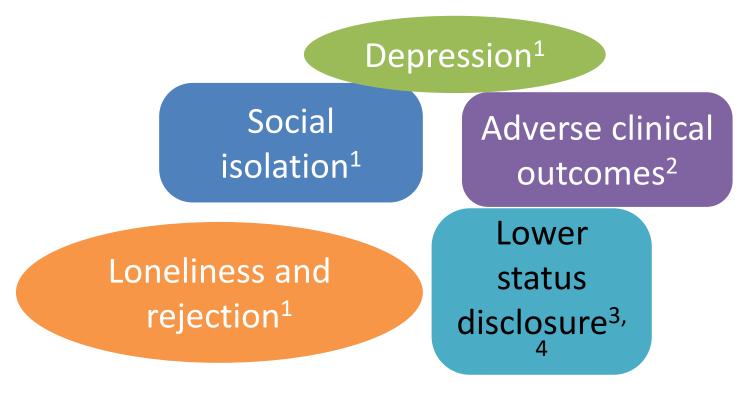


- Disclosure of HIV status (difficult due to experienced or anticipated stigma)
- Types of stigma experienced (tied to how one contracted HIV)
- Experiences of discrimination (withholding of resources, social isolation, HIV status)
- Outcomes associated with stigma (embarrassment, shame, social isolation, withdrawal, depression)
- Influence of aging on social isolation

Mental Health

Impact on Mental Health

 Aging people living with HIV are more likely than younger people living with HIV to experience:



^{1.} Bogart. AIDS Behav. 2008;12:244. 2. Logie. AIDS Care. 2009;21:742.

^{3.} Emlet. Gerontologist. 2013;53:963. 4. Emlet. AIDS Patient Care and STDs. 2006;20:350.

Second Annual State of Aging With HIV National Survey: Mental Health

39%

27%

have been diagnosed with mental health condition

reported being in substance abuse recovery



25%

have been diagnosed with posttraumatic stress disorder

~60%

32%

went 24 hr
without
interaction
with another
person in past
week



reported memory loss issues, of which only 64% had HCPs discuss memory loss with them

~50%

reported having support when sick or injured

Social Isolation and Loneliness

Survey of Older Adults Living With HIV: Loneliness

- 356 people (86.5% male sex at birth) with mean age of 56 yr were surveyed using UCLA 8-item loneliness scale
 - 58% reported symptoms of loneliness
 - 24% mild
 - 22% moderate
 - 12% severe
- Participants identifying as lonely were significantly more likely to smoke, be at risk for drug or alcohol problems, have less social support, have depressive symptoms, and have poor to fair HRQoL compared with nonlonely participants

Take-home Points

- Intersecting stigmas, mental health challenges, social isolation and loneliness are common and significantly impact older people living with HIV
- As people living with HIV age, HIV providers must shift from HIV primacy to addressing the broader concerns of people living with HIV