

SUCCESS STORY 2: AGEING CLINICS

Context

The most recent therapeutic solutions, particularly the introduction of anti-retroviral therapies (ART), have transformed HIV/AIDS from a fatal viral disease to a manageable chronic condition. Life expectancy in people living with HIV (PLHIV) now has the potential to match that of the general population. Moreover, diagnosis of HIV infection in adults has increased over the years.

However, HIV can accelerate the ageing process, due to HIV-related chronic inflammations and the cumulative effects of pharmacological treatments.

Healthcare professionals involved in HIV care should adopt an approach that takes account of the associated frailty and disability as well as the increased risk of developing comorbidities. This approach should focus on the quality of life of Older Adults Living with HIV (OALWH); patients over the age of 50 with non-infectious comorbidity.

Introduction

In Italy, as in other European countries, Ageing Clinics have been established in a number of healthcare facilities to target the specific needs of OALWH. These clinics provide a multi-disciplinary health service with a mission of addressing comorbidities and complications associated with HIV/AIDS and/or antireviral therapy (ART) use in OALWH.

Aims

From an HIV/AIDS perspective, the aim of Ageing Clinics is to ensure that OALWH receive integrated and holistic treatment. A multidisciplinary staff of infectious disease specialists, cardiologists, diabetologists, nephrologists, orthopaedists, oncologists, neuropsychologists, nutritionists and occupational therapists evaluate patients' anthropometric, immune-metabolic and physical functions as well as any cognitive impairment.

Method

Access to Ageing Clinics is free for all PLHIV; patients do not need a NHS prescription from their general practitioner. This service is organised by infectious disease units, with each patient managed by a multi-disciplinary team of clinicians focusing on the health status of OALWH.

In addition to the routine blood test, OALWH attending Ageing Clinics undergo a number of additional tests (e.g. DXA, abdominal and thoracic CT, IMT). This information is then used by the infectious disease specialists to help personalise lifestyle interventions, optimise treatment for non-infectious comorbidities, manage polypharmacy and, perhaps most importantly, optimise anti-retroviral treatment.

Results

Experience with OALWH has shown that access to Ageing Clinics improves quality of life and makes an important contribution in mitigating the harm and side effects of both HIV and/or ageing.

In particular:

- Screening programmes have allowed serious diseases (particularly cancers) in PLHIV to be detected earlier
- Where a patient is the subject of multiple treatment regimes for different diseases, comprehensive information on the patient's current state of health allows healthcare professionals to evaluate potential changes to medicines to avoid the risk of any drug/drug interaction and manage potential inappropriate prescriptions
- Ageing Clinics have improved the relationship between patients and their healthcare professionals, particularly where OALWH had not previously visited infectious disease units on a regular basis.

Recommendations

Ageing Clinics are not uniformly spread across the country. An important short term goal should be to replicate this practice by establishing new metabolic care networks in those infectious diseases units that do not currently offer them. The work of Ageing Clinics should be undertaken in close coordination with the clinics where patients receive their ART.

Author:

Organisation:

Date:

Email:

Phone Number: