

## SUCCESS STORY 4: WORKING GROUP ON AGEING

### Context

The ageing of the Italian population is among the fastest in the world and this has suggested the need to reflect on the problem of the quality of life of elderly people, and on the process of chronicisation in HIV for people of geriatric age. Even if data show that the life expectancy of people with HIV (PWH) is similar to that of the general population, but they face a greater risk of developing comorbidities, in Italy there was no awareness of the problems inherent in the ageing of PWH.

### Introduction

The management of a chronic condition implies to tackle several factors that have to do with the multidimensional psycho-physical conditions and the related integrated access to the social health system, as well as with the quality of life, an aspect that has become increasingly relevant in recent years.

A working group on ageing has been established with the aim of identifying and understand which is the correct care model and the reference figures for proper ageing management, keeping the patient at the centre.

### Aims

The aim of the action is to set up a care model intended to promote a correct management of ageing in HIV, keeping the patient at the centre, on an equal footing with health policy needs.

To identify the most appropriate tool for the implementation of health strategies most suitable to answer to ageing PWH needs within a "patient-centred" model and a holistic vision, a **working group on ageing with HIV** was established.

### Method

To achieve this goal, a complex work plan was elaborated. It started with the establishment of a working group.

- A **dedicated scientific committee** worked on defining the perimeter of ageing in HIV;
- A **comparative desk analysis** was then carried out on existing national and European guidelines at this concern, that allowed the elaboration of a synoptic table that includes all the relevant statements for the correct clinical and multidimensional management of frailties in PWH;
- Then, to identify unmet needs and criticalities with respect to ageing with HIV and to discuss the statements included in the synoptic table, **some interviews were organised with expert patients** belonging to associations to evaluate the state of the art from their point of view;
- To gather a qualitative view on the organisational level of clinical infectious disease centres, a **national survey** was carried out in two parts: one aimed at the centres and one at HIV patients > 50 of the same centres, to consider their well-being, their frailties and quality of life;
- At the end the results of the different actions were discussed in **meetings with a group of stakeholders** that include associations, infectious disease specialists, geriatricians, family doctors, neurologists and head of structures for the elderly to reflect on the importance of managing frailties in elderly PWH.

## Results

The work done has allowed to elaborate a **position paper signed by all the stakeholders involved** to bring this issue to the agenda of national and regional policymakers.

The most suitable care model and tools identified for ensuring the implementation of the recommendations provided for by the guidelines and by the experts is the so called **Diagnostic Therapeutic Care Path (PDTA in Italian)**. It is considered of strategic importance in the design of health policies, as it allows to define the best care and management process for each pathology, within a coherent economic, professional, and human framework, providing adequate resources for each person. The evidence is that **an ad hoc PDTA for PWH dealing with ageing issues** should be considered as the best solution: the multidisciplinary nature of the diagnostic therapeutic assistance approach promoted by the PDTA in fact considers all the areas inherent to the person's physical and cognitive functional condition, also taking into account the aspect of the poly-pharmacy, social support and paying attention to the area of mental health. The path includes the process that a PWH undertakes from his first contact with the national health system to the therapeutic treatment, and the organisation of all care phases: diagnosis, therapies and assistance in a multidisciplinary and multi-professional perspective.

The PDTA is also the administrative tool for transposing the recommendations contained in the guidelines into practice at local level (the Region).

## Recommendations

It is necessary to involve policymakers so that they consider the new care models in a correct programming logic and that they promote the adoption of tools such as the PDTA to approach the issue of ageing correctly. Since today there are few Italian Regions that have adopted a complete PDTA for PWH and that, even among the most performing regions, the ageing aspect is not sufficiently developed, it is necessary to sensitise the institutions so that they can fill this gap.