#### **DISCLOSURES**

Grants/consultancies from Gilead and ViiV



BHIVA BASHH EDINBURGH 2018
CAROLINE FOSTER

#### **TRANSITION**

'A purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems'

Laura - 2 complex local cases

Tanya – peer support in the clinic

Irina – Stigma: youth v adults

### Background: Global



- > 1.8 million adolescents (10-19 years) live with HIV
- > Only age group were HIV mortality continues to rise1
- > Outcomes poorer at all stages of the care cascade<sup>2</sup>

<sup>1</sup>Slogrove JIAS 2017, <sup>2</sup>Enane Curr Op HIV AIDS 2018



### Background: UK

≥ 2016 PHE: London hits 90:90:90 targets

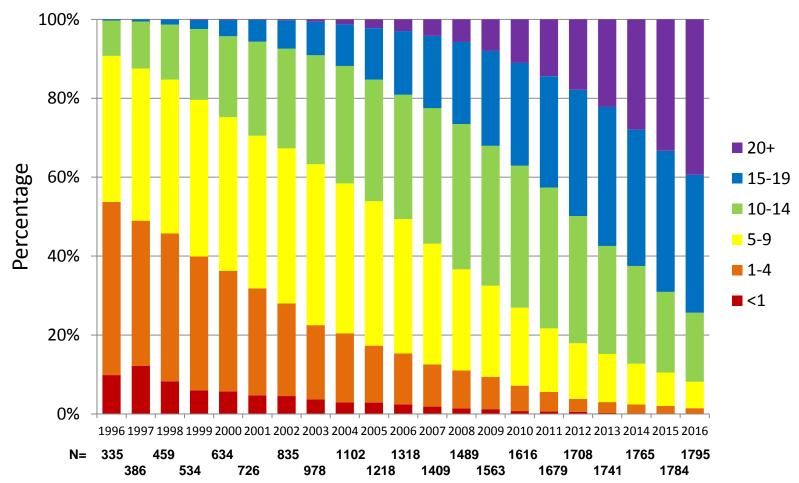
ART: 98% age 50+, 89% age 15-24, lowest in PaHIV





### Age of UK/Irish cohort of patients with HIV acquired in childhood, 1996-2016





Note: Data are for all children and young people alive who ever presented to medical services in the UK/Ireland, including children who have since transferred to adult care; those who subsequently died or were lost to follow-up are excluded from the year of death or loss to follow-up. All paediatric patients included, regardless of mode of acquisition (94% perinatal). CHIPS includes all diagnosed HIV-infected children known to be living in the UK/Ireland, of whom ~50% were born abroad. Data for 2016 are incomplete as subject to reporting delay.

#### **GROWING UP IN A FAMILY WITH HIV**

- parental/sibling loss
- young carers
- stigmatisation
- disclosure and secrecy (whose status is it?)
- > immigration
- poverty
- > uninfected siblings and parental guilt

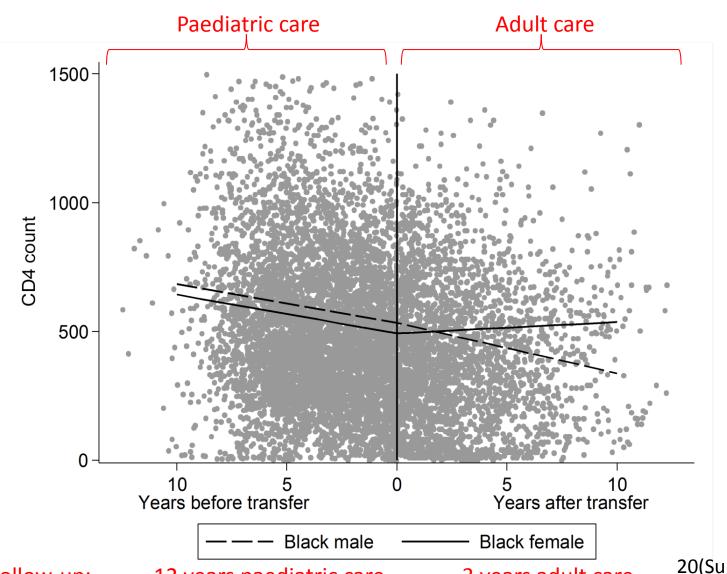




### Characteristics (n=271)

Characteristic	n (%) median [IQR]
Female	146 (53%)
Black ethnicity	213 (80%)
Born abroad	163 (61%)
CDC Stage C diagnosis*	86 (32%)
Age at transfer out of paediatric care	17 [16,18]
Age at last follow up in adult care	20 [19,23]
Duration of paediatric care follow up (years)	11.8 [6.6,15.5]
Duration of adult care follow up (years)	2.9 [1.5,5.9]
Gap between paediatric & adult care (months)**	2.4 [1.0,4.4]
Duration of total follow up (years)	15.4 [10.6,19.3]

