Managing the Care of Older Patients with HIV

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Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years
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Learning Objectives
After attending this presentation, learners will be able to:
- Describe key components of Geriatric Assessment through the 5Ms framework
- List practical assessment tools for cognitive impairment and falls
- Describe strategies to ask and address social isolation and loneliness
Case
74 y/o diagnosed with HIV in 1984
• CD4 count 440, viral load undetectable
• Hypertension, CKD, osteoporosis, depression, treated anal SCC
• 9+ medications daily
• Quit his job when diagnosed with HIV, lost many friends in 80s/90s feels isolated

“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

5Ms of Geriatrics

5Ms and HIV Clinical Guidelines

5Ms: Memory, Medications, Mobility, Material, and Meaning

MIND
• Neurocognitive disorders
• Depression
• Delirium
• Parkinson’s

MOBILITY
• Amount of mobility: function
• Imposed gait and balance
• Falls prevention

MEDICATIONS
• Polypharmacy: Approaching optimal prescribing
• Adverse medication effects and medication burden
• Each individual’s own meaningful health outcome goals and care preferences

WHAT MATTERS MOST

JAMA 2020


Box 6. Recommendations for Polypharmacy, Fatigue, and Cognitive Function Screening for Older People With HIV

- Close and sustained attention to polypharmacy in managing older patients with HIV
- Fatigue is common in older HIV-infected patients and can contribute to limited mobility and function
- Cognitive function screening is recommended in older patients with HIV
- Cognitive function evaluation is recommended for older adults with HIV
- Physical activity is important for overall health and well-being in older HIV-infected adults
- Fatigue is common in older adults with HIV
- Fatigue increases with age and is associated with poorer outcomes
- Fatigue screening is recommended for older adults with HIV
- Older adults should be screened for fatigue and addressed as needed
- Cognitive function screening is recommended for older adults with HIV
Even more important since Covid-19 pandemic

Other consequences COVID:
- Increased isolation
- Increase in mental health concerns & substance use
- Decreased physical activity (fear leaving home)
- Difficulty keeping caregivers
  Decline in cognitive and physical function, increase in falls

Multi-complexity: Relevance to HIV and geriatrics

- Multi-morbidity & polypharmacy
- Geriatric Syndromes
- Complex psychosocial situations

Multimorbidity Requires a Different Approach

- Not just individual problems on a problem list:
  - Individual disease and screening guidelines focus on Dx and Rx - adding medications
  - Treatment interactions

Schouten CID 2014
Schuurman CID 2014

Multimorbidity Higher in PWH
Conditions included: CAD, HTN, PVD, COPD, HIV, Renal Dz, Non-AIDS CA, Osteoporosis

Boyd, Lucas Curr Opin HIV/AIDS 2014
Geriatric Syndromes In PWH

- Frailty
- Hearing Impairment
- Mobility
- Difficulty ≥1 ADLs
- Incontinence
- Falls
- Visual Impairment
- Depression
- Cognitive Impairment
- Difficulty ≥1 IADLs
- Mobility
- Hearing Impairment
- Frailty

5Ms: Mobility & Function

**Mobility**: Stairs
- Room/House
- Community

**Activities of Daily Living (ADLs)**
- Bathing
- Dressing
- Toileting
- Transferring
- Feeding

**Instrumental Activities of Daily Living (IADLs)**
- Telephone
- Finances
- Transportation
- Laundry
- Housekeeping
- Shopping
- Meal preparation
- Medications

5Ms: Mobility: Short Physical Performance Battery
5Ms: Mobility : Falls in PWH

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Mean age (years)</th>
<th>Any Fall</th>
<th>Recurrent Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAILO</td>
<td>51</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Colorado</td>
<td>52</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>MACS/WIHS</td>
<td>51</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>MACS-BOSS</td>
<td>61</td>
<td>41%</td>
<td>20%</td>
</tr>
<tr>
<td>WIHS</td>
<td>48</td>
<td>41%</td>
<td>25%</td>
</tr>
<tr>
<td>San Francisco</td>
<td>57</td>
<td>26%</td>
<td>--</td>
</tr>
</tbody>
</table>

Tolentino JAIDS 2021; Womack JAIDS 2019; Tassiopoulos K AIDS 2017; Erlandson HIV Med 2016; Erlandson JAIDS 2012; Sharma Antivir Ther 2019; Sharma Antivir Ther 2018; Greene JAIDS 2015. Slide courtesy Kristine Erlandson

5Ms: Screen for Falls

- Do you feel unsteady when standing or walking?
- Do you worry about falling?
- Have you fallen in the past year?

cdc.gov

CDC STEADI fall algorithm

The virtual 2021 Ryan White HIV/AIDS Program (RWHAP) CLINICAL CONFERENCE, October 3-6, 2021
5Ms- Mind

**Classic HAND symptoms:**

- Executive function (multi-tasking)
- Attention (perceived as memory trouble)
- Slowing, motor symptoms
- Fluctuating Course

Cognitive symptoms can have many contributing factors: comorbidities, medications, substance use

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**5Ms- Mind**

<table>
<thead>
<tr>
<th>Typical age-related memory loss and other changes compared to Alzheimer’s</th>
<th>Typical age-related changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor judgment and decision making</td>
<td>Making a soap decision isn’t a help.</td>
</tr>
<tr>
<td>Having trouble managing a budget</td>
<td>Having a monthly payroll.</td>
</tr>
<tr>
<td>Losing track of the date or the season</td>
<td>Forgetting about day in and understanding date.</td>
</tr>
<tr>
<td>Difficulty having a conversation</td>
<td>Sometimes forgetting small word groups.</td>
</tr>
<tr>
<td>Having trouble finding things and being unable to remember what you have done</td>
<td>Losing things from time to time.</td>
</tr>
</tbody>
</table>

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**5MS– Mind**

- Mini-cog (3-item recall & clock draw)
- MMSE
- MOCA - Likely best for HIV, mild Alzheimer’s
- HIV Dementia Scale - Detect severe cases
- Digital Assessments

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**5Ms- Mind- Addressing Cognitive Symptoms**

- CSF escape is rare - consider if rapid progression
- ART! ART!
- Address polypharmacy
- Treat comorbidities—vascular risk factors
- Treat depressive symptoms
- Address sleep
- Address Sensory impairment
- Exercise
- Compensatory strategies — using lists, calendars, avoid multitasking
- Advanced care planning
Mind = Mental Health

- Depression more common in HIV+

Not just depression:
- PTSD
- Intersection stigmas
- Loneliness

Co-exist with substance use

5Ms: Matters Most
Addressing Loneliness & Isolation

Loneliness is the subjective feeling of being alone.

Social isolation relates to a quantifiable number of relationships

Not the same as living alone

Health impacts:
- Depression
- Cognitive & functional decline
- Increase mortality – similar to smoking 15 cigarettes/day

Ask!

- Controversy over asking directly "do you feel lonely?"

- Ask about social support
  "How many people do you feel you can depend on or feel close to?"

Related:
- Ask about access phone, video
- Ask about emergency contact leading to surrogate decision maker

3-item UCLA Loneliness scale

1. I feel left out
2. I feel isolated
3. I lack companionship

Hardly Ever, Some of the Time, Often

Cudjoe JAGS 2020; Campaigntoendloneliness.org; Natl Academies of Science, Engineering & Medicine 2020
Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.
### Interventions for Loneliness in HIV+

- Online support groups
- Mindfulness based cognitive therapy
- Telephone based interventions
- Group interventions for smoking cessation, peer counseling sessions on sexual risk behaviors
- Choose questions and services feasible to you
- Partner with community organizations
- Direct interventions
- Reaching most lonely
- Recognizing resilience

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### Geriatric Assessment During COVID

- Telehealth is here to stay
- Self-report of falls, function can be asked on phone
- Can still observe gait, getting up out of chair
- Advantages to video visits in home:
  - See parts of environment
  - Med review!!
  - Improve access limited mobility

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### How will I be able to do This?

- What are your local resources?
  - Telehealth options with geriatrics?
  - Community partners
- Which areas (like in 5Ms) are you already addressing?
  - Pick one to start
- What is your staffing and availability to help with doing assessments?
  - And follow-up after screening/assessment
  - Team approach but can break into visits or telehealth sessions
Summary

- **5Ms of Geriatrics Approach** can help improve care & address multi-complexity many Older PWH experience

  - **Mobility**: Ask about function (ADL, IADL) and falls
    -- Objective assessments – SPPB, TUG complementary
  
  - **Mind**: Assess mental health and cognition
    -- MOCA may be best clinic based tool for HAND, cognitive symptoms
  
  - **Matters most**: Ask about loneliness & social isolation (normalize!)
    - UCLA loneliness scale