Improving Care for Older Adults Living with HIV

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OBJECTIVES

– Epidemiology, Prevention

– Key issues facing older adults with HIV

– What are we Going to do About it? Intro to Golden Compass Program
THE “GRAYING OF AIDS”

• In San Francisco 60% of PLWH are age 50+

• 19% are age 65 or older

• 11% of new HIV infections
Living with HIV in San Francisco

San Francisco’s population of people living with HIV is getting older – well over half are at least 50 years old. The face of people aging with HIV differs dramatically between men, who have always made up the bulk of the AIDS epidemic, and women.

**FEMALE**

- 42 (18-29)
- 351 (30-49)
- 505 (56%) 50 and older

**MALE**

- 4 (0-17)
- 483 (18-29)
- 5,218 (61%) 50 and older

**DEMOGRAPHIC BREAKDOWN**

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Latino</th>
<th>Asian</th>
<th>Other</th>
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<tbody>
<tr>
<td><strong>WOMEN</strong></td>
<td>29%</td>
<td>45%</td>
<td>18%</td>
<td>6%</td>
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<td>(147)</td>
<td>(226)</td>
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<th>70%</th>
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<tr>
<td><strong>MEN</strong></td>
<td>(6,325)</td>
<td>(972)</td>
<td>(1,213)</td>
<td>(348)</td>
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Black women are much more impacted by HIV than white women. They make up 45 percent of all women age 50 and older who are HIV-positive, but only 6 percent of the total female population in San Francisco. Latinas are also over represented among women with HIV.
Differences exist in older HIV+ adults

Aging with HIV

Infected with HIV at older age


The Honolulu Advertiser 2003

Slide courtesy of Victor Valcour
Biggest Challenge for Older Adults is in Diagnosis

HIV Care Continuum:
- The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication.
  - Diagnosed with HIV
  - Engaged or retained in care
  - Linked to care
  - Achieved viral suppression

AIDS.gov

University of California, San Francisco Division of Geriatrics
WHY DIAGNOSES IN OLDER ADULTS ARE DELAYED

• Underestimation of risks
  – Providers
  – Patients

• Lack of Knowledge about HIV

• Misdiagnosis “normal aging”
Screening for HIV in Older Adults

Current Guidelines:

CDC: Routine opt-out screening ages 13-64
USPSTF: Screen age 15-65

- But only 25% of adults age 50+ screened HIV
- Screening has been shown to be cost-effective up to age 75
- HIV and Aging Consensus Project recommends screening all ages (no upper limit)

**PREP IN OLDER ADULTS**

- No study has focused specifically on PrEP in older adults

- Kaiser Permanente PrEP clinic has included age range into late 60s

- Better adherence to PrEP?- in study of IDU in Bangkok age 40-59 group better than younger ages
WHEN IT COMES TO SEX...

AGE IS NOT A CONDOM

Talk to your doctor about your sex life.

Learn more. Be safe. Get tested.

NYS 800-541-AIDS 800-541-2437
NYC 800-TALK-HIV 800-825-5448

ageisnotacondom.org

acria
BEYOND VIRAL SUPPRESSION

HIV CARE CONTINUUM:
THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION
- DIAGNOSED WITH HIV
- LINKED TO CARE
- ENGAGED OR RETAINED IN CARE
- PRESCRIBED ANTIRETROVIRAL THERAPY
- ACHIEVED VIRAL SUPPRESSION
AGING WITH HIV: MEDICAL COMPLEXITY

- Kidney Disease
- CAD
- Neurologic Disease
- Liver Disease
- Cancer
- Bone Disease

ART Toxicity
Inflammation
Life-style

Slide courtesy Steven Deeks
POLYPHARMACY
5 OR MORE MEDS

- More Likely to have side effects
- Medications can interact with other medications
- Affects on adherence?