## CD4 in UK adolescents transitioning to adult care (n=271)



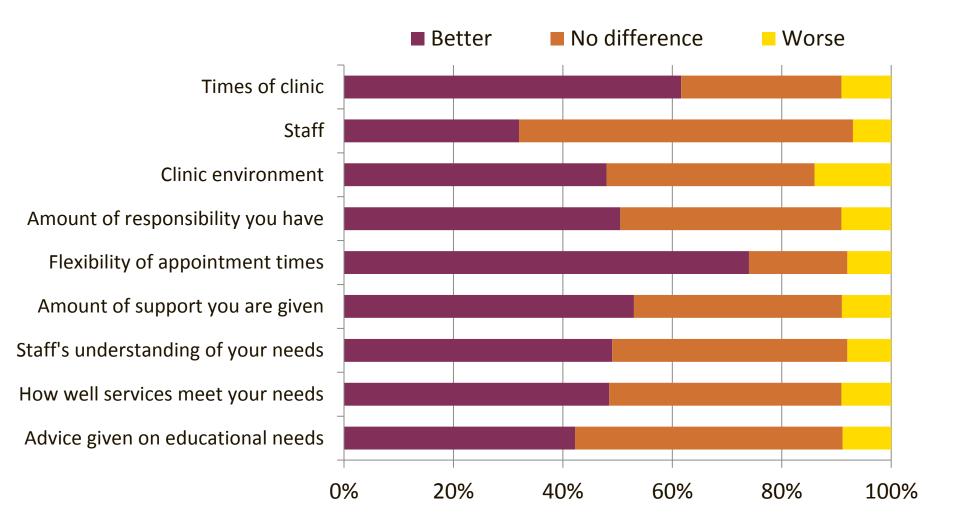
Judd et al JIAS 2017 20(Suppl 3):71-80

12 years paediatric care

3 years adult care

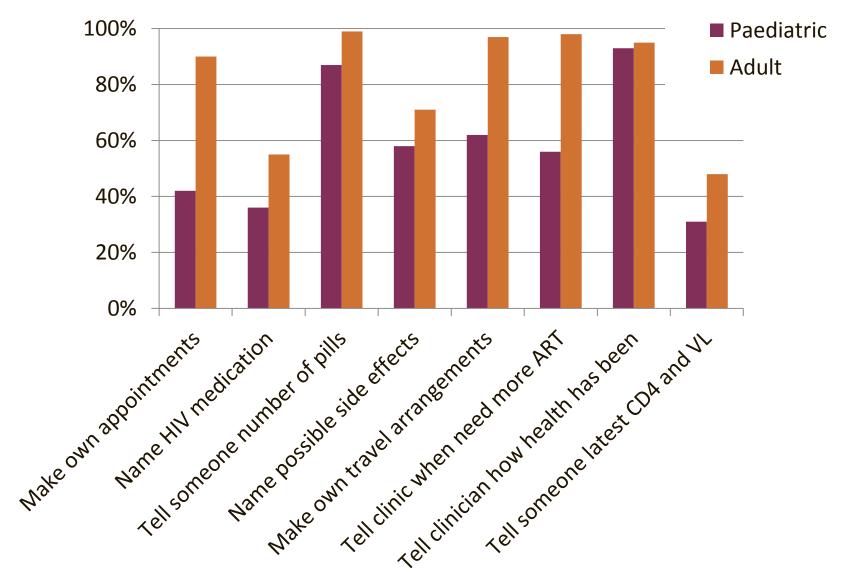
# Adult care: better or worse than paediatrics?







### Self-management of care



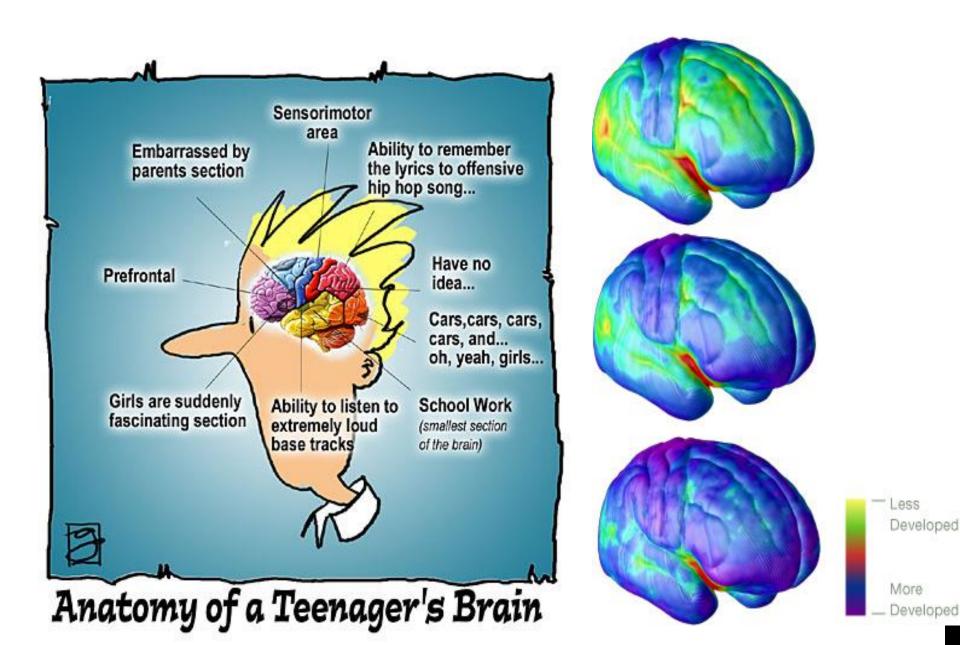
### RISK BEHAVIOURS IN YOUTH WITH CHRONIC CONDITIONS

current smoking	1.32 (1.13, 1.54)
illegal drugs	1.49 (1.15, 1.92)
early sexual debut	1.33 (1.03, 1.72)
eating disorder	1.44 (1.26, 1.74)
antisocial acts	1.48 (1.26, 1.74)
attempted suicide	2.24 (1.55, 3.24)

more likely to report 3 or > 4 simultaneous behaviours

JC Suris et al, 2007 J Begent CHIVA 2010

### PREFRONTAL CORTEX MATURATION - 3<sup>RD</sup> DECADE IMPULSE CONTROL, PLANNING, EMOTIONAL REGULATION



#### THE PATIENTS AND STAFF OF THE 900 CLINIC

Sarah Fidler, Sarah Ayers, Susan McDonald, Graham Frize, Tanya Okito, Ojali Njegu, Nina Lenton, Nicki Mackie, Linda Greene