Greene M. JAGS 2014.
POLYPHARMACY

• 248 patients underwent medication review with pharmacist

• Average 14 medications
  – 11 non- HIV meds
  – 16% taking more than 20 meds

• 63% had at least one potentially inappropriate medication

• 9% had a contraindicated drug-drug interaction
# Geriatric Conditions Common

<table>
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<tr>
<th>Geriatric Condition</th>
<th>Percent PLWH (n=359)</th>
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<tr>
<td>≥1 Fall in past year</td>
<td>40%</td>
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<tr>
<td>Need help ≥1 Activity of Daily Living (ADL)</td>
<td>12%</td>
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<tr>
<td>Need help ≥1 Instrumental Activity Daily Living (IADL)</td>
<td>39%</td>
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<tr>
<td>At least Mild Sx Loneliness</td>
<td>58%</td>
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<tr>
<td>Possible Memory Problem</td>
<td>34%</td>
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<td>At least mild Depression</td>
<td>55%</td>
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John M and Greene M JAIDS April 2016
CONSIDER PSYCHOSOCIAL CHALLENGES

• Depression more common among HIV+ than HIV-

• Stigma from HIV, homophobia, substance use, add ageism

• Loss of social networks, feelings of loneliness

AGING ISSUES

- Multimorbidity
- Polypharmacy
- Mental Health
- Cognition
- Economic
- Social
- HIV
NEW HIV & AGING PROGRAM

Golden Compass Program

Helping People Living with HIV Navigate their Golden Years

University of California, San Francisco Division of Geriatrics
THEMES FOR GOLDEN COMPASS

• Need for support/overcoming isolation
  – Invisibility/Needing to be Heard, stigma

• Self-management/ proactive with own health-
especially around other chronic conditions

• Want of holistic services—which includes CAM but
  also exercise, mental health

• Desire specific space for older adults

• Knowledge of aging issues and HIV by providers
GOLDEN COMPASS “POINTS”

• North: Heart and Mind

• East: Bones and Strength

• West: Dental, Hearing, Vision

• South: Network and Navigation
GOLDEN COMPASS PROGRESS

Formal Launch on February 3

- Weekly Geriatrics consultation clinic
- Dedicated cardiologist
- Brain Health classes
- Fitness Classes
- Improved processes vision/hearing/dental
- Monthly support Group
- Coordination HIV & Aging Services
SUMMARY

• Increasing population of older adults with HIV
• Delayed diagnosis is still a problem in the care continuum
• Increased medical challenges and psychosocial issues
• Need to better integrate HIV & Aging services
Questions?

HIV HAS NO AGE LIMIT.
Percentage of Adults Age 50+ Living With HIV United States 2001-2017

US VA in 2003

As of 2008:
- San Francisco
- NY City

Projected

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<td>41%</td>
<td>44%</td>
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Slide courtesy of Amy Justice
Worldwide Predictions

Geriatric Syndromes Common in Older Adults Living with HIV

Greene M, JAIDS, 2015
Symptom burden: Presence and Severity of Symptoms

- Fatigue
- Sad
- Neuropathy
- Sleep
- Headache
- Diarrhea
- Cough
- Sob
- Dizzy
- Appetite
- Night sweat
- Rash
- Nausea
- Abd pain
- Lad
- Fever

% Participants

Symptoms

Severe Symptoms
People Age Differently

There is more variety among older people than any other age group.
Changes with HIV Similar to Changes with Age

Related to HIV itself or Treatment

- Stiffness in arteries
- Decreased bone density
- Changes with fat and muscle mass
- Changes in immune system (immunosenescence)
Changes with HIV Similar to Changes with Age

• Changes may relate to theories of aging:
  – “Inflammaging” role of inflammation/aging as inflammatory process
  – Mitochondrial damage theories (HIV meds)

• Not all the same as normal aging process
Accelerated or Accentuated Aging with HIV?

Pathai S, J Geront, 2014
DELAYED PRESENTATION BY AGE
(NA ACCORD)

Altoff K. et al. JAIDS 2011
Human Immunodeficiency Virus Infection Newly Diagnosed at Autopsy in New York City, 2008–2012

Chitra Ramaswamy,¹ Tanya M. Ellman,³,⁴ Julie Myers,¹,³ Ann Madsen,² Kent Sepkowitz,⁵ and Colin Shepard¹

¹Bureau of HIV/AIDS Prevention and Control, ²Office of Vital Statistics, New York City Department of Health and Mental Hygiene, Long Island City, ³Division of Infectious Diseases, Department of Medicine, Columbia University, College of Physicians and Surgeons, ⁴ICAP, Columbia University, Mailman School of Public Health, and ⁵Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York

Background. Studying the most extreme example of late diagnosis, new HIV diagnoses after death, may be instructive to HIV testing efforts. Using the results of routine HIV testing of autopsies performed by the Office of Chief Medical Examiner (OCME), we identified new HIV diagnoses after death in New York City (NYC) from 2008 to 2012.

Methods. Population-based registries for HIV and deaths were linked to identify decedents not known to be HIV-infected before death. Multivariable logistic regression models were constructed to determine correlates of a new HIV diagnosis after death among all persons newly diagnosed with HIV and among all HIV-infected decedents receiving an OCME autopsy.

Results. Of 264 893 deaths, 24 426 (9.2%) were autopsied by the NYC OCME. Of these, 1623 (6.6%) were infected with HIV, including 142 (8.8%) with a new HIV diagnosis at autopsy. This represents 0.8% (142 of 18 542) of all new HIV diagnoses during the 5-year period. Decedents newly diagnosed with HIV at OCME autopsy were predominantly male (73.9%), aged 13–64 years (85.9%), non-white (85.2%), unmarried (81.7%), less than college educated (83.8%), and residents of an impoverished neighborhood (62.0%). Of all HIV-infected OCME decedents aged ≥65 years (n = 71), 22.0% were diagnosed at autopsy. The strongest independent correlate of new HIV diagnosis at autopsy in both multivariable models was age ≥65 years.

Conclusions. Human immunodeficiency virus diagnoses first made after death are rare, but, when observed, these diagnoses are more commonly found among persons ≥65 years, suggesting that despite highly visible efforts to promote HIV testing community-wide, timely diagnosis among older adults living in impoverished, high-prevalence neighborhoods may require additional strategies.
Providers: Sex is not only for the young

Only 38% of men and 22% of women discussed sex with provider

Lindau ST. NEJM. 2007,
Slide Courtesy of Amy Justice
Older adults engage in risky behaviors but often underestimate their risk

- Older adults less likely to use condoms than younger adults- even with multiple sex partners
  - Among older adults in high risk sex, 65% did not believe were at risk for any STI

- 70% sexually active unmarried women reported no change in behavior due to risk HIV/AIDS

- 15% of HIV infections in 50 and older from IDU, still may engage in risky behaviors including sex for drugs
  - In a study of late initiates in CA 56% sample over age 50

ONCE DIAGNOSED HOW DO WE DO?
LINKAGE & RETENTION IN CARE FOR OLDER ADULTS

Better!

• Older adults more likely to be retained in care demonstrated in multiple settings:
  – Kaiser Permanente
  – NYC
  – Ryan White Clinics:

Horberg CID 2015; Torian, AIDS Pt Care STD 2011. Doshi CID 2015
Heart and Mind

• Specialty medical care at Ward 86 for conditions that may differentially affect older patients with HIV.

• Introduction of a bimonthly Cardiology Clinic and a designated weekly Psychiatry and Memory Clinic.
EAST

Bones and Strength

• Directed by an HIV-trained Geriatrics specialist (Dr. Meredith Greene). Focus on
  – Issues of frailty in older HIV-infected patients and how to increase safety and strength
  – Reduced bone density mass in older patients and how to strengthen bones through exercise and medications
  – Management of neuropathic or other pain syndromes in older patients; and provision of regular fitness activities (such as Yoga, tai chi)
Dental, Hearing and Vision

- We will facilitate these important services for our patients including
  - Regular Optometry clinic on site for vision checks, eye health checks and glasses
  - Facilitation of linkage to Audiology and Dental services
SOUTH

Network and Navigation

• Social networking for our patients, with food and activities provided on a monthly basis

• We will hold regular peer support groups, with a social work associate where peers and the associate will help navigate members to resources throughout the city (in fitness, eye health, pain management, orthopedics, etc.).
MEET MR. H

74 y/o diagnosed with HIV 1984

“When you got HIV in those days it was a death sentence. That was what was expected—you would die. To live even 5 years was a surprise to me…”

Greene M. JAMA 2013
MR. H’S MEDICAL HISTORY

• CD4 count 440, viral load undetectable
  - Has been on ARVs since 1988 (AZT)
  - Current: FPV/r, TDF/FTC

• Htn, CKD, osteoporosis, depression, hx anal SCC

• 9 meds w/ ART: testosterone, bupropion, cholesterol meds, prn lorazepam

• Quit his job when diagnosed with HIV; reports isolation from loss of friends